The Joys and Pitfalls of Obeying One’s Conscience:

Dealing with Cancer, Business Ethics, Academic Politics, Whistleblowing, and Political Office Dreams

Denis Collins
dcollins@edgewood.edu
http://dcollins.faculty.edgewood.edu/full_vitae.htm

I always try to turn my personal struggles into something helpful for others.

Henri Nouwen

Memoir Note: Everything you are about to read really happened. However, all names have been changed except for family members and public figures to protect their privacy.
Prologue (November 2011)

On an unseasonably balmy Thanksgiving Day in Madison, Wisconsin, my son Seth and I watch Aaron Rodgers and the Green Bay Packer offense pick apart the Detroit Lions defense. Seth, a college senior majoring in English and Economics, is wondering whether he should go into business, government, law, teaching, or another profession. At a muscular six foot one inch, the baby I once cuddled in a front pack on my chest to calm his cries can now throw me across the room if he wanted. But he doesn’t; we’re friends.

Seth sets aside his laptop for a moment and fingers the bronze Samuel Mazzuchelli medallion I received a few days ago from the Sinsinawa Dominican Sisters for cultivating intellectual and spiritual resources to empower others.

“Dad,” Seth says while staring at the television set, “I don’t get it. You ended your talk the other night by saying how grateful you were to be at Edgewood College because you can be normal there. What was that all about? I know you love Edgewood and went through hell at the University of Wisconsin, but I also know you can go elsewhere and make a lot of money. My friends at Michigan never heard of Edgewood. Yet you’re happy. I really don’t get it.”

“Seth, a meditation teacher once told me that life is like being dropped by helicopter into the middle of the ocean and told to survive without an instruction manual,” I philosophize.

Seth continues staring at the television. “Sweet,” he says when the Packer running back makes a few sharp cuts around oncoming defensive linemen and linebackers.

“Sometimes we compromise when we should stand up for principles. Other times we stand up for principles when it’d be wiser to compromise,” I add. “You often don’t realize this in the moment; only after the fact. Even then it’s not clear what the best choice is. But whatever you choose shapes your life and defines who you are.”

“What are you talking about?” Seth asks.
“In my case,” I explain, “a fork appeared in the road fifteen years ago when the doctors told me that I’d probably die from cancer. The same kind of cancer I have again, Hodgkin’s lymphoma.”

I walk up a flight of wooden stairs, into the carpeted study, open a desk drawer, and pull out a 1,200 page double-spaced book manuscript. It needs lots of editing and my wife still needs to read it before I send it to a literary agent or publisher. I’ve hurt her enough and don’t want to cause additional pain. If I had taken her advice back in 1996, we’d be better off financially, and I’d probably have more status, but even now I doubt I’d be happier. At the time, my ears were closed to outside voices. I fully trusted the inner, idealistic voice I still converse with daily.

I re-enter the family room, the television announcer yelling over the boos of the Detroit Lions’ home crowd as another Packer receiver scores a touchdown. “If you really want to know what I’m talking about,” I tell Seth as the manuscript lands on his lap with a thud, “give this a read. I wrote it for all the Seths and Annas in the world. Good readers make good leaders. Give it a read.”

Seth glances down at the first page and reads “Yes, back in Madison, Wisconsin, alive but not well.”
PART I:
LIVING IN A DYING BODY

CHAPTER ONE
YOU HAVE CANCER (July 1995)

“Yes, back in Madison, Wisconsin, alive but not well. Hopefully I can sleep again now that I’ll be in my own bed.” That’s my journal entry from Thursday, July 6, 1995. I felt sick enough to die while conferencing in Prague, but I knew that couldn’t happen – I had insomnia and you can’t die if you can’t fall asleep.

That last week of June, I attended an academic conference on business ethics in Vienna, Austria, on the brown, no longer blue, Danube River. A nasty cough, congestion, throbbing leg and foot cramps, and tremendous stomach pains got the best of me during the three-day International Association for Business and Society conference. Each cough was another dagger through my chest.

My health, both physical and spiritual, worsened after the conference while traveling with thirty adventurous business ethics professors on a bus ride to nearby Prague to experience the Czech Republic’s transition from dictatorial communism to democratic capitalism. Although it had been six years since the Velvet Revolution, hardships and corruption were rampant. Poor elderly people struggled to make ends meet with reduced government subsidies while some entrepreneurial young adults made a quick buck any way they could before the new legal system became institutionalized.

When I accuse a taxi cab driver of overcharging me, he laughs and volunteers “Sue me” because he knows the courts are overburdened with legal cases that will never be administered.
Prague is a beautiful city filled with bright red-tile roofs on beige buildings glistening in the sun. “Fly back to the United States,” all the locals insist, “you can’t trust the quality of our doctors or hospitals.” Madison, on the other hand, has a superb health system, particularly for those of us with good health insurance, due in great deal to the omnipresence of my employer, the University of Wisconsin-Madison, one of the nation’s top-ranked research universities.

My stomach lurches when the shuttle plane from Chicago to Madison plops down at Dane County Regional Airport. Then I slump into the backseat of a taxi for the fifteen minute ride home in the early morning hours.

“Daddy’s home!” my two precious children yell when I open the front door. I’d been hoping they were both still asleep so I could ease my way back into normal life. “Let’s tackle daddy!” Rambunctious Seth, age five, rams his head into my extended stomach. Gleefully Anna, age two, waits until Seth wrestles me to the ground before jumping on top of the pile.

“Thank goodness you’re back,” my wife exhales, “it’s been a tough week.”

“I hate to say this Di, but I’m really sick and need to see Fred right away.” Fred is my general practitioner. His wife and mine are in a play group with our children.

Madison is a quaint city of 190,000 people. If you live near downtown, like we do, everything is just a few minutes away. I drive our silver 1993 Toyota Corolla station wagon, nicknamed GRG by Seth after its license plate letters, to an emergency noon appointment with my trustworthy medical general practitioner, about ten minutes from home.

“You look terrible,” Fred remarks. Fred is built like a fire hydrant, short with solid muscles, small sparkling brown eyes, and a permanent mischievous smirk. Within minutes he reports that I have bronchitis, sinusitis, and walking pneumonia. I leave with several prescriptions in hand.

Seth and Anna join me for a sunny and warm three block walk to Neuhauser pharmacy, across the street from Ken Kopps, our friendly neighborhood grocer. “Let’s get chocolate milk,”
Seth commands, pulling my arm. Anna, with her legs wrapped around my chest, ecstatically grabs two clumps of my hair in her tiny soft hands and jumps up and down, causing my stomach to groan.

“Hey champ,” I tell Anna, after buying both kids small cartons, “Dad needs to test your chocolate milk to make sure it’s not poisoned.” I gulp the prescription pills and they explode in my stomach, causing a series of volcanic eruptions.

When we get home Seth asks to see my mountainous stomach again. “Dad, can you do me a big favor,” he commands. “Sure.” “I was wondering, can you take off your shirt and lay on the ground.” I see the scheming going on behind his eyes and hesitantly repeat, “Sure.” Anna sits on the couch wondering too.

“Dad, can you give me a quarter.” I reach into my pocket and take out a nickel. “Yes,” he gleams. Then Seth stands over me and drops the nickel on my stomach. It bounces up and he lunges to catch it. “I want to do that!” Anna squeals. Seth ignores her and does it again. Anna tries pushing Seth away, but his feet are firm. This time I catch it before Seth can and give the nickel to Anna. She climbs up on the couch, kneels on the cushion, and drops it. Seth intercepts the bounce and Anna starts crying. To outdo Anna, Seth climbs up on the back of the couch, tries to balance his footing, and drops the nickel. It bounces higher than ever.

In the afternoon I have to conduct a 90-minute ethics workshop for minority students being recruited by the School of Engineering, a commitment made months earlier. My extended stomach looks like that of a malnourished African child. I challenge the student researchers about what they would do if a faculty member has no work to give them. Would they report working when they didn’t do anything? Report the situation to the program coordinator?

During a break I tap my bloated stomach. Solid as a rock. Something is happening, and it doesn’t look good.

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I can’t say that I woke up the next morning because it was another sleepless night due to constant leg cramps and stomach pains. After dozing off for fifteen minutes, the big toe and its neighbor on both my feet keep parting like the Red Sea. Jumping out of bed and slamming my feet down doesn’t cure the problem. I quietly limp over to the stairs on the heels of my feet and smash my insteps on the edge of each stair going down to the first floor living room, hoping that it will relieve the foot cramps; but it doesn’t.

Now, far away from my sleeping wife, I lie down on our light brown sectional sofa and moan. Exhaustion forces my body to settle down so I can claim some sleep, only to wake up fifteen minutes later with more leg and foot cramps and the constant rumbling in my still increasing waistline.

“So, the medicine’s not working,” Fred reflects on the phone at 8:31, one minute after his answering service hands the baton over to his medical clinic’s telephone operator. “Have Dianne drive you to the hospital immediately. Register as an out-patient. We’ll take some X-rays and do a CAT-Scan to see what’s going on.”

“I may not be able to go on that bike ride our families are planning next weekend if this keeps up,” I groan.

“Nah, you can’t get out of it that easily,” Fred teases. “I’ll have you back in shape in no time. You’ll be whizzing by us and we’ll have to yell to get you to slow down.” Normally, I’m the last biker in the group, partly because I enjoy easing the psychological burden of the slowest insecure biker, partly because I’m rarely in a hurry, and partly because I would rather be lost in my own thoughts than having to make chit-chat with others about things unimportant to me.

Di corrals a teenage neighbor to watch the kids and drives me to the hospital, a right angle between our home and my Grainger Hall faculty office.

After being admitted, I collapse on the hospital bed and roll up into a fetal position. I thrash my body back and forth, first to the left and then to the right, only slightly concerned that
the IVs feeding antibiotics into my bloodstream might rip out of my arms. Eventually, two nurses slowly, yet forcefully, uncurl my body so chest and stomach X-rays can be taken.

The rest of the day is mostly a blur. At some point Di leaves because the babysitter has other things to do. She returns with the kids. “Daddy!” Seth screams with delight as he runs into the quiet hospital room, gives me a huge hug, and then plays trampoline on the nearby vacant bed. Things slowly disintegrate as he and Anna don’t understand that hospitals are not playgrounds, and everyone soon leaves.

I’m in and out of sleep the remainder of the day, and my only recollection is Fred’s parting words at the end of his evening rounds: “We think you might have some form of cancer. Probably lymphoma. You’ll have to stay in the hospital so we can do additional tests. Ted Stoughton will take good care of you. He’s an oncologist. You should let Dianne know as soon as possible.”

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My stomach hurts too much to ask follow-up questions. Yet my mind goes into high gear. Cancer? I have cancer? How can that be? I don’t smoke, rarely drink, eat a healthy diet, exercise, and meditate. I did grow up near the New Jersey Meadowlands football stadium where the misnamed New York Giants play, and recall reading that towns near the Meadowlands have a higher than average cancer rate due to industrial pollution. But this can’t be the case; neither of my sisters has cancer and they both still live in that area.

I have cancer? Life can be so fragile. At a moment’s notice I’m not who I thought I was, a healthy professional with a long future. People die from cancer. Is this the pain you feel when you’re about to die? Fred did look concerned. Am I going to die soon?

A stream of thoughts about Seth and Anna flood my mind. Parents are supposed to die before their children, but this is pushing it. I’ve dreamt of attending their weddings. Now I may not see Seth turn six or Anna turn three. How can that be? I want to see Anna’s gorgeous hazel
eyes and serene smile as she embraces her future husband. I want to dance with her at her wedding. How can it be otherwise?

And what about Seth? Seth, our nonstop, perpetual motion, spirited child. For two years he’s been telling me about the types of jobs he wants in the future – a fireman like our neighbor Rick, a middle linebacker like Dick Butkus, a teacher, like me. He keeps changing his mind, wanting to know what I think. I tell him to practice kindness by loving and serving others because that’s what brings the most happiness. I’ve never told him that I want him to become a politician – a mayor, governor or Senator – and eliminate economic and spiritual poverty from the world. Now I won’t have a chance to tell him this? That doesn't make sense.

My problem-solving skills kick in. I can create a video of fatherly advice. It'll be my special surprise gift for Seth and Anna’s twenty-first birthdays. I’ll ask Di to borrow our neighbor’s video camera and she can film me in the hospital room.

But will they remember who I am? By the time they turn 21, I’ll have been dead for three-quarters of Seth’s life and almost all of Anna’s. What can a two year old girl recall about her dead father? I remember very little prior to the age of five. That’s Seth’s age. Di will probably remarry and Anna will spend most of her life with a different father, one she’ll love more than me.

I can’t blame Di for remarrying. She’ll turn thirty-eight at the end of the month, 18 months younger than I. She’s intelligent, attractive, and in excellent shape from six mile jogs around the nearby arboretum every other day. She’ll go through a period of grief, worried about raising the kids on her own and future sources of income, and then meet the right kind-hearted guy. I’ve dreamt of lovingly holding hands with her during our old age, just like an elderly couple we see all the time during our weekend walks through the neighborhood.

This is wrong, I can’t really have cancer. Can all these imagined future worlds be fictional? I have books to write, lectures to give, and people to assist.
I’ve always assumed my father, now a retired 72 year old who has been smoking three packs of unfiltered Camel cigarettes every day for fifty years, would get cancer. I puked my guts out after inhaling my first cigarette while a teenager working as a busboy in a seafood restaurant. All my friends started smoking by sophomore year in high school and I didn’t want to embarrass myself in front of them by starting one year late. I quietly stole a cigarette and matches from my father's top dresser drawer and brought them to work. During a Sunday afternoon break, I lit up in a bathroom stall. “Ugh,” I thought, followed by several coughs. “Maybe I’m not inhaling deep enough.”

I inhaled the entire cigarette. Then my head began to spin, a merry-go-round I couldn’t get off, and I vomited. That felt better, momentarily. I wobbled out of the stall and splashed cold water on my face. “I’m sorry God, I’ll never do this again,” I screamed internally, and I haven’t.

My dad spends most of his retirement dozing on the living room sofa in my childhood home. His eyesight is ruined by macular degeneration, and he has difficulty breathing from having inhaled too many asbestos fibers over the forty years he fixed underground electrical cables on Con Edion’s emergency squad in New York City. I have to stop thinking like this. My father sacrificed tremendously to put his three children through college. He taught me how to play baseball, football, and basketball. I can’t be wishing his death instead of mine.

At least I know why I've had stomach pains the past few years. The pain now has a name – cancer.

With these thoughts eating at me, I dial home. “Di,” I mumble, “Fred says I might have cancer. He wants to talk with both of us tomorrow morning around nine o’clock after he gets more test results.” I want to say more to console her but stomach pains grab all my attention and I hang up.

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Di is an emotional and physical wreck when she arrives at my bedside at eight-thirty the next morning. She hadn’t slept well. We avoid the “cancer” word until Fred appears in the brightly lit hospital room. He gives Di a quick hug before delivering the latest news.

“I’m sorry to say this Denis, but you do have cancer. We don’t know what type of cancer yet, but those are cancer cells in your stomach causing you all that pain.” Fred shifts to the side of my bed and taps my solid stomach.

Fred turns toward Di and reports, “We need to do more tests to find out exactly what type of cancer Denis has.” Di’s face flushes. Tears well up in her eyes and then pour over the dam. Fred reaches over and holds Di’s hand while I curl back into a fetus position and moan.

“It’s probably some type of lymphoma,” Fred continues, glancing back and forth between Di and me, holding my hand too. “Ted Stoughton will handle you from here, but I’ll still be your point person and advocate. You can always call me if you have any questions. Denis, I think you met Ted once before. A few months ago you had some blood work done in his office. He’s fantastic. You’re in excellent hands.”

“And if there’s anything Meghan and I can do for you Dianne,” Fred adds, “just let us know. I mean it. She’d be happy to watch Seth and Anna so you and Denis can spend more time together. But you need to tell her, I can’t. Do you have any questions?”

Di and Fred exchange a few words as my mind explodes. Cancer! I really have cancer. I couldn’t stop repeating the word. I have cancer, cancer, cancer, cancer! I’m not even sure exactly what cancer is. Is it a germ? What does it look like? What does it do? Whatever it is, I’ve got cancer. I can’t believe it.

The silence is deafening after Fred leaves the room. Di isn’t going to say anything. If she does, she’ll lose control and start crying. Exhausted, I doze off.

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We had so much hope and love when a judge in a Hackensack, New Jersey court house married us on July 27, 1983. At the time, Di worked as a probation officer. “I’m having a hard day,” Di’s favorite judge said when we met in his chambers to take our vows. “Would you mind if I married you in my court room instead? It’ll be an interesting experience because I’ve been hearing child custody cases all morning.” We were married in his court room, with soon to be divorced couples giving us a standing ovation.

We moved several times during our first six years of marriage, trying to figure out what we wanted to do with our lives. We moved from a studio apartment in Rutherford, New Jersey to separate apartments on 86th Street in Manhattan and downtown Bowling Green, Ohio, with Di going for a Masters of Social Work at Columbia University, and me a Masters of Philosophy from Bowling Green State University. Di joined me in Bowling Green, where the largest hill was the handicapped ramp, for one year and worked as a grants officer for the Toledo Community Foundation. Then we moved again to Pittsburgh, after I received a full scholarship to the University of Pittsburgh for a doctorate in Business Environment and Public Policy, with a focus in business ethics. We moved again three years later after I accepted a position at the University of Wisconsin-Madison as an Assistant Professor of Business Ethics.

This time we uprooted ourselves with a six week old baby boy in tow. We hoped it would be our final move, with Madison being among the most family-friendly cities in the United States. Di’s family had moved often and she wanted to put down roots. I, on the other hand, spent 20 years in the home my parents still live in and enjoyed the changes in scenery. The only downsides to Madison were frigid winters and a tight job market for Di. So Di decided to take time off and care for Seth.

Managing our spirited Seth proved to be quite challenging. We nicknamed him the crucified Christ. In his most colicky moments, Seth cried so intensely that his entire body became rigid and looked as if he’d been nailed to a cross. I’d sit on a rocking chair in an attempt
to calm him, his erect rigid body perfectly perpendicular to my lap, both arms parallel to the rocking chair seat, while I lightly supported the two fully extended finger tips of his outstretched hands.

Seth and Di share many personality traits, including a strong desire to control their immediate environment. Seth often wins the battle between the two, wearing down his hard working mom day after day. When the battle takes place in my presence, I, unfortunately, tend to side with Seth, being more sympathetic for the boy wanting to experience all that life has to offer rather than the mother wanting to harness his energy.

Anna, born three years later, is the perfect antidote to Seth. Initially, we feared having another child with Seth’s energy level. Not the case. Anna quietly observes and studies the world around her. To her, Seth is a television show for her personal entertainment.

The past five years, Di and I have been living parallel lives centered on the kids, leaving little time for each other. Mothering is a huge challenge for Di who works hard at giving the kids the parental love she lacked growing up. Now I’m dying of cancer and need to be mothered too.

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Sometimes people who play a minor role in your past suddenly reappear and play a major role in your present and future. That fleeting past interaction can color the relationship, which is why you want it to be a good interaction.

I come out of a fog and see Ted Stoughton, in a white hospital jacket, leaning over my body, scratching his head, and peering through his eyeglasses at my mountainous stomach. Ted smiles. Tall, he’s built like a former football lineman before they became a different species, yet has the disposition of a teddy bear. His chubby cheeks seem friendly and his eyes glisten under a head of unkempt brown hair.

“Hi Denis, remember me?” he asks.

“You bet.”
“Fred already told you, right.”

“Yeah. What kind of cancer do I have?” I ask while bending over so Ted can listen to my heart through his stethoscope.

“God, that bronchitis sounds nasty,” he says while rubbing my stomach. “You’re very sick.”

“I know. What kind of cancer do I have?”

“We’re still not sure. We need to do more tests. But apparently you’ve had it for quite some time. My guess is maybe two years. There’s a tremendous mass of cancer cells in that stomach of yours. I’m sorry I didn’t test you for cancer when you came in for the anemia blood tests a few months ago. I should have. But I had no idea you might have cancer. Dr. Borkowski only ordered an anemia test. I’m sorry, I really am. If I had detected the cancer then you wouldn’t be in so much pain now. We think you have some type of lymphoma. I’m hoping Hodgkin’s lymphoma. If you’re going to have lymphoma, Hodgkin’s is the best cancer to get because it has a high cure rate.”

“What’s the worst case scenario?” I ask.

“We don’t know yet,” Ted responds.

“Take a guess. I want to know,” I demand, biting my lips to offset the pain.

Ted pauses, looks me straight in the eyes and repeats my question, “The worst case scenario?”

“Yes, the worst-case scenario. That’s how I operate. I’ll assume the best, but I need to know about the worst.”

“You could be dead within a year,” Ted responds bluntly. “That would be the worst case scenario. But I’ll do all that I can to make sure that doesn’t happen.”

Despite passing the honesty test, worry takes over Ted’s face, surrounded by whiteness – white walls, ceiling, sheets, jacket, and shirt. I feel bad for Ted. Dr. Borkowski, a liver specialist,
had sent me to him for blood tests to determine if my anemia was due to a lack of iron. It wasn’t. Ted did what he was asked to do. Why would he test me for cancer?

I replay in my mind a conversation with Dr. Borkowski at her clinic.

“You’ve been anemic too long,” she tells me. “I’m going to send you over to the Oncology Department for some special blood tests. I need to know if your anemia is iron deficiency.”

“Oncology Department?” I ask.

“Oh, don’t be scared about that.”

“I’m not scared,” I point out. “I don’t even know what the word means.”

“You don’t? And you’re a professor?” she jokes while pushing her dyed blonde hair away from her eyes.

“I teach ethics, not English. What does oncology mean?”

“Oh, it’s just a fancy medical word for cancer. I want to attack your anemia problem, but first I need more information about your blood. They can do more thorough tests in the hospital. You don’t have liver cancer, if that’s what you’re thinking.” I wasn’t.

A week later, while sitting in the Oncology Department’s waiting room I avoided looking at the feeble elderly patients and the young women hiding their bald heads under a wig. I should be grateful, I told myself then, at least I don’t have cancer.

Ted’s poking at other parts of my body brings me back to the current situation. “I forgive you for not checking me for cancer a few months ago,” I quietly tell Ted. “No more apologizing about detecting this earlier. You can focus better on saving my life if you have a clear conscience. I forgive you, okay,” I offer while rubbing the clear IV tubes pumping medications into my arm. Ted doesn’t respond. I have more questions but am in too much pain to talk about the latest diagnosis.

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Early the next morning I awaken to Ted’s presence. “You have Stage III Hodgkin’s lymphoma and probably have had it for two years,” Ted tells me when my eyes open. “I thought it best to tell you as soon as you woke up rather than have you worrying about it.”

Hodgkin’s lymphoma usually has an eighty-five percent success rate. However, in my case, I’m already down to a sixty percent chance of survival with appropriate chemotherapy because I’m at Stage III.

Lymphoma progresses along four stages. I’m a stage away from being dead. Stage I means the cancer is limited to one part of the body, such as a specific lymph node region. Stage II is an advanced form of cancer in that one part. The cancer has spread to two lymph node regions on one side of the diaphragm, the muscular wall separating the thoracic and abdominal cavities in your body.

At Stage III, my unlucky assessment, the cancer is on both sides of my diaphragm. Stage III has two subsections. In Stage III1, the cancer has entered the spleen. In Stage III2, it has also entered the abdomen. Officially, I’m Stage III2. The next and final stage, Stage IV, means the cancer has spread to the bone marrow, lung, or liver and it’s time to say goodbye.

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The human body is a creative and complex miracle, though some doctors say that if it were up to them they would have designed it differently. The body has two internal transportation systems – the blood system and the lymphatic system – both of which we take for granted until something goes wrong. The heart pumps blood into arteries that transport red and white blood cells in a continuous loop throughout the body. The blood system distributes oxygen, nutrients and hormones to tissues – an ensemble or gathering of cells – and waste products, such as carbon dioxide, away from these same cells.

The lymphatic system is the drainage mechanism responsible for waste removal. Lymphatic fluids contain proteins, salts, organic substances, and water which pass through
lymph nodes, a bean shaped organism about a half inch wide, to various parts of the body. Cellular waste enters the lymphatic transportation system, is filtered through the lymph nodes, and returned to the blood system. Lymph is the Latin term for water, so it’s simply water travelling along streams, with lymph nodes acting as the filtration pond, with many tributaries feeding into and out of it.

Bone marrow and the spleen interact with both transportation systems. Bone marrow is tissue inside bones that amazingly produces red and white blood cells, and prevents backup of lymph fluids, among other things. The spleen filters both blood and lymph fluids, removing old red blood cells and collecting fluids that leaked out of the blood system and into tissues. Except my spleen can no longer function appropriately because of continually multiplying cancerous cells getting in the way of everything.

As one can imagine, many things can go wrong within and among these complicated systems. We have about 3,500 to 10,000 white blood cells per cubic millimeter throughout the body that prevent foreign materials, such as unwelcomed bacteria, from causing havoc to our health.

A cell is the fundamental unit of all living tissue, a mass of protoplasm that helps the body carry out its functional activities. They are born, grow, divide, and die. Cancer cells, however, keep multiplying and eventually form a tumor. Cancer is similar to a weed or invasive species that overtakes your lawn, killing all the good grass. The cancer cells that refuse to die kill the patient by obstructing the appropriate functioning of vital organs, such as the stomach, liver or lung. Known causes for cancer include smoking, alcohol consumption, and eating too many fatty food.

The odds of getting the type of Hodgkin’s lymphoma I have are microscopic, accounting for only one percent of all cancers. Nobody knows for sure why you get it. The leading theory is that Hodgkin’s is the result of a genetic mistake. Something triggered a white blood cell to
become diseased and it multiplied, resulting in fewer defensive mechanisms capable of fighting bad germs, and the sudden appearance of all my illnesses.

Typically, Hodgkin’s lymphoma appears as a gathering of dysfunctional cells in the neck. Also for unknown reasons, it occurs in people who are either under the age of thirty-five or over fifty-five. I’m a real oddity for being a Hodgkin’s lymphoma host because I’m thirty-nine and have it in my stomach.

Ted’s solution – eight months of chemotherapy. I don’t know what chemo means yet, but it doesn’t sound good. Many of the words Ted utters are meaningless; it’s as if he’s speaking Japanese and I’m not really present. If we start chemo immediately the last session will be in March 1996, which is also when I’m up for tenure.

“So if the chemo doesn’t work I die in eight months?” I ask during the morning bedside consultation.

“Not necessarily,” Ted quickly responds. “We’d probably take a short break and start the chemo regimen over again. Or we can change the type of chemo you get. Or we might try a bone marrow transplant. There are always options.”

“One last question before I fall back asleep.”

“Okay.”

“Who was Hodgkin? The guy they named the cancer after.”

“He’s a British doctor who detected this form of cancer, sometime in the 1800s if I’m not mistaken. Why do you ask?”

“Just curious,” I explain. “I’m not sure I’d want my claim to immortality be a cancer named after me, even if I’m the one who detected it. Your name is forever associated with death and people cringe whenever they first hear it. I’d rather someone name a street or building after me. One other thing. What can I do?”

“What do you mean?”
“Right now,” I clarify. “What can I do about all this right now other than groan?”

“Keep a positive attitude,” Ted responds. “You’re already doing pretty well given the amount of pain you’re experiencing.”

“Can we start the chemo today? I want to get it over with,” I add.

“Not so fast,” Ted cautions. “First I have to consult with my partners and reach agreement on a chemo regimen. Given your current illnesses, it’ll probably be another two weeks before we can get started. It’s one of those weird things,” he jokes. “You have to get healthier before we start curing you.”

“Two weeks?”

“Maybe even three weeks,” Ted cautions. “You’re not looking good right now. You need all the white blood cells you can get to fight off any diseases that may arise while undergoing chemo. Your white blood cell count is already very low from battling the sinusitis, bronchitis, pneumonia, and cancer. The chemo will further weaken your immune system.”

“But I’m attending a conference in Vancouver in early August. A book I co-edited was just published and is being highlighted. I’m making a couple of presentations. I have plane reservations.”

Ted lifts both hands in the air, palms facing me, and then says, “Slow down. If it matters to you, we can give you some pain killers and delay the chemo until after the conference. But I don’t recommend that course of action. Your body’s been fighting this cancer for quite awhile. The sooner we counterattack the better. Why don’t we wait to see how you respond to the first round of chemo before making a final decision about attending the conference.”

Later, I call my parents who are retired. They live in suburban Carlstadt, New Jersey, about ten miles west of both the Lincoln Tunnel and George Washington Bridge, overshadowed by the Manhattan skyline. They’ve lived in the same small Cape Cod home for forty years. My
energetic Italian mother’s presence dominates our family activities, so I tell her the bad news first. She starts sobbing while relaying the information to my father, sitting nearby.

“But the doctors say this is one of the best cancers to get,” I emphasize several times, not wanting to tell her that I’m Stage III and have only a sixty percent chance for survival.

“Just remember,” my mother says between tears, “you can’t die before your parents. You hear me! You can’t die before us.” She’s right. It upsets the logical flow of the universe, yet it happens often. After a pause, she continues. “We’ll turn the statues to face Madison. That’ll give you good luck,” referring to the religious statues of Joseph, Jesus, Mary, and Saint Christopher that adorn dressers, bookshelves, desktops, and windowsills throughout her home.

A few hours later my mother calls to report that she and my father are flying to Madison within a week. They want to see everything first hand, and take care of Seth and Anna for a few days to give Di some relief. They’ll also convey the news to my older and younger sisters who live near them.

Psychologically, I’m taking the cancer prognosis pretty well. Getting Hodgkin’s is way beyond my control. Nobody knows why I have it. My Catholic guilt would have gotten the best of me if I’d been an alcoholic or smoker and might die because of a bad habit.

Death is inevitable, though, in this case, premature. I've studied a lot of philosophy, including "death and dying" issues. I've come to terms with the idea of a finite life and the body’s limited warranty. That’s why it’s so important to take advantage of precious moments and live a meaningful life, which is what I’ve tried to do. I've published two books and many articles, and am well-known to colleagues in my field of study. For the past two decades I’ve tried my best to improve living conditions for those near the bottom of the economic ladder.

Sadness only arises when I think of Seth and Anna growing up without me, and then the stomach pains become unbearable.
Day four in the hospital. Another biopsy, this one to determine the specific strand of Hodgkin’s lymphoma conquering my body, more chest X-rays, and another CAT-Scan, which is an acronym for Computed Axial Tomography, a three-dimensional x-ray image. The stomach pains remain despite all the medications being tubed into my bloodstream.

The nurses lift my curled body off the hospital bed and onto the CAT-Scan table. “I wonder if tickling you would help you relax,” one of the kind nurses jokes. Instead, she massages my stomach so I can shift from lying on my back to my side and raise my arms above my head. The table transports my body through a bright white circular machine that shoots X-rays into my stomach and chest, a satellite taking pictures while orbiting the battlefield.

At least I have a nice view of the Wisconsin state capitol building through my hospital room window. It’s a stunning sight when lit up at night. The sparkling white building is Wisconsin’s version of the U.S. Capitol Building. Built in 1917, the capitol is the tallest building in Madison, capped by a white granite dome. Miss Forward, named after the state motto, stands on top of the dome, her right arm symbolically extended toward the nation’s capitol. As a sign of Wisconsin humility, the state capitol building was actually lowered after construction to make it three feet shorter than the U.S. Capitol Building. I sleep with the shades open and focus on the capitol’s bright lights when the stomach pains and leg cramps jolt me awake.

The state capitol is located on an isthmus, with Lake Mendota to the northwest and Lake Monona to the southeast. The Capitol Square is like an octopus with eight tentacles, eight different streets emanate from the square. The building is uniquely designed with entrances that welcome the four diagonal arteries. Summertime includes weekly Saturday farmer’s market and
Wednesday evening chamber orchestra performances. During winter, people speed walk to avoid freezing winds off the lake. Ironically, we have the harsh winter weather to thank in maintaining our annual honor of being named among the nation’s most livable cities. If winter was milder, the 190,000 population would unbearably double.

Downtown is defined by a thin stretch of land anchored by the University of Wisconsin with its 40,000 students on the west end and the state capitol building on the east end. The two landmarks are connected by State Street – ten blocks of stores, many of them locally owned, selling clothing, food, coffee, and beer. State Street is closed to all traffic except buses, bikes, street musicians, and the occasional lost motorist visiting the city.

My other hospital amenity is single occupancy, one of the few benefits of having chronic, active Hepatitis B since the age of 20. Similar to my cancer, the hepatitis cause remains unknown. Bright pink sheets of paper plaster the door and walls warning all who enter that I may be contagious.

Despite my good spirits, people have a solemn expression on their faces upon seeing me, and these are the doctors and nurses. My only non-medical visitor so far has been Di, and she looks shell-shocked. I’m sure I’m going to make it, and wish others would behave accordingly.

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Bone marrow extraction day. Ted mentioned this procedure yesterday and I simply nodded my head in agreement. I don’t even ask “why” anymore. I have full confidence in Ted. Whatever he wants to do with me is fine.

“I’m going to dig a hole into your body and take out a chunk of bone marrow,” Ted explains. “We need to diagnose if the cancer is in your bone marrow. Got it?”

“Yep. When are you going to do this?”
“Right now. Turn over on your side buddy,” Ted says and then pats my rear. “This operation gets done in the comfort of your own room. Just look out the window at the beautiful view of the capitol.”

“Is it going to hurt?”

“Of course. That’s why we’ll give you a shot of novocaine first.”

Ted shows me the instrument he’ll use to dig out the bone marrow. It reminds me of a fence post hole digger. And that’s exactly what Ted does, he bores a hole in my buttoclc.

“Owwwwww wow wow wow,” I scream when the medical instrument reaches the bone.

“Sorry about that,” Ted responds. “The novocaine is working on your skin but not your bone. Now turn over on your other side.”

“Is it going to hurt like that again?” I cry out.

“Probably, but I’ll give you an extra dose of novocaine and see if that helps.” It doesn’t. I squeeze the bed post to deflect some of the pain. “Hey, you’re pretty tough,” Ted reflects.

Another operation is performed late at night, this time on an operating table. I think it’s another biopsy but to be honest I don’t even know. I arrive in a daze and the general anesthesia knocks me out before I can spit out the questions floating around my brain.

I wake up the next morning with severe stomach pains, back pains, and dizziness. Soon I start vomiting, supposedly from last night's surgery. The doctors are now absolutely certain they know what type of Hodgkin’s lymphoma I have.

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Five life changing days in the hospital come to an end and the rest of my new life begins. I arrived a sick, yet enthusiastic, business ethics professor and leave a dying man. The antibiotics seem to work, but I walk around in a fog and maximize bed rest. Di redirects Seth and Anna’s desire to play with me.
Many people think they know what’s best for you, and they have the best of intentions. But they don’t know your psychological makeup. Other people can only project their own perceptions and needs onto your situation. Only you know your true needs and what will make you happy.

Doctors, nurses, neighbors, and friends all recommend cancer support groups. I don’t want any yet. The battle is between Denis the optimist and an occasional admission that I may soon die. I don’t want others getting in my way on this battlefield. When I’m optimistic, they falsely assume that I’m living in denial. When I’m pessimistic, they feel compelled to give me hope. I don’t want to deal with other people’s projections, misinterpretations, and insecurities. Instead, I just want to deal with a nasty virus the doctors happen to call cancer.

I mention the support groups for Di, and she also says no thanks. She’s as stubbornly independent as I am, having learned self-reliance as a survival skill early in life. I push the opportunity a little bit more because my health conditions are way beyond anything she should have to handle alone. “No thanks,” she says a second time, and she means it.

My parents arrive from New Jersey to care for the family and make sure that I’m doing as well as I had told them on the telephone. Naturally, I wasn’t. My father, a man of few words who does not like to express his feelings, greets me with a hug. My mother, a woman of many words and expressive feelings, lovingly smacks both my cheeks with tears in her eyes.

My mother is afraid of heights, no less being cooped up in an aluminum tube others call an airplane. As a result, my parents have visited Madison only once since we moved here five years ago, for Anna’s birth. Instead, twice a year, Di and I drive the 17 hours to New Jersey for the Christmas holiday and summer vacation, a tradition we began in 1985 while living in Bowling Green. Prior to having kids, tears would flow from my mother’s eyes when Di and I left. The goodbye tears worsened following the birth of Seth, and the flood gates opened when we took cuddly Anna from her warm loving arms and pulled out of the driveway to head west.
I sleep, both physically and psychologically, through most of their three day visit. My only recollection is a short walk I take with my father. His wristwatch stopped ticking so he called out, “He Jack, what time do you have?” to a passing stranger. My father calls all unknown guys Jack. “Do I know you?” the stranger replied. My father shakes his head. “Then how did you know my name is Jack?” the stranger inquired.

When it’s time to leave, my mother cries on our porch rather than her own. I never mention that the cancer has spread to my spleen and stomach, and is making its way to my bone marrow. She’d only get mad that I waited so long before collapsing. We embrace and I wave goodbye as they enter our car. I’m too tired to join the five of them at the airport.

“Don’t worry Mom, I’ll get better,” I half-heartedly offer. “You better,” she demands between tears. My father also waves goodbye, with tears in his eyes. I can’t recall having seen him cry before.

***

When life feels out of control, grab onto something and take control of it. The chemo drugs will knock my hair out and soon I’ll look like Yul Brenner. Why let chemo claim the power position? I can control when I become bald. I have thick brown southern Italian hair, so thick that a few years ago I lost a piece of chalk in it while brushing it back in the midst of thinking out loud in front of a classroom of students.

“Di, can you do me a big favor and shave my head?”

“What?” she asks perplexed.

“The chemo’s going to make me go bald. I don’t want the kids to see that happening to me. I want the kids to see that I’m bald because you shaved my hair off, not because the chemo did it to me. Please, please, please,” I teasingly beg. Seth and Anna know that I have cancer but neither has any understanding of what cancer really is. Seeing chunks of my hair uncontrollably fall out of my scalp might scare them – and me.
Di journeys upstairs to find Seth’s clippers. Di cuts Seth’s hair because he can’t sit still for more than a minute in a barber’s chair. “Oops,” I’ve heard too many barbers say when Seth makes a sudden jerky movement to catch falling hair or swat it off his smock. I, meanwhile, search through our CDs for *Déjà Vu* so David Crosby can belt out “I almost cut my hair” when hair clumps fall to the ground.

I call Seth and his friend Ben from the yard into the kitchen. “But we’re playing outside,” Seth protests. “Seth, it’ll just take a minute, I think you and Ben will enjoy this, then you can go back outside.” “Jeez,” he moans, throwing his plastic Star Wars light saber to the ground. With Seth and Ben in place, I pick Anna up from a chair and set her down on the kitchen table next to the wooden stool I’ll sit on.

Di cuts a hole in the middle of a green plastic garbage bag and pulls it over my head, snuggled on top of my shoulders. She flips on the switch and the clippers buzz. “First I’m going to see how you look with a Mohawk cut,” she tells me. While clumps of hair drop softly to the kitchen floor I do my best David Crosby imitation, singing “I almost cut my hair, happened just the other day. It’s getting kind of long, I could’ve said it was getting in my way. But I didn’t, and I wondered why. I feel like letting my freak flag fly ...” I pause realizing how my world is being turned upside down. Baldness, not long hair, will be my new freak flag.

Before Di finishes shaving a Mohawk strip, Seth, already bored, asks, “Can Ben and I go outside and play now?” I take this as a good sign. My getting a buzz cut isn’t out of the ordinary for him. Thanks to many professional athletes, led by Michael Jordan, shaved heads are now stylish.

Anna, however, enjoys the show and watches the festivities with a big smirk on her face. Di pauses for a moment to take in the artfully done Mohawk cut and Anna claps. Then she shaves off the porcupine quills. “No,” I shout when she starts buzzing my cheek, “the beard
remains.” Di reshapes my twelve year old brown beard into a goatee. When I finally look in the mirror I don’t recognize myself. I am no longer me. I’m a stranger who happens to think like me.

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I wake up the next morning and drag the palm of my hand across my newly bald scalp, expecting it to be as smooth as ice. Ouch, hair stubbles. I avert my eyes from the bathroom mirror while brushing my teeth, not wanting to see my image.

Upon moving to Madison in 1990 I told the real estate agent I wanted to be able to walk to school from home. He drew a dot on Bascom Hall, where my office was located, and circled an area within a half hour walk. “We want the least expensive house in a family friendly neighborhood in that circle,” I told the agent.

That’s how we ended up in a $90,000 two floor, three bedroom house on West Lawn Avenue, the smallest one on the block. We live two miles from downtown, in a highly desired neighborhood populated by professors and other professionals, and an occasional working class family that has lived in the area for several decades. West Lawn Avenue parallels Monroe Street, which is populated with quaint retail stores, eateries, and two parks. Two years later, the Business School relocated a few blocks south into newly built Grainger Hall, reducing my 28 minute walk to 25 minutes.

I leave my cocoon, having been protected for the past two weeks by family members, neighbors, doctors, and nurses, to face the real world. Neighbors have come through during this difficult period, though I haven’t spoken directly with any of them. At last year’s annual summer block party we counted over forty kids on our street, more than enough to keep our kids occupied while Di and I manage my new life transition. I’m anxious about how people will respond to my new look. I’m now 20 pounds lighter, not having been heavy to begin with, and bald. People will ask about my new look and that will force me to talk about cancer. What was I thinking?
I walk down West Lawn Avenue toward campus hoping not to run into anyone I know. Success. A few blocks later I make a slight left on Monroe Street and gather enough courage to stop in front of a sports apparel store to check out my reflection in the window. That guy can’t be me. He might think like me, and he may be wearing my wire-rimmed eyeglasses, but he’s not me. He’s someone else, a punk I’d ignore if I passed him on the street.

I turn into Stadium Barbers, which is adjacent to the apparel store, and plop myself down on a chair in the waiting area. Chuck, my usual barber, is a burly six-foot tall motorcyclist who looks like a grizzly bear. He stares at me with a funny glaze in his eyes, processing the new data about the slightly recognizable patron.

“Next,” yells a buxom young woman with dyed-blonde hair hiding brunette roots, the only woman among the four regular barbers. I typically avoid her because she smells nice and leans into me, which leads my mind into unhealthy areas. But rather than wait for Chuck, I hop out of the plastic green and white stripped lawn chair and walk in her direction. She drapes a cotton sheet over my chest; it feels like a hospital gown.

“I want a crew cut,” I joke. She doesn’t flinch. “Actually, my wife shaved my head yesterday,” I mumble, “But she didn’t do a good job. Can you shave my head so it’ll be smoother?”

“Hmmm. It won’t get much smoother than this,” she points out while massaging my scalp. “It’ll always have a rough feel because your hair wants to grow out.”

“Not once the chemo starts working,” I blurt out.

“What?” she asks.

“I’ve got cancer and start chemotherapy soon.” She’s the first nonfamily member I tell this to. “The chemo’s going to make me bald. It’ll be smooth then. You can’t make it smoother now?”
“I can do whatever you want. If you want, I can cut it closer, but it’ll get rough again real fast.”

“Do I get a discount?” I tease while trying to hold back my tears. Before she can answer, I push myself out of the barber chair and hurry out of the shop, tears running down my cheeks.

Thankfully, I arrive at the front door of the five-story Grainger Hall without seeing anyone I know. I inhale deeply, tuck my shirt into my blue jeans, and open the glass door. The path to the elevator is void of people. School is on summer schedule, with only a few classes offered until September.

My luck ends when I get off the elevator on the fourth floor, where my office is located. I whiz past Ella Mae, a kind-hearted Asian-American Accounting professor, before she can ask what happened to me. I dart down the carpeted hallway, yank three weeks of mail from my faculty mailbox, and walk briskly to my office. My office door is always open to welcome visitors. Today, I slam it shut behind me, the noise rattling the bookcases. My heart pounds as I put my head down on my shiny brown wooden desk and start to cry again, hoping Ella Mae will not stop by to chat.

A box sitting on the blue rug near my desk catches my attention. JAI Press appears on the return address label – it’s my new co-edited book, Sustaining the Natural Environment. I grab scissors from the desk drawer and slice the packing tape. The heavy box contains twenty hardcover books. I’m to mail one to each of the research scholars who conducted the published studies. I pick up the top one, which I’ll keep, and gently touch the never before opened book. The pages crinkle as I thumb through to my concluding comments:

Elizabeth, New Jersey has foul smells and is aesthetically ugly. This is a fact. Drive along the New Jersey Turnpike and see how long you can breathe normally while speeding through Elizabeth. As a teenager in the early 1970s, friends and I would take bets on who would last the shortest and longest. There
was obviously something wrong regarding the interface between nature and organizations. The problem remains. We hope that these studies will contribute to the eventual attainment of environmental and organizational sustainability.

My stomach growls. A year has passed since I wrote those words and now there’s something terribly wrong with my body. How long will I remain sustainable? Did we drive through Elizabeth too many times? Is that why cancer cells are reproducing inside me? But then what about my older and younger sisters, and my parents, they don’t have cancer. That can’t be the reason.

I begin organizing papers presented at the Vienna business ethics conference to copy for the proceedings I’m editing. I open my office door with an armful of papers and make a quick left toward the copy room at the end of the hallway. Before punching the code to open the locked copy room door, Mary, a friendly, grandmotherly staff assistant in the Marketing Department, turns the corner.

“Denis, is that you?” she calls out. “It is!” she says, answering her own question. “I like the new style. What inspired you to do it?”

“I have cancer,” I respond before closing the copy room door behind me. There, I said it. I told someone I know that I have cancer. It wasn’t that hard. But I shouldn’t just drop the bombshell on people and walk away. I need to help them process it.

Feeling regretful, I walk toward Mary’s office intending to apologize. On the way, I see several other professors and staff assistants staring at my bald scalp, each wondering if it is me and me wondering if Mary told them already. I surrender and attack the “new look” shock by walking up and down the fourth and fifth floor hallways where faculty offices are located until all the faculty and staff in the building have a chance to see me.

Everyone seems to know someone who has conquered cancer, and many knew a cancer support network I should contact. In return for their kindness, I tell them about the eighty-five
percent cure rate for Hodgkin’s lymphoma, not burdening them with sixty percent survival rate associated with Stage III.

Psychologically exhausted, I journey over to the campus mall and order fried rice from an East Asian vendor. I sit on the grass anonymously among other people eating lunch and students hurrying to their summer courses. The sun’s rays warm my scalp and heart. An elderly African-American man with kinky gray hair plays the blues on his guitar, amplifying the sound of his husky, tobacco and alcohol damaged voice through a broken speaker to attract financial contributions. The old guy just might outlive me.

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I’m struggling with my baldness and for the first time I walk to school wearing a baseball cap to minimize stares from friends and colleagues. It's a Pittsburgh Pirate baseball hat that has been stored in a closet for five years, a souvenir from the city where I obtained my Ph.D. and place of Seth’s birth.

“Denis, you’re so symbolic,” a colleague declares. “You’re wearing a good luck hat.”

“What do you mean?”


May his luck cross state lines through the baseball hat. Halfway through the day I stop wearing the Pirate cap because it fits oddly on top of my head with no hair to cushion it. The material feels itchy and a rash develops near my ear.
CHAPTER THREE
CHEMOTHERAPY (July 1995)

People are often oblivious that the world contains millions of subcultures, each constituting its own universe. We become comfortable in our daily routines and assume that they are normal for everyone, until we experience a sudden shift in life that ushers us into a new subculture.

Three weeks after the initial cancer detection, Di and I arrive at Meriter Hospital’s Oncology Department early in the morning. We enter the chemotherapy subculture with its unique set of rules and rhythms, which will govern our existence for the next nine months.

“Take a seat over there in the waiting area, the nurse will be with you in just a second,” a friendly receptionist instructs us. I sit in a chair against the wall, close my eyes, inhale and exhale deeply. The nurse escorts us to a conference room and we sit at a round, wooden mahogany table behind closed doors.

“Hi, I’m Tina,” a short, down-to-earth nurse informs us. “Dr. Stoughton has prescribed seven chemo drugs for your Hodgkin’s lymphoma.” We nod. “The drugs run in fourteen day cycles,” Tina says, getting right down to business, “and you redo the treatment every month. Dr. Stoughton wants you to do eight monthly cycles. Today we’ll give you two IVs and a prescription for two drugs you take orally at home. Take the Procarbazine pills once a day with food for seven days. Take the Prednisone once a day for fourteen days. Then ...”

“Simultaneously?” I interject.

“Yes, take them at breakfast with food. For the first seven days you’ll be taking both pills. Then for the next seven days you’ll be taking only the Prednisone. I’ll write all this down for you. We have handouts on each drug. Here they are.” Tina hands us two sheets with many
words on them. “These two sheets tell you everything about the oral pills. And here are the ones for the IVs. You’ll be getting Bleomycin, Vinblastine, Adriamycin, and Vincristine. Wait a second. I’m missing one sheet. Oh, here it is. Nitrogen Mustard.”

“It says Mechlorethamine on the sheet, or whatever that word is,” I point out.

“Nitrogen Mustard is the same thing as Mechlorethamine,” Tina explains, “sort of the way that Advil is a type of aspirin. Now where were we. Oh yeah, you’ll come back here on Day Eight of the cycle and we’ll give you three more IVs. Between days fifteen and thirty you don’t take any more pills. Just rest your body and get ready for the next round of chemo. Do you have any questions?”

“Are they going to make him nauseous?” Di asks, breaking her silence.

“Dr. Stoughton has prescribed Zofran. Zofran is an anti-nausea pill that works very well. Denis should take it an hour before the treatment. He may still feel a little queasy from the chemo, but he probably won’t vomit,” she says.

“Now I have to go over the negative side-effects of each chemo drug. You can read the sheets of paper yourselves, but I’m required by law to read them to you. Then you’ll have to sign a statement that you’ve been informed about them. Let’s begin with the Vincristine because you’ll be getting that today. The side effects may be fever, chills, sore throat, redness, pain, swelling at place of injection, and unusual bleeding or bruising. If you get any of these you have to tell us immediately. You might also get agitation, bed-wetting, blurred or double vision, confusion, constipation, convulsions, decrease or increase in urination, difficulty in walking, dizziness or lightheadedness, drooping eyelids, hallucinations, headaches, jaw pain, joint pain, lack of sweating, loss of appetite, mental depression, numbness or tingling in fingers and toes, pain in fingers and toes, pain in testicles, painful or difficult urination, side or stomach pain, sores in the mouth and on the lips, stomach cramps, swelling of feet or lower legs, trouble sleeping, and weakness. Let us know if any of these happen. Then there are some potential side
effects that don’t require any medical attention. They are listed right here,” she says, pointing to some blurry words. “That’s bloating, diarrhea, nausea and vomiting, skin rash, and weight loss.”

“Tina quickly responds. “These are only potential side effects. Many of them won’t happen but the government makes us tell you.”

“No, not necessarily,” Tina quickly responds. “These are only potential side effects.

“Will it make my hair fall out?” I ask.

“Yes, it says so right here.” Tina points to some other words on the paper which my eyes refuse to focus on. “And so can a few other chemo drugs you’ll be taking.”

“We already shaved it off,” I point out.

“I can tell,” Tina admits. “It looks nice. Your hair will return after the treatment ends. Some people’s hair comes back a different shade, or if you had curly hair it might come back straight.”

“Does it stay that way forever?” I ask, still expecting a long life.

“Not usually. It’ll eventually get back to its normal way. Okay, today you’ll also be getting the Nitrogen Mustard. It has many of the same potential side effects as the Vincristine. Some different ones are wheezing, black tarry stools, loss of hearing…”

Di begins crying as Tina reads the list. I reach over and hold her hand. Tina pauses and pushes a box of Kleenex sitting in the middle of the table closer to Di. “Denis may never get any of these side effects,” Tina reminds Di. “They are only potential side effects. Many people don’t get any of them. We’re required by law to tell this to the patient.”

Tina shifts uneasily in her chair and continues. “Adriamycin doesn’t have that many side effects. See.” Tina points to the list that is indeed shorter than the first two.

“Wouldn’t it be easier to give me radiation?” I ask.

“Yes, but in your case Denis it wouldn’t work. We do radiation for Stage I and Stage II Hodgkin’s lymphoma. You’re already at Stage III so the treatment is more severe. The two most
successful chemotherapy regimens at your level are called MOPP and ABV. Dr. Stoughton has chosen a hybrid of these two regiments. MOPP stands for Mustargen, Oncovin, Procarbazine, and Prednisone. The initials don’t always make sense either. ABV are the initials for Adriamycin, Bleomycin, and Vinblastine. You get two Vs, not one, because Oncovin is really Vincristine. So today you begin with MOPP, with the M and O through the IV. Then on day eight you’ll get ABV.”

By now tears pour down Di’s cheeks. “Okay, we get the picture,” I interrupt.

“I’m sorry, but I have to read this to you,” Tina insists. “The law requires it.”

“I don’t care what the law requires, just hand me the consent form and I’ll sign.”

“I’m sorry,” she apologizes again. “I can’t do that. I’m required by law to make sure that you’re aware of all the potential side effects.”

“Boy, you’ve got a hard job,” I tell Tina. “Here’s what, let us look these over without you reading them. I promise we’ll read them. Cross my heart.”

“Okay,” Tina grudgingly gives in. “Why don’t you stay in the conference room and read them. I’ll be back in a second with the Zofran.”

When Tina leaves I turn to Di and massage her back, which is one unending knot.

“I’m sorry,” Di apologizes between tears. “I’m the one who’s supposed to be comforting you.”

“Don’t be silly,” I say. “It’s good to cry and get it out. Tina said that they probably won’t happen.”

“Sure, that’s what she says to everyone. She has to say that. I’ll be fine. I can’t believe they make you sit through this and hear all that,” Di adds.

For the next half hour we read and re-read the sheets of paper Tina left with us. Tina stops by once to give me an oval shaped Zofran pill and a small cup of water. No matter how
many times I read the material, the information does not sink in. I keep thinking “this is real nasty stuff,” and that prevents any words on the sheets of paper from settling in my mind.

An hour later, Tina escorts us to a backroom that looks like a mausoleum. Skinny, frail, elderly patients attached to IV poles sit in barber shop type chairs with their backs to the beauty of outdoors. Two beds are in the rear, one on the right and one on the left, for those too weak to sit up. No music or conversation. Each patient lives in his or her own little, private world.

Tina directs us to a recliner chair in the middle of the room. Di pulls up a wooden chair and sits on my right while Tina pokes unsuccessfully for a vein on my left arm to inject the chemo.

“Everyone prefers the right arm,” I note, “there’s a nice fat vein right in the middle of the bend in my elbow.”

“Yeah, I can see it,” she says, “it look’s well poked. I better use one on the other arm.”

A few minutes later Tina gives up on the left arm and, like everyone else, marvels at the reliable vein in the right arm. “I think you should definitely get a catheter put in,” Tina says while patting two fingers on the vein to get it to stick out even more. “I’ll show you what one looks like as soon as I get you all set up. The catheter is this tube. One end of the catheter is attached directly into your vein and the other is attached to a port. That’s this rubberish ball. Then all I have to do is jab a needle into the port that’s sewn into your chest and the drugs go right into the vein. These are poisonous drugs and can cause major damage if they somehow leak into the rest of your body.”

Drip, drip, drip. The chemo drugs drip through the IV and into my bloodstream. My stomach feels queasy and I have a metallic taste in my mouth. But I don’t vomit. We’re done before noon.

“Well, now we know what it’s like,” I tell Di as we wander out of the hospital and into the parking lot. “Can you give me a lift to school?”
“Aren’t you coming home to rest?” she asks.

“No. I actually feel fine. So far so good. I really am okay.”

“You should rest before your workshop this afternoon,” Di insists.

“I’m not tired. I’ll get antsy hanging around the house all day. What would I do, sit like a mummy on the couch? Just drop me off at school. I can do more Xeroxing. There’s a bathroom near the copying room I can run to if I have to throw up, if that’s what you’re wondering about.”

“You should come home and rest to be on the safe side,” Di repeats.

“No, I can’t live that way. I’m going to assume that I’m fine until proven otherwise. I can’t just stop everything and wait for bad things to happen. I’m going to assume the Zofran will work just like Tina said it would. I’d rather you drive me in than having to walk in,” I say a little too sharply. “I’ll walk the five blocks if I have to.”

Reluctantly, Di drops me off at Grainger Hall. There are poisons roaming through my body. Kill those cancer cells! Kill, kill, kill!

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By three o’clock I still feel fine and walk four blocks to the Engineering Building for the second ethics workshop. After explaining to the high school students that they are participating in the university’s affirmative action program, where they are given a special opportunity not available to anyone who happens to have Caucasian parents, I write on the board: “Be it resolved that the United States Congress abolish all affirmative action programs.” That gets everyone’s attention on this hot afternoon.

“Okay, raise your hands if you’re in favor of this legislation,” I say from the front of the classroom. Nobody moves a muscle.

“Come on, are you all second class citizens who need a special handout from government to succeed?” I tease them. “Aren’t you good enough to get into a top research school based on merit? Here’s what. Everyone close your eyes.” The students look at me as though I’m from
outer space. “Come on, you can trust me, I’m the ethics professor. Just close your eyes.” After a brief moment of laughter everyone does.

“Now don’t worry about what any of your friends will think about you,” I continue, “because nobody will be watching, just me. If I catch anyone peaking I’ll report you to the higher authorities and get you thrown out of the program,” I joke. “We need to discuss this out in the open, even if it’s politically incorrect. But first you must understand where you stand on this issue and what you really believe. One last time, raise your hand if you believe affirmative action programs should be abolished.”

Five souls raise their hands. “Fantastic, now we can have a good, honest discussion. Put your hands down and open your eyes. I need two brave volunteers to come in front of the room and tell everyone why affirmative action programs should be abolished. Five of you oppose affirmative action. Who likes a good challenge?”

Finally a woman blurs out, “Okay Professor Collins, I’ll do it.”

“Fantastic. And who will help her?”

“I will,” a Hispanic gentleman volunteers.

“Wonderful, now both of you come up to the front of the class and explain to your classmates why affirmative action programs are not the right thing to do.”

And they do. I join them up front and role play a working class white guy who didn’t get promoted because he was born a white guy instead of being black or a female, and challenge the students to respond to my claims of reverse discrimination. I also tell them how I was denied a faculty position once because the all-male Business School faculty needed a woman to provide a different perspective on matters. I allocated twenty minutes for this discussion but the students are so energized that I let the conversation continue for nearly fifty minutes.

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The Zofran works. God bless that chemist. “I’m tired and heading for bed,” I tell Di when I arrive home. Sage, our grey cat, joins me, nestling up on the comforter.

Di purchased our first cat a year prior to Seth’s birth, thinking we should first practice caring for a cat before having kids. Two months later Spike died of feline leukemia. Feeling like failures, Di and I picked out a second cat, Scout. White with brown splotches, Scout hid in the plant boxes on our third floor balcony, following the move of every bird that flew into the tree whose branches brushed against our dark gray Pittsburgh apartment building.

Scout welcomed Seth into the family and usually slept near him in the bassinet. Scout, however, showed dissatisfaction with Anna’s addition to the family by pee-ing on her toys. “Maybe Scout needs a friend,” Seth reasoned. “You’re a boy and mom’s a girl. I’m a boy and Anna’s a girl. Maybe we need a boy cat to keep Scout company.” His logic seemed impeccable.

I drove Seth to Noah’s Ark in Madison. Six kittens wandered through the pet store. “I want this one,” Seth insisted, pushing down on the grey cat’s thin body. “Look at his tail.” It went straight a few inches, bent at a right angle, went straight a few inches, and bent at a left angle.

“Oh,” the young clerk noted, “it’s a unique type of cat.” That was the clincher and we brought Sage home.

“What’s with the crooked tale?” Di asked when she saw the cat.

“It’s a unique breed,” I told her.

“No it’s not. It’s broken in two places. It must have been caught in a door.” Sage hid whenever a man entered the house, so we assumed the door slammer must have been a guy. Unfortunately, Sage merely annoyed Scout further and we ended up, after an exhaustive search for an appropriate home, giving Scout to a newly arrived woman professor who wanted a sedate lap cat.

I kiss Sage’s fur and stroke his crooked tail. His purring soothes my soul.
I digest more chemo pills, which look just like a hundred other pills I’ve taken over the years, and act as though taking the pills is equivalent to taking Advil. So far that’s how my body is reacting. I anticipated feeling terrible and yet still feel fine. The pills and chemo drip have yet to interfere with my daily work. I wish everyone would just leave me alone and not make a big deal of it.

My Business Ethics class in the Executive MBA program begins in a few days. The executives are sponsored by their firms, which pay more than $18,000 annually for the two-year program. They take courses every other Friday and Saturday, one course from eight-thirty to noon, and another from one o’clock to four-thirty. Between September 1 and October 21, they have a marketing class in the morning and then have to deal with me in the afternoon.

The class is a dream come true for me. I’m locked in a room with thirty executives to discuss how they manage ethical issues and to teach them how to create ethical organizations. Unethical business practices played a prominent role in my upbringing. My father sometimes discussed the behavior of his abusive bosses, customer scams, and employee scams at the dinner table. My supermarket managers falsified revenues and costs, stole products, and gave the best work hours to flirtatious female cashiers. While in the store’s management training program, the lead instructor dropped six of us off at a competitor’s store and we illegally copied their prices until caught and kicked out. It seemed like fun at the time.

These unethical behaviors fit under the umbrella of the seven deadly sins, a term I never refer to in class because of its religious overtones. Nonetheless, the business sector would be much more ethical if managers appropriately managed their greed, envy, anger, lust, apathy, pride, and gluttony. I emphasize living a high quality life, yet so much remains difficult – what should you do when your boss intentionally breaks the law, such as accounting and
environmental violations, and demands that you assist him in the process? Such questions are fodder for fascinating class discussions.

Last year, the Executive MBA program’s first year, I had only one minor bump in the road. I require all students to serve three hours at the downtown homeless shelter so they can put names and faces to the homeless. After introducing the assignment during the first class, three executives cornered me in the hallway and insisted they weren’t going to serve food at Grace Episcopal Church’s homeless shelter. “You have no right to force us to serve them food,” they declared.

I’ve been requiring the same assignment of my regular full-time MBA students every semester since arriving in Madison five years ago. I felt under attack. “Do I have the right to force you to take an exam?” was my knee-jerk response.

“Yes,” the ringleader said, wearing a shirt that cost more than half my total wardrobe.

“No really,” I pointed out. “Professors can’t force you to take an exam. We offer you an exam and if you want to get an “A” in the class you have to ace it. You can always choose not to take the test. But if you do, you fail the class. Going to the homeless shelter is my exam. You don’t have to go or write an essay about your experience. But if you don’t, you won’t pass my class. I realize you’re busy and under tremendous stress, but I know other professors give you out-of-class assignments. This is mine. You have to eat every night, so find one night over the next two months where you can eat your dinner there. But before you eat, you have to serve food to the clients.”

As I anticipated, the three executives eventually had a remarkable experience serving at the homeless shelter. They were troubled seeing homeless men wearing dirty work uniforms arriving late for dinner because of working late. I tell everyone that one-third of the clients have jobs, many do landscaping, but the idea is foreign and does not sink in until students see it with their own eyes.
“Did you know a lot of the homeless have jobs,” some MBA students tell me every semester after doing the assignment. “Yes, and if you took good notes during class you can flip back a few weeks and see that I said that in class,” I kindly note. My rule of thumb is that one-third of the clients are dealing with drug and alcohol addictions and one-third are dealing with mental illness. The remaining one-third did something wrong, bad things happened as a result, they lacked a solid family support system or refused to ask for family support, and then responded wrongly to the bad thing, making their life circumstances worse. About half the clients have low paying jobs and don’t earn enough income to pay rent.

Last year, on the last day of the Executive MBA class, the ringleader apologized for his earlier outburst and informed me that he and the two others were going to the shelter a second time to repair some damaged cots. Their hearts opened and grew.

The major class assignment is performing an ethical analysis of their company’s operations. Each executive researches his or her company’s codes of ethics, product liabilities, environmental management mechanisms, employee grievances, participatory management system, workplace diversity issues, and community outreach activities. They document the good things being done, which is often a lot, highlight a weakness related to the assessment item, and then recommend a strategy to improve the shortcoming. By the end of the semester the executives know more about company operations than many other employees and have an extensive “to do” list for improving their organization’s ethical performance.

I run some class sessions as town hall meetings and facilitate discussions between the executives and guest speakers. My speaker lineup this semester includes a union organizer, products liability lawyer, community activist, environmentalist, local politician, and investigative newspaper reporter. The speakers get twenty minutes to tell the captive audience whatever they always wanted to tell a roomful of executives and then I moderate questions-and-answers for the next forty minutes, sometimes lighting a fire under the executives to ensure they share what’s
really on their minds – “Why are investigative journalists so biased against the business community?” I ask on their behalf.

***

I arrive at two-thirty for the four-thirty catheter and port installation operation. Unfortunately, my “routine” operation keeps getting delayed due to other major hospital emergencies. I’m eventually wheeled into the operating room at ten o’clock. While under local anesthesia I develop a loose tongue. “How are you feeling? Do you have any questions?” the anesthesiologist asks. “Yes, do you believe in God?” She laughs and nods her head yes. After explaining the operation, the doctor asks “Do you have any questions?” “Yes, do you believe in God?” He smirks and says “Yes.” Two for two, despite the tragic events and health problems they witness every day.

Di picks me up at midnight and we drive to a twenty-four hour convenience store to quench my craving for ice cream. I keep placing the palm of my right hand over the bandages covering the catheter port to protect the tight and raw area from the outside world. It feels as if the surgeon cut me open, inserted a sponge ball right on top of my upper left chest bone, and then sewed the skin over the ball.

***

Day eight, the beginning of round two of the first chemo cycle. Time to introduce Bleomycin, Vinblastine, and Adriamycin to my body. Drip, drip, drip, drip into the catheter port and my bloodstream.

Di drives me to the final engineering ethics workshop with Seth and Anna bickering in the back seat. Anna’s squealing is a knife stab into my brain.

“So how are you really feeling?” Di asks. “I’m sure you can cancel the workshop, everyone would understand.”
Heat rushes to my face. “I’m feeling fine,” I lie. “But take it easy on the turns. There are poisons roaming inside me.” All of a sudden I feel queasy. “Di, please pull over to the side of the road for a second,” I instruct her.

“What?” She can’t hear me over the noise Seth and Anna generate from the back seat.

“Just pull over a little up ahead. The sooner the better,” I mumble.

I swing the passenger door open as Di cruises to a complete stop in the middle of a block and vomit.

“Ewww,” Seth and Anna both scream.

“I’m taking you home,” Di tells me, “this is ridiculous.”

“No, no,” I insist, “I feel a thousand times better already. I just had to throw up, that’s all. I’ll be fine now. Just drive to the front of the Engineering Building over there. If I get sick again I’ll give you a call. I just couldn’t stomach those turns.”

“You have puke in your beard,” Di points out. “Here’s a wet wipe.”

“Daddy has puke in his beard!” Seth chants. “Daddy has puke in his beard!” Anna mimics.

To Di’s chagrin I get out of the car and walk into the Engineering Building, refreshed and ready to facilitate a good ethics debate. Fortunately, I don’t get sick during the one hour workshop. But I play it safe and call Di for a ride home.

“You know you shouldn’t have done that workshop,” Di says the moment I get into the car. “That was stupid. I shouldn’t have let you do it.” She’s wanting to take care of me, and not knowing how.

“No, it was great. I feel wonderful and we had a great time.”

***

While leaving the hospital after a check-up that verifies my heart is responding well to the chemotherapy, I see three orderlies puffing cigarettes in the designated smoking area. “Hey,
are you nuts,” I scream at them in my head. I restrain from yanking the cancer sticks out of their mouths and giving them a lecture. Don’t they see people inside the hospital dying from lung cancer? That the lung cancer patients are their future selves?

When I get back to my office I telephone the hospital and request to speak with an administrator. “As a cancer patient I’m disgusted at seeing your employees smoking outside the hospital,” I tell her, having formulated a policy on my walk back to the office. “You need a new policy. Any employee who uses the comforts of your outside smoking facilities should be required to interview someone in the hospital dying from lung cancer or attend a weekly workshop where cancer patients give testimonies. Maybe a small memorial with pictures of the deceased could be erected next to the smoker’s picnic table.”

“I don’t think that would be possible, Mr. Collins.” “Why not?” “It just wouldn’t.” “Why not?” “Okay, I’ll pass your suggestion to our management team for further consideration,” she dismissively reports.

“One other thing before you hang up,” I add. “You have all these beautiful pictures on the walls outside the operating room. But as a patient lying down on a gurney I can’t see them. Assuming that the pictures are there to help calm the patient to be operated on, it makes more sense to put them on the ceiling where I can see them.”

“I’ll mention that to the team as well. Any other suggestions?” “Not right now.” “Well Mr. Collins, if you have any other suggestions, please don’t hesitate to let me know.”

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A Cancer Facts booklet I ordered from the American Cancer Society arrives in today’s mail. On the cover is a picture of the United States with a state-by-state breakdown of new cancer cases. The estimated number of new cancer cases for 1995 is 1.25 million, which excludes 800,000 highly curable skin cancers. I’m one of 25,300 estimated new cancer cases in Wisconsin. Over eight million Americans living today have had cancer. An estimated 547,000
Americans will die from cancer in 1995, including 157,400 from lung cancer, 55,300 from colon and rectum cancer, 46,240 from breast cancer, and 40,400 from prostate cancer. Hodgkin’s lymphoma accounts for 1,450 deaths a year. Will I be one of them?

I’ve done many good things, along with some not so good things, and am on a trajectory to do many more good things. I’m getting an award next month for teaching my MBA students about community involvement by having them work on projects that improve the management of nonprofit organizations. I’m also exploring how to introduce a job training programming in the Dane County Jail. Does this count in the calculation determining who survives and dies?

I’m uncomfortable pleading for God’s intervention on my behalf. Why should I be one of the lucky survivors and not someone else? There is no reason why God should play favorites. I’m annoyed when I see a football wide receiver thank God after scoring a touchdown. It’s nice to be grateful, but how about the cornerback that let up the touchdown or players on the losing team? Doesn’t God like them too?

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Where does my desire to develop projects that connect economically advantaged people with economically disadvantaged people come from?

I grew up in Carlstadt, New Jersey, a working class suburb of New York City, during the 1960s and 1970s. Like most suburban communities, my hometown was isolated from the problems of poverty. Beginning my freshman year in college, I explored New York City most Saturday evenings. I drove my 1972 canary yellow Dodge Colt on Route 3 east to the Lincoln Tunnel, paid my admission to the New York City amusement park at the toll plaza, and zipped through the tunnel, where Oz awaited.

My first city experiences involved the poverty surrounding the New York Port Authority building on Eighth Avenue and 40th Street in Manhattan. I was transfixed by the prostitutes asking me if I wanted a date and derelicts demanding a dollar for wiping their spit off my
previously clean windshield. According to my father, who worked on city streets, these people were bums.

After a night of education and adventure, I arrived within a few feet of my car parked on a poorly lit side street, usually 38th Street, looked into nearby dark doorways, glanced over my shoulders, and, if no one scary was within sight, quickly unlocked the door, got in, locked the door, started the motor, took a deep breath, and retreated to New Jersey.

I graduated from Times Square to Greenwich Village, the neighborhood south of 14th Street. One evening I parked on the lower east side of Manhattan, near the Bowery. If you drive north along Sixth Avenue at about 25 miles an hour you can go through thirty green lights before getting a red light at the Lincoln Tunnel. But this time, I drove through a huge puddle prior to stopping at a red light on the corner of Sixth Avenue and my engine died. I propped open the hood in hopes of attracting a policeman. It was a sleazy corner, with bums sitting in unlit corners. I was helpless.

A bum helped me. I saw him coming toward me out of the corner of my eye. While I was foolishly staring at the engine wondering what to do, he lifted himself up off the ground, staggered toward me, and threw his weight against the side of the car. "Got some problems, dontcha," he slurred. "Yep." "Got a hammer or somethin like that?" "I have a crowbar in my trunk." "Get it for me an I can help ya." At this point, I figured he could smash my car with it and I might even help, as long as he didn't turn the crowbar on me. Instead, he took the crowbar and banged on the starter.

"Get in and start the engine," he ordered. I got in the car, turned the key, and it started. "Used to be a mechanic," he said with a smirk.

So I parked the car, bought him a bottle of cheap whiskey at a nearby liquor store, found a partially lit wall, and joined him for a drink on the sidewalk. We had a long talk. I have forgotten the specifics of his story, other than that many things went wrong for him. He made
some wrong decisions in response to things that went wrong, so things went even further wrong. He lacked a family support network. He didn't want to be a drunk. He didn't want to be living on the streets. He didn't want to spend hours every day begging people for money or cleaning his spit off windshields. But he did all these things anyway. They were all habits that were extremely difficult to break. We were joined by some of his friends and they shared similar stories.

A few months later I was greatly affected by another person living in poverty. On a hot Saturday afternoon in festive Washington Square Park, I was struck by the rhythm of a bongo drummer. It was a simple beat with simple lyrics. The refrain went: "You gotta listen to the sounds of the street." He repeated this line three or four times and then voiced a conversation he’d overheard.

The stories were sad ones. Many were about struggling with poverty and other human injustices. What bothered me most was that New York University operated a few blocks from the poverty surrounding Greenwich Village, and Columbia University operated a few blocks from Harlem poverty. The smart faculty, students, and administrators associated with these prestigious schools seemed to be doing little regarding the social problems they must see every day.

These thoughts remained with me for many years and now, as a professor, I try to increase student awareness and design class projects that address these issues.

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Exhaustion sets in as I end a second week of poisons floating through my body destroying cells. I lie down in bed at nine-thirty, about two hours earlier than my usual bedtime, but can’t sleep. My stomach keeps churning. I wrap myself in blankets in search of comfort and spend the night in digestive system hell with a diarrhea onslaught following several days of constipation. Eventually I fall asleep on the bathroom floor to remain near the toilet.
I tough it out as meetings with students, faculty, and community leaders during the day keep my mind off my stomach pain. I successfully attend a Daily Cardinal Board of Directors meeting in early evening.

The Daily Cardinal, a student-run free campus newspaper founded in 1892, stopped publishing after declaring bankruptcy three months ago. Two students, Vicky the newspaper’s editor-in-chief and Victor the business manager, approached me a month later to bring a business sense to the Board and help revive the daily newspaper.

A year ago the Board of Directors, dominated by journalism professors, agreed to switch from a tabloid to a "broadsheet" newspaper format they considered more professional looking without undertaking a cost-benefit analysis. The production changes cost about two thousand dollars more a month, which nobody realized until the bills arrived. To save money, a student editor dismissed the long-term, reliable bookkeeper. Bills were uncollected and unpaid. No one knew who owed what to whom. Just like that a 103 year old institution evaporated.

The Board of Directors consists of seven students and three faculty members. The student members are phenomenal, trying to turn around a bankrupt organization while taking four college courses and working part-time jobs. Yet personality conflicts create havoc at every meeting. All newspapers must manage the natural tension between journalists and business managers. The number of published pages is a scarce resource, typically sixteen pages. The editor, Vicky, wants to fill the space with Pulitzer Prize caliber stories. The business manager, Victor, wants to maximize advertisement revenue, which means less space for journalists.

“It’s your fault we’re in this mess,” the five-foot tall Vicky yells at Victor. “Get lost shrimp,” the prematurely balding Victor, who characterizes himself as a business martyr dealing with idiots, shouts back. “I wasn’t in charge when you decided to increase costs without doing a financial analysis. Damn journalists have no idea that a newspaper is a business. How stupid can you be! You have to pay for the newsprint.”
A primary concern is whether we have enough money to print the Fall Registration issue and re-start publishing the daily edition. The fifty-page Registration issue, the year’s biggest money maker filled with advertisements for newly arriving students, is published a week prior to the beginning of classes. It sits in the newsstands an entire week, at which point a new sixteen page daily issue replaces it.

“Do we have money available to publish the Registration issue?” I ask Victor, while massaging my hands to relieve cramps. Throughout the meeting I get cramps in both legs and both hands. I want to leave, but if I did the newspaper would probably fold because the other two professors on the board aren’t hopeful about its future.

“I think so, Professor Collins,” Victor responds. “I’m not absolutely sure, but the numbers are looking better. A few people we owe money to have agreed to accept free advertisements instead, assuming that we start publishing again. Otherwise we’ll have to somehow pay them what we owe them.”

Suddenly, Maureen, one of the two journalism faculty members on the board, has had enough of her eight year-old son fidgeting on a nearby couch. “I’m sorry, but I have to leave,” she says. “The babysitter canceled at the last minute. I need to take him home. I’ve heard what everyone has to say. I vote that if we don’t get a loan from the student government we don’t publish anything.” Then she gets up and leaves, son in tow.

“I agree with Maureen,” Russ, the other faculty member, speaks up. Both Maureen and Russ were publicly embarrassed by the newspaper going bankrupt on their watch. “This is all too risky. But I’m willing to vote for publishing the Registration issue without formally committing ourselves to publishing a daily issue in September. Let’s see how many ads we can sell for the Registration issue. If we don’t sell enough, we close up shop and focus on creating an online newspaper.”

“That’s too defeatist,” I counter.
“I’d vote for that,” Victor says, agreeing with Russ. “It’s better than nothing Professor Collins. And I think we can make a lot of money from it.”

“I’d vote for that too,” adds Vicky, one of the few times the two agree. “We don’t have to tell our reporters that the Registration issue may be our only issue this academic year. I can just give them assignments for the Registration issue and tell them to wait for more.”

“Okay, I’m game too,” I add. “But I’m betting that Victor’s optimistic revenue projections are true and we’ll be publishing the entire month of September, and then October, November, and December.” The vote is unanimous.

I arrive home at ten o’clock feeling awful. “I feel fine,” I lie to Di, wanting to protect from my suffering, “but I’m a bit exhausted so I’m heading right to bed.”

An hour later painful leg cramps wake me up. A ping pong ball could fit in the space between by big toe and its neighbor on my right foot. I jump up and down, kick the walls, and lean on my arches. Nothing help. Eventually, the pain subsides and I fall asleep, only to wake up to another round of leg cramps.
CHAPTER FOUR
GET ME TO THE HOSPITAL (August 1995)

Chemotherapy is no-man’s land, or like being in a foreign country for the first time. The terrain is new and it’s difficult to know when you’re being a medical nuisance and when help is really needed. Do you struggle on your own, trying to make sense out of your new environment, or ask others for help?

Two seconds after the morning alarm goes off, cramps take control of both my feet. No amount of kicking the floor, wall, or steps makes them go away. I jump into the shower and blast hot water on them, which provides temporary relief. Then I go downstairs and have a victory breakfast to celebrate the fourteenth and final day of taking Prednisone pills. No more pills for another two weeks.

“You should go see Ted about the leg cramps,” Di offers me.

“Not really. I think I’m going to successfully make it through this first cycle without any help from Ted.”

“Get real,” Di insists, annoyed by my denial of reality. “Promise me that you’ll call Ted if the leg cramps don’t go away.” I promise and head for my office.

Di is in a no-win situation. I’m interpreting her advice as orders and dictates. She wants to help, yet I keep reacting as if she’s a domineering mother and I’m a rebellious child rather than her husband.

By ten o’clock I can no longer type on the computer keyboard because of the hand cramps. A tight rope protrudes between the thumb and index finger on both hands. I keep my promise and call Ted. “I’m sorry,” the receptionist informs me, “Dr. Stoughton is vacationing in
Boston. I can schedule you for two o’clock with Dr. Campbell. Have you met him yet? He’s one of Dr. Stoughton’s colleagues.”

The appointment time is good because I have a lunch meeting with one of my star MBA pupils from the previous semester. Using only my pinkie, I type another memo inviting more than two hundred campus faculty to an August 24th service-learning meeting.

At eleven-thirty I am overcome by nausea and my intestinal system erupts. I clench my jaw and run to the bathroom. A tidal wave of vomit gushes out. Then I feel a bowel movement developing. Diarrhea. Then another volcanic stomach eruption. I get back down on my knees. I hear someone flush one of the two adjacent urinals. A faculty member or student entered the bathroom and left without even asking how I’m doing. I leave the toilet stall and pour cold water over my face at the bathroom sink. I feel a little better.

When I turn down the hallway I see Beth, my lunch appointment, waiting outside my office door. Her eyes widen at the sight of my bald scalp.

“I might have to cancel our lunch meeting,” I apologize. “I’m not feeling well. The chemo is doing something strange to my intestinal system. I think I should go to the hospital.”

“I have a car nearby, I can drive you,” Beth, in her mid-thirties and the mother of two, insists. “I’m parked two blocks away. I can get the car and pick you up in front of the building.”

“Hold on a second,” I tell her, “let me walk with you. We can talk while walking. The walk will do me good.”

As we approach the elevator my stomach erupts again. “Sorry Beth, I have to run to the bathroom,” I say while running to the bathroom. “It’ll only take a moment.”

“I’ll wait out here,” I hear her say as the bathroom door closes behind me.

I am violently ill again. After heaving several times I suddenly feel great, wash vomit off my face, and greet Beth again in the hallway. “I feel much better now,” I say, seeing the shock on her face. “Let’s do lunch.”
“No way. I could hear you out here.”

“No really, my hospital appointment isn’t until two o’clock.”

“Are you serious?” she asks.

“Absolutely,” I confidently offer. “Let’s go to a restaurant on State Street. Then you can take me to the hospital.”

Beth insists we walk by her parking garage on our way to State Street just in case I change my mind again. While passing a bar I’m overcome by another wave of nausea.

“Come in here with me,” I say while pulling on her elbow, “I need to make one more bathroom stop.”

“Excuse me,” Beth shouts at the busy bartender on my behalf. “Where’s the men’s room?” I hear the words “in the back” and head there. I’m once again violently ill.

“This is ridiculous,” Beth cries out when I reappear. “I’m taking you to the hospital right now.” All I can do is nod in agreement and admit defeat. I feel dizzy during the short ride.

“Should I take you to the emergency room?” Beth asks.

“No, just drop me off at the lobby. I’m going right to the cancer floor. I’m exhausted.” I stumble through the automatic doors and stagger up the stairs leading to the second floor. I open the doors to the Oncology Department and hear the receptionist say, “Can I help you?” I ignore her, head for the backroom, spot an open bed on the left, and dive on it.

Tina comes running over. “What’s the matter?”

“I’m sick,” I whimper. “I need someone to take care of me. My stomach is killing me.” I don’t have the energy to contain tears flowing out of my eyes.

“Denis, remember I told you that typically you have between four thousand and ten thousand white blood cells?” Tina says when the blood analysis returns. “You have three hundred. Below one thousand is sometimes life threatening. You’re way below that. Your body has no way to fight off any common germs. Chemo doesn’t distinguish between cancer cells and
white blood cells that fight infections. We’re going to admit you. You’re very sick. Just lie back. We better call your wife. What’s her phone number?”

“No. Don’t ruin her day yet.”

“She’ll want to know. You’re in bad shape.”

“I’m going to live, right?” I ask through clenched teeth.

“Of course.”

“Then wait. She’s taking care of the kids and not expecting to see me until five-thirty. Don’t ruin her afternoon.”

“If I were your wife I’d want to know that you’ve been hospitalized,” Tina counters.

“I’m sure she wants to know. But she’s already stressed out. Let’s wait until we know exactly what’s wrong with me before we stress her out some more.”

“We already know.” Tina says while reaching over to the telephone. “You’re having a bad reaction to the chemo.”

“No!” I shout. “Let Di enjoy the afternoon. She thinks I’m in school and everything’s going well. She doesn’t have to know until five-thirty.”

I sleep the entire afternoon. Di appears at night, upset because I didn’t notify her immediately. I see the IV in my arm and decide it is preferable to fall back asleep than to explain my behavior. By late evening I’m delirious. I have a 104 degree fever, severe stomach pains, and never-ending leg cramps. I flail my legs against the bed, hoping to kick my way out of the cramps. “You’re going to survive this no matter what,” I tell myself every now and then.

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I sleep most of the next day in a fetal position, turning over only when a doctor or nurse wants to draw blood. I just want to disappear in sleep. I always feel bad seeing elderly patients sleeping the day away in hospital beds – what a waste of precious time. Now I’d like to sleep for
a month. My throat is too raw to swallow food so Dr. Campbell puts me on an ice chip diet. Even that hurts a lot.

Dr. Campbell, who sports a bow tie sticking out of his hospital smock, prescribes morphine through an IV to relieve the pain. Whenever the pain becomes unbearable I’m supposed to push a button that releases morphine directly into my blood system. I’ve heard bad things about morphine, so I only push the button every second or third time I need it. At one point Dr. Campbell walks in, sees that I’m in pain, and says “Push that morphine button kid, you’re hardly using it.”

“I’m afraid of it.”

“You? I can’t imagine,” Dr. Campbell says. “That’s not the Denis I’ve heard about. What are you afraid of?”

“That I might overdose.”

He laughs. “We have the thing rigged up so you can’t. Believe me. You’re in a hospital and you’re in much pain. Push the damn button as much as you want. If you use up your allotment nothing will come out. Trust me.”

“But it makes me feel weak and vulnerable if I keep hitting a button.”

“You are weak and vulnerable,” he points out.

Ted and Dr. Campbell make interesting medical partners. Where Ted is tall, husky, and informal, Dr. Campbell is short and formal. Ted’s persona calls out for using his first name, while Dr. Campbell’s persona demands the formal title.

Sadly, I’m going to have to cancel my trip to Vancouver. I’m scheduled to fly out of Madison in four days. I’ve been clinging to the plane tickets for my sanity. My goal for the remainder of the day is to cancel my airplane reservation.

"Okay Denis,” I tell myself, “just turn over on your side and pick up the phone. Now. Do it. Just reach over and grab it. Come on, you can do it. Don’t just moan and lay here rolled up in
a ball. Turn over and pick up the phone. Just do it. Dial information first and they'll give you the number for the travel agent. Come on, move your hand and dial 555-1212."

The internal conversation lasts about an hour. Finally, I groan, shift in my bed, and reach for the phone. It takes another half hour to dial the travel agent’s number. After canceling the plane ticket I go back to sleep.

***

In mid-afternoon my phone rings. "Why are you in the hospital?" the voice on the other end demands.

"Because I'm sick, Ma, why do you think?"

"Why don't you take better care of yourself," she says, obviously upset. "You should take it easy. Di told me you were at work when it happened. You should be at home and in bed. Why aren't you staying at home and resting? What are you going in to work for?"

"Ma, I can handle work. And it makes me feel good about myself."

"Then why are you in the hospital?" she says, scoring some points.

"Because of the chemo. I was feeling great and then all of a sudden I got real sick. I couldn't stop throwing up. It would have happened regardless of whether I was at home or at work."

"Are you eating?" she asks.

"Just ice chips."

“What?”

“Ice chips, Ma, ice chips. I suck on them.”

"Why aren't you eating food? How come the doctors aren't feeding you?"

“Because it hurts to swallow,” I point out.

“Then how can you swallow ice chips?” Add five more points to my mother’s scorecard.

“I don’t Ma, I suck on them and wait until they melt.”
“You should eat some food. What kind of a doctor do you have? How can he not let you eat?”

“Of course he wants me to eat. But I can’t. I'm very sick right now.”

"That's because you're not eating right," she insists.

"No, it's because my white blood cell count dropped and I got a bunch of infections. I can't eat. I'll throw up. Plus my mouth hurts and my stomach hurts."

"Tell the doctor to feed you spaghetti!"

"What?"

"Spaghetti, eat some spaghetti. Then you'll feel better." She angrily predicts. "Put the doctor on the phone, I'll tell him. Why doesn't he let you eat?"

"He wants me to eat, I just can't"

"Eat spaghetti. It's soft. Just do one noodle at a time."

"Ma, I'm going to hang up. I need positive reinforcement."

"What you need is food. Eat some spaghetti! You’ve been nothing but a headache since you were a kid. That’s why you’re still in the doghouse."

I hang up on my mother. She wasn’t going to let up on the spaghetti issue. And she meant literally being in the doghouse. Many years ago she bought a wooden display to hang above the kitchen door that has a doghouse and three terriers, each with the name of one of her kids. The dog with my name has been on the hook in the doghouse for several decades.

At night I struggle to call Di and ask her to explain to my mother that the chemo makes my throat too raw to swallow any food. “And please screen her from me for the next few days. I’m too sick to deal with her.”

“She’s your mother,” Di replies. “She has a right to know how you’re doing.”

“Come on Di, give me a break. If you have something nice to tell me, then tell me. I can use some good news. Otherwise, I’m hanging up on you too.” And I do.
Having slept all day I’m not sleepy at night, just in pain. It feels like I swallowed a fifty pound weight. Keeping my thumb permanently pressed on the morphine button doesn’t help. Why do all those drug addicts like morphine so much?

***

Dr. Campbell is disappointed with my progress. He hoped my condition would have improved more given all the medications I’m receiving. My white blood cell count is still way too low and the fever isn’t going away.

I need a goal to give purpose to the day. Yesterday Di dropped off the New York Times and I couldn’t touch it, much less read it. I set a goal to have enough energy to sit up and read the newspaper by the end of the day. I groan, moan, and sleep through the morning and afternoon hours. At four o’clock, I tell myself again it is now or never. This time I manage to sit up for the first time in two days ago. Progress. Just wait until I tell Dr. Campbell.

I’m compelled to apologize to my mother for yesterday’s phone conversation. Slowly, I dial her number. "Ma,” I mumble. “I just called to say I’m sorry about hanging up on you. I feel really bad about it. But I really need some positive reinforcement from you."

"I am being positive,” she says. “We say prayers for you every day. God will take care of you. We know you'll make it and survive."

"That's not my point ma. I appreciate your prayers. But that’s not the kind of positive feedback I mean. That spaghetti stuff just made me feel bad. And you accused me of causing my own hospitalization. You said I’m in the hospital because I went to work. That’s not true. I’m in the hospital because the chemo wiped out my entire immune system."

"Are you eating yet?” she asks, her voice quavering.

"No, I can't ma. There's too much pain in my throat."

"Try spaghetti. It's soft and you'll feel better."

"Ma, please don't start again."
"I'm not starting anything, you need to eat. How much do you weigh?"

"I'm probably down to 135."

"That’s about how much I weigh,” my five foot tall Italian mother admits. “How much should you weigh?"

“I weighed about 170 pounds in early summer.”

“You see, you need food. How can you get better when you’re losing so much weight. You need to eat. Why won't the doctors and nurses feed you? Eat some spaghetti."

“I’m going to hang up on you again if you don’t cut this spaghetti stuff out ma.”

“If I were there I’d be shoving food down your throat. Why did you have to move to Wisconsin? Why couldn’t you have stayed in New Jersey like your sisters? No, you had to leave New Jersey as soon as you could. Then you had to join the Moonies. Now there’s nobody there to feed you when you need it. You’re always mister know-it-all. You always had to be different. You ...”

I hang up again. Now I really feel miserable. I wait fifteen minutes and call New Jersey again. This time my father, a reserved person who rarely speaks on the phone, answers.

"Dad, is ma there?"

"Why? So you can yell at her some more?"

"Come on Dad, it's not my fault. She was yelling at me."

"It’s not your mother’s fault either,” he explains harshly. “She's crying right now. Don't you think she cares about you? We're in Jersey. We don't know what's happening to you. Don’t you think we’re scared? We can’t see you. All we know is that you’re in a hospital somewhere in Madison. You have cancer and now you’re really sick again. She's worried."

"Tell her I can talk with her if she stops being so negative."

"How is she negative?"

"She won't let up on the spaghetti issue."
"She's got a point. Spaghetti is soft. Your body can handle it."

"No it can't Dad. I'll just throw up. I have pain in my stomach. My mouth has sores and hurts like hell. The chemo ripped the lining off my throat. It’s all raw."

"Listen," my father interjects. “Just eat the spaghetti. It’s real soft. Then throw up. Then eat some more spaghetti and throw it up. Then do it again. Tough it out. Soon you won’t have anything left to throw up. Then you can eat the spaghetti."

"Dad, it doesn't work that way." My father is obviously worried. He never gives advice, no less speak several sentences in a row to defend a point of view.

"Yes it does," he insists. “Your body will get tired of throwing up and just give in. Have you tried it? How do you know it won’t work? Try it, you'll see."

I hang up on him too.

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As if my parents aren’t enough, I’m having a major personality conflict with the day nurse. She keeps asking questions I've answered before.

"How do you feel?" she keeps asking.

“Terrible,” I yell within my head. “Isn’t it obvious?”

"When did the pain start?"

“I’ve told that to five doctors and ten other nurses.”

"Have you ever been in the hospital before?"

“Too often. Read my medical history.”

I don’t vocalize any of these internal answers. Instead, I grudgingly provide answers until late morning when my patience evaporates.

"Is the pain better or worse than yesterday?" she asks.

"I don't know, I feel terrible. I can't move out of this bed. I can't shift my body. I struggle to make phone calls."
"On a one-to-ten scale, with one being no pain and ten being the most pain you’ve ever had, what would you rate your pain?"

"A nine. I once cut off two fingers with an electric power saw. That’s my standard for a ten."

"Now yesterday, what would you have rated your pain?"

"Give me a break,” I say, now vocalizing my previous internalized complaints. “How am I supposed to measure that?”

"Just give me a number between one and ten," she insists.

"It doesn't make sense. I’m trying to forget about yesterday. How am I supposed to know how much pain I felt a day ago? That seems like years ago."

"Just give me a number."

"Nine-point-five," I annoyingly offer.

"So you're feeling better?"

"No. I feel like shit. Can’t you tell?"

“But if yesterday was a nine-point-five level of pain, and today is a nine level of pain, you must be improving.”

“I’m not. I’m only making up numbers because you’re asking for them.”

The nurse moves to another issue. "Have you been using mouthwash?"

“No.”

“You need to take care of the sores in your mouth. You won’t be able to eat until they go down."

"Where's the mouthwash?" I ask.

"In the bathroom," she says pointing her chin in that direction.

"That's why I don't do it. How am I supposed to get out of bed and go to the bathroom? I can’t even turn over. I'm in pain and it increases when I try to move or get up. Then I gotta drag
the IV pole with me, which means unplugging the machine. Either give me the mouthwash
yourself or bug off."

“Now listen here! I don’t have to take this abuse,” she shouts back. “I’m just trying to do
what’s good for you. You should try to get out of bed. That’s why I put the mouthwash in the
bathroom instead of by your bed.” She storms out of the room.

When Di stops by in the afternoon, the nurse tells her I’m a "troublesome" patient. Di
expedes in my defense. We’re finally on the same page. When Di arrives home she calls Dr.
Campbell and demands the nurse be replaced. How wonderful it feels to be in harmony with Di.

My fever breaks early the next morning. Miraculously, the fifty pound rock in my
stomach only feels about five pounds. I’m psyched. “Your sentiments are ahead of the
evidence,” Dr. Campbell replies during his morning rounds. “You still have a 102 degree fever
and I don’t like that.”

“But I feel better. I’ll have a normal temperature by lunch and then I can be released
tomorrow.”

“Slow down,” Dr. Campbell cautions. “One thing at a time. Right now all indicators say
you’re still very sick. The only indicator that suggests otherwise is your tone of voice. I heard
you were verbally abusing the nurse yesterday.”

“She was driving me nuts,” I inform him. “And here’s more evidence. Yesterday I could
barely read a paragraph in the newspaper. This morning I read the entire newspaper. So there.”
Dr. Campbell, of course, is correct. The euphoric feelings of the morning dissipate as the stomach pains and chills return. Although constipated, I pee all day due to the IV fluids being pumped into my bloodstream.

On Sunday morning my temperature is 99 degrees, the first time it’s been below 100 since entering the hospital four days ago. Dr. Campbell enters the room all smiles. My white blood count shot up overnight from 400 to 1,700. Safe, but still below normal.

My primary problem now is eating. I've survived four days on one Popsicle, three teaspoons of Jell-O, and many ice chips. I wanted to eat more yesterday but after a teaspoon of Jell-O my stomach growled. I felt pain in my mouth, throat, and stomach. My mind shouted "Stop, stupid."

It’s touch-and-go all day. A major breakthrough occurs at dinner when I successfully eat a meal. Despite my vegetarian leanings – for the past twenty years I typically have not eaten anything that once had a mother or father – I eat parts of a Cornish hen, two spoonfuls of mashed potatoes, and vanilla pudding. I down an entire bowl of cream of mushroom soup. It hurt like hell going down, but I did it.

I’ve been a vegetarian on and off since college. After reading about how animals were inhumanely slaughtered I didn’t want my appetite to be the cause of their pain. Two weeks after becoming a vegetarian I developed a nasty rash. In the course of examining me, the campus nurse asked questions about my diet.

“I’ve been eating pasta, pizza, and onion rings the past two weeks,” I told her.

“Why?” she asked
“Because I’m a vegetarian.”

“But where are the vegetables?”

“I don’t like vegetables, so I’ve been eating only pasta, pizza, and onion rings.”

I learned to appreciate eating vegetables and salads. But it was difficult being a vegetarian in the 1970s because of limited food options. I hated the fuss people made when they found out I was a vegetarian. So I modified my diet and ate whatever anyone served me, except red meat. Di likewise modified her food purchases to free range chicken. They not only lived a humane life, but died humanely as well. A few years ago, after reading how free range chickens were cooped up in barns and rarely exited opened doors that allowed them to roam freely, I stopped eating chicken too.

At ten-thirty in the evening I turn off the overhead lights and turn on Wisconsin Public Radio to listen to the Sunday night jazz show. Tonight they play spacey New Age music, which I like in small doses. As I lay in darkness, staring at the ceiling, my mind wanders into outer space.

Suddenly, my spirit leaves my body. Whoosh. My spirit travels through a tunnel. I look back and see my body lying on the hospital bed with an IV stuck in my arm.

“Don’t look back,” a voice I take to be that of a spiritual guide suggests. We float through dark space for quite some time before reaching a place where thousands of people wearing bright orange robes were gathered in several concentric circles. I land in the middle, as if miraculously appearing on the fifty yard line at the Super Bowl. They are ecstatic at my arrival. A bright, warm light flows throughout my body. I am where I am meant to be, surrounded by endless waves of compassionate love. A beautiful woman with long brown hair, deep penetrating eyes, and a radiant smile steps out of the crowd to welcome me to spirit world. The entire crowd moves closer in unison. The closer she comes, the more warmth and love I feel. Finally, a few inches away, she raises both arms to embrace me.
“Stop!” I shout. Everyone stops, including the leader. “If you touch me I’ll die,” I tell her.

“I don’t want to die yet. There are a few things I still need to do on earth. You are all wonderful people, and I’d love to be here, but the time isn’t right yet. I still have two small kids. Can I go back to my body and come back here later?”

Blissfully, she nods yes and I force myself awake. My body is drenched in sweat. I have no idea where I am. Disoriented, I look out the window and see the capitol building.

I step out of bed and the IV pole attached to my left arm crashes to the floor. “What’s this?” I wonder while rubbing a bandage holding a needle in my arm. I feel the urge for a bowel movement and stumble to the bathroom, pulling the IV poll with me.

Footsteps rush my way. The bathroom door swings open. A woman wearing a nurse’s outfit appears with a frightened look on her face. “Oh, that’s right, I’m in the hospital,” I tell myself.

“Of course you are. Are you okay?” she asks.

“Yeah, I didn’t know where I was. You wouldn’t believe what just happened to me.”

“How are you feeling? You didn’t look good when I stopped in earlier to check on you.”

“I’m fine,” I say.

“And you’re having a bowel movement, that’s great.”

“Nah. I’m still constipated.”

She helps me back to bed. Her warm hand is comforting. I pull the cord to turn on the overhead light and incline my bed to a sitting position. I grab yesterday’s New York Times to read again. No way am I going back to sleep, even if it is only two o’clock in the morning. If I fall asleep again I might die. They are wonderful people in spirit world, kind and welcoming, but I don’t want to join them yet. Nonetheless, the experience was comforting and a significant amount of unarticulated fear about dying vanishes from my mind.

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Dr. Campbell is all smiles when he comes into my room the next morning. My white blood cell count increased from 1,700 to 11,000 over the past 24 hours. I'm way above normal and can probably go home tomorrow. Victory.

“Not so fast, buddy,” Dr. Campbell cautions. “We’ve got to find some way to unplug your digestive system.” Since the start of chemotherapy I've had cycles of constipation and diarrhea. I arrived at the hospital with diarrhea and have been constipated since.

“Dr. Campbell, after last night I don’t want to spend another night in the hospital if I don’t have to. Can I go home today?”

“Technically, you can. I can’t force you to stay. But you were really sick. Stay another day and go home tomorrow.”

“There are too many death spirits hanging around this place. I mean it,” I add after I see him smirking. Then I tell Dr. Campbell about my out-of-body experience.

“People call that a nightmare,” Dr. Campbell offers when I finish the story. “Don’t use that as your reason for leaving early.”

“It wasn’t a nightmare. I enjoyed the experience. I wasn’t really afraid of dying before, but now I’m definitely not afraid to die. It was very nice.”

“I still highly recommend you stay another day.”

“But I don’t have to,” I point out, “right?”

“No, you don’t. According to my numbers I can sign a release form letting you go,” he begrudgingly says.

“I’m outta here,” I tell him. “I don’t want to spend another night here.” I begin propping myself out of bed.

“Slow down. Not so fast. You have to stay here until after lunch. And then you have to come in first thing tomorrow morning for another check-up.”
At eleven o’clock I call Di to pick me up. I put on the clean clothes Di dropped off yesterday and rest on the bed while waiting. Exhausted, I close my eyes. All of a sudden Seth and I are on the roof of a tall Bronx tenement building, like one my Aunt Yolanda and Uncle Johnny lived in when I was a kid. Seth joyfully climbs up on the outer roof ledge and precariously balances himself. “Hey daddy, look at me!” he screams while wobbling back and forth.

I run over and grab his hand. “Get down Seth,” I shout over the traffic noise on the bustling street, “that’s way too dangerous.”

“Wee,” he squeals, similar to Roo in a Winnie the Pooh video. Then he jumps toward the street. I grab and hold his hand tightly. Seth dangles in mid-air, more than twenty stories above the traffic. Seth’s weight and gravity pull the upper half of my body over the ledge. I can see little yellow specks moving on the ground, taxi cabs hunting for their next fare.

“Seth!” I scream. “This is too dangerous. I’m going to swing you toward the building and into the window below me.” With all my strength I swing him toward an open window.

But Seth sticks his foot out against the window pane, stopping his momentum, and then pushes off the side of the building over the tiny taxicabs again. He doesn’t want to go in the open window and laughs. “Seth, cut it out,” I scream. Gravity pulls us. My waist and knees scrape over the cement ledge. Only my toes cling to the roof of the building.

“Seth, stop it,” I shout. “If I fall over the edge I’m going to die. Don’t do this to me. I don’t want to die yet.” I force myself out of the dream. My body is soaked with sweat. I get out of bed, go to the bathroom, and throw cold water on my face.

Lunch arrives and I barely touch it. Exhausted, I rest my head on the white pillow and fall asleep again. Immediately I’m in the middle of a boxing ring, getting the daylights beat out of me. I fight my way out of the nightmare and wake up. My clothes are drenched with sweat again.
Di finally shows up and drives me home. I’m too psychologically disturbed by these dreams to tell Di anything. What did they mean? Spirit world is wonderful, I have the power to stay alive, Seth unknowingly risks my life playing a game, and I get the daylights beaten out of me?

In the comfort of our home, I head to the bedroom and fall asleep, awakened a half hour later by a diarrhea attack.

***

Although eating remains difficult, I join Di for breakfast at a local restaurant. Nothing like being out in the real world again.

“Sam is a real pain-in-the neck,” I overhear from the conversation between two guys in the adjacent booth. “He never responds to my phone calls.” I think how wonderful it would be to deal with petty problems again.

Dr. Campbell laughs when he sees me again in the Oncology Department. “You look terrible for a guy just released from a hospital. You know that, don’t you?” he offers as he reaches out with his right hand to greet me.

“Yeah, but I’m sleeping in my own bed again,” I counter. “That’s heavenly.”

“Honestly speaking,” Dr. Campbell continues, “you look a little better than you did last Wednesday, but that’s not saying much. Your weight is down to 129 pounds. You’ve lost more than 40 pounds. You’re skin and bones. I don’t mean to offend you. I just want to be honest. And I want you to be honest with yourself. Are you sure you can take care of yourself?”

“Just fix my mouth and throat and I’ll be as good as new. I’m exhausted and don’t have any energy. But if you can fix my throat so that I can swallow food again without pain I’ll be all right.”
Dr. Campbell signs several prescriptions and sends me on my way. Many people avoid me as I walk through the Business School. There’s not an ounce of fat left on my body. I look like a concentration camp survivor.

***

I need to buy a monthly bus pass at the local pharmacy, three blocks from home, because I ride the bus to work now to conserve energy. But getting there is a major challenge. I walk half a block and stop to lean against a tree to catch my breath. I take a few more steps and sit on someone’s stoop.

I’m completely out of breath by the time I reach the pharmacy. I stumble to the rear of the store, push my way through the swinging doors that separate the pharmacist from customers, grab a soft red cushioned chair from behind the pharmacist’s counter, pull it in front of the counter, and plop down on it.

“Denis, are you okay?” the pharmacist says in an alarming voice.

I’m too exhausted to speak a word. I merely look into his eyes and start crying. I love my half hour walk to school. Now I can barely walk five minutes to the pharmacy. While serving other customers, he lets me recover in the chair as tears stream down my cheeks, somehow knowing it is best to let me be.

Ten minutes later I have enough stamina to request a bus pass. “I, I .... I can’t walk to school any more,” I struggle saying and begin crying again. A few more minutes pass before I say, “I need to buy a bus pass.” It takes a great deal of effort to reach into my back pocket, take out my wallet, and pull out a twenty dollar bill. “I’m sorry for sitting here crying,” I say while standing up to hand over the money.

“We love you Denis. You’re going to make it, I know it,” he reassuringly offers.
His words hit me like a sledgehammer. I sit back down and cry some more. I escape a few minutes later when he’s talking on the telephone, this way I don’t have to say goodbye beyond waving my hand and nodding my head in gratitude.

***

In addition to walking and eating, drinking remains another major issue. Everything I drink causes extreme pain. Liquids burn going down my throat and then for the next fifteen minutes there's a stinging sensation connecting my mouth to my stomach.

I call Dr. Campbell and he prescribes a mouthwash. It works. I take a small cupful of the yellow liquid, swish it around my mouth for a few moments and swallow it prior to eating or drinking. This creates padding along the esophagus, allowing liquids and food to slide down my throat without hitting raw nerves.

At night I boil a package of Ramen oriental noodles and inhale them. Next I gulp down a bowl of Seth’s Alphabet cereal. I explore the refrigerator, see some delicious apple pie, and help myself to two pieces. For the first time in a week I feel full.

***

With the new Fall semester soon approaching, I finalize community involvement projects for the regular MBA business ethics class. I’ve developed sixteen projects for the sixty students enrolled in my two courses, three to four students per project.

Next, I finish my tenure proposal, which I started five months ago. After six years of service, tenure-track faculty are evaluated by tenured faculty for their teaching, research, and service. The tenure proposal summarizes six years of scholarly publications, student evaluations, and committee work. The process entails five levels of approval. First, the tenured faculty in the academic department vote. If they approve, then a small committee of tenured professors outside the department but in the Business School vote. If approved, all fifty or so tenured faculty in the Business School vote. When I first arrived, a majority vote was all it took to get past this level.
The bar had recently been raised to 80 percent approval after several tenure cases were denied at the next level, the divisional level, to ensure that only the strongest cases advanced. A majority of the twelve tenured faculty on the Social Studies Division committee must approve the case. Lastly, the case is passed on to the University President and Board of Trustees for final approval.

It is an arduous and anxiety-provoking process. Tenure-track faculty who lack the necessary credentials are weeded out before getting to the first step. Upon obtaining tenure, one is guaranteed a position for life, revocable only for some gross moral misconduct or ineptitude. If denied tenure, the faculty member has one year to pack his or her bags and find a job at another university. So it’s up or out, promoted or fired. As a result, many tenure-track faculty slave away conducting research studies for six years because, despite the formal criteria, we all know that research publications matter more than any other factor.

The university, naturally, says it wants excellence in teaching, research, and service. In more modest moments, the university publically notes that it wants excellent performance in two of the three areas and very good performance in the third. Yet, at a top-tier research university such as UW-Madison, we all know that tenure can be obtained if a professor is an excellent researcher, an average or even poor teacher, and performs minimal committee service. Research publications attract grants and enhance the school’s prestige. Unfortunately, teaching and committee service do not.

In the place of tenure, some university administrators would prefer a system of renewable five-year contracts. Once tenured, administrators are stuck with the professor for life. Problems occur if the professor performs poorly in the classroom, refuses committee assignments, or decides to stop conducting research. All three happen.

Faculty, on the other hand, maintain that tenure ensures academic freedom which, in turn, improves societal well-being. Society benefits by having a group of highly educated people searching for truth by conducting research and writing articles based on their informed
knowledge without fear of administrative reprisal for being politically incorrect. If everyone believes the earth revolves around the sun, and research or theory proves the reverse, society benefits when professors can talk about and publish their findings without being fired.

Everyone says my tenure case is a “no-brainer.” I hope they’re right. As a Business Ethics professor, I am an outlier and not a member of any department. My tenure chair, Marty Bassett, is well-respected, highly accomplished, and the chair of the Management department. He’s been on the faculty nearly thirty years and understands the nuances of the tenure process. Five other tenured business school professors have been assigned to my tenure evaluation committee, which will provide the first thumbs up or down vote.

***

The moment I’ve been dreading, the beginning of round two of chemotherapy. It can’t be as bad as round one. We begin with a blood test to make sure my white blood cell count is high enough to protect against what the doctors call opportunistic viruses. While awaiting results, I sit in the waiting room with four bald-headed people over the age of seventy. They represent one of my major resentments – I’m too young to be going through chemo. I could see if I were forty-nine, but not thirty-nine. Then, a bald-headed sixteen year old kid wanders over to the waiting room corner furthest away from everyone. At least I’m thirty-nine. This kid is only a teenager. I now feel sorry for him rather than myself. Our moral sentiments are so relative.

The chemo treatment is a no go. My white blood cell count is too low. Ted wants me to wait another seven days. My weight is now up to 133, a seven pound gain in one week. Not bad, but not good enough.

***

I am a firm believer in the existence of a spirit world, although it can’t be proven. This doesn’t bother me. People can’t point to a thing called “love,” yet everyone believes love exists. I trust my instincts, some of which may be influenced by spiritual guides. My belief in spirit
world keeps me humble because I don’t take full credit for all my insights, although I am fully accountable for my choices.

This morning I give into a strong urge to continue walking along the sidewalk that hugs Camp Randall football stadium, rather than taking my usual path along the mostly abandoned railroad tracks. I reach the Camp Randall Memorial Arch, stop at the traffic light, and wait to cross the street.

“You have nothing to fear. You can manage anything,” a voice speaks out to me. I look around and notice that the two other people waiting at the traffic light are lost in their own thoughts. Could it be the spirits of Camp Randall? More than 70,000 Wisconsin Civil War recruits trained at Camp Randall, named after the state’s wartime governor Alexander Randall. The camp was also a stockade for Confederate prisoners of war, a good number having died here from their war wounds. The Memorial Arch is graced by two statues, an Army soldier on the left and a Union officer on the right.

“You have nothing to fear. You can manage anything,” the voice repeats. If God or spiritual guides speak to people then this is it. The soothing voice came from within my own head.

“I have nothing to fear, I can manage anything,” I quietly repeat to myself. A sense of confidence fills my soul. The traffic light changes, yet I remain standing.

A new group of people join me at the traffic light. I remain still and close my eyes. “You’ve been to spirit world, it’s a nice place. Trust that everything will work out for you,” I hear. “You can manage anything, including cancer and death.” A joyfulness takes over the remaining walk to my office.

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Sixteen professors and graduate students show up for my service-learning tutorial. I’m joined by three low-income community center directors. “I like the idea of community involvement,” a political science professor notes, “but I’m not sure what I could do in my class.”

“Do you know that poor people don’t vote?” one of the low-income community center directors asks.

“Of course I do,” the professor responds, a little too defensively.

“Why?” the African-American director asks.

“They’re apathetic,” the professor replies.

“Nah, that’s only a small percentage of them,” the community center director points out. “Bring your students to Vera Court and let them ask the residents. They’ll get an earful from people who care but never get what they need. They’ll learn the truth instead of what’s written in textbooks. And while I’m at it,” he adds, “which one of you is the professor from the School of Education?” The professor politely raises his hand. “Bring your students out too. We can do a forum like Professor Collins did on welfare reform. Let my kids tell you why they hate school and play hooky. I can walk up and down the neighborhood and predict which six-year-old kids are going to do well in school and which ones will drop out.”

The scheduled one hour meeting lasts two-and-a-half hours.
CHAPTER SIX

ROUND TWO OF CHEMO (September 1995)

My heart cracked when a highly sought after eighth grade beauty rejected my offer to
dance at one of our monthly Friday night grade school dances. Chemo is my new lover and my
anxiety level skyrockets the closer I get to the hospital.

Round two, take two. I arrive at the second floor Oncology Department with high
anxiety. Will I be turned down again? My white blood cell count is high enough at five thousand.
Ted gives the green light to load me up with ABV.

This is a regimen change. Last month I was given Vincristine and Nitrogen Mustard on
the first day of the cycle and ABV on the eighth day. Vincristine and Nitrogen Mustard are being
eliminated from the regimen because one of them led to my hospitalization. We’re doing the
ABV combination on days one and eight, though I’ll still be taking Prednisone and Procarbazine
orally during the week. Three hours later I leave the hospital nauseous.

Time to admit that I hate my body. I’ve refrained from looking at myself since the end of
July, even when brushing my teeth or taking a shower. I have several biopsy scars on my
stomach and a deep scar on my chest where the catheter port has been inserted. The port area
remains sensitive and hurts all the time. I no longer have any hair on my chest. My body is ugly,
diseased, and dying. It’s not me.

***

The presses are rolling. The Registration issue of The Daily Cardinal appears in today’s
newsstands throughout the 40,000 student campus. It includes a full page thank you to a host of
businesses and administrators who contributed to the newspaper’s return to publication. I cut out
the page and scotch-tape it to the office wall next to my bookshelf where I can watch it yellow over the years.

Then it’s off to the first meeting of my Executive MBA class. For the rest of September and October I’ll be teaching thirty business executives every other Friday and Saturday afternoon from one o’clock to four-thirty. I warm them up with a real-life ethical dilemma a former student experienced:

Assume you are assigned to a special management task force that oversees employee layoffs. Everyone on the committee signs a confidentiality oath. Unexpectedly, your best friend’s name appears on the latest list, which will be announced in two weeks. Your best friend is about to purchase a new house which will result in a significantly larger mortgage. You present your friend’s situation to your boss, hoping to get permission to warn your friend about the upcoming layoff. The boss says no because it would be unfair to other people on the layoff list who might be in even worse situations. Would you uphold the confidentiality oath or tell your friend? Whose trust is more important to you, your boss or your friend?

I take a vote. The executives are evenly split. I choose two who hold opposing views, invite them to the front of class, and ask them to defend the ethics of their decision. Ironically, both are Vice Presidents of Human Resources.

“I’d never hire you,” one Vice President needles the other. “I could never trust you. The minute you don’t like a company policy you’d break the confidentiality rule.”

“And I’d never hire you,” the other pokes back. “How could you be so callous to your friend? I only hire independent thinkers.”

The executives quickly learn they were not the morally cohesive group they assumed they were prior to today’s class session. Similar to the regular MBA students, the executives want to know what I would do in the situation. I don’t want to alienate anyone, no less half the
class, so I don’t tell them. The class ends with a buzz about what we just experienced. We’re off to a good start.

***

I’m dialoguing more with my spiritual guides. Professors live a life of the mind and can be susceptible to talking to themselves. This is different. Since the spiritual experiences I had at the hospital and Camp Randall Memorial Arch, I’m more willing to admit and accept spiritual support. With one God and more than five billion people in the world, some of whom are starving to death, I don’t want to monopolize God’s time. I’ve felt this way since I was a kid attending Saint Joseph’s Catholic Church. Each person seemed to believe he or she was praying directly to God. But how could God listen simultaneously to all those prayers, no less the prayers of those in other churches and other parts of the world?

In Sunday School, the priests and nuns told us about guardian angels who looked out for us. Books and movie plot devices, such as George Bailey’s spiritual assistant Clarence in It’s a Wonderful Life, reinforce this idea. Belief in spiritual guides is a matter of faith. If one believes there is a God, and every human being has a spirit or soul which enters spirit world upon death, then there must be hundreds of billions of spirits or souls roaming around somewhere. I’m not sure where, or what they do all the time, but I am willing to call on one for help every now and then, or to attribute some magical coincidences in life to their involvement.

Not wanting to bother God, during intense situations I call on help from my spiritual guide, God’s representative. In this sense, God is a great monarch who decentralizes decision making authority and tasks to spiritual guides attending to the spiritual well being of those on earth. Spiritual guides help, but don’t control, us. They exist to serve us. We are still the boss with our free will.

My first encounter with a spiritual guide involved helping me overcome extreme nervousness just prior to making the eighth grade valedictorian speech. “Take off your
eyeglasses,” a deep internal voice directed. “You can’t get nervous if you can’t see anyone.” It worked. Many parents praised my powerful, heartfelt speech, unaware that I was unable to see any of them. I haven’t conversed much with my spiritual guide since my Moonie missionary days. We’re going to reestablish our friendship.

A cold front moves into Madison this morning and the temperature drops from 80 to 55 degrees, followed by torrential rain. Making matters worse, the cold wind blows through my bald head, shivering the rest of my body. Despite taking the bus and using an umbrella, I am drenched upon arriving at Grainger Hall. Worried about the weather’s effect on my health, I tell my spiritual guide, "I'm not going to get sick today. I'm not going to get sick today. You better help me not get sick today." When a student looks at me oddly I realize that I’m talking out loud. I smile at the young man, nod my head, and say “Really, I’m not going to get sick today.” The bewildered student keeps walking.

“Please God,” I say more forcefully in the privacy of my office, “I don’t want to start throwing up like I did last month. I don’t feel well. Help me get through this day. Please.” Believing that my pleas are heard by my spiritual guide provides me with greater comfort, confidence, and courage. I’m of the belief that calling my spiritual guide God is a compliment, not a slight, and pray to God, not my spiritual guide, to unite with the worldwide spiritual community.

***

Second chemo cycle, ABV drip number two. I arrive in the Oncology Department and bombard Ted with issues.

First, I'm feeling pain and fatigue from the catheter port. It's extra weight on the front side of my body at a time when I’m physically weak. I’ve been walking slightly hunched over, which causes my back to ache. A tap on the back of my shoulders could cause me to fall and smash my forehead on the ground. The extra effort required to pull my shoulders back to stand erect adds to
my fatigue. Also, the chest skin is stretched too tightly over the catheter port. I fear it'll tear open the next time Tina pokes a needle through it. “I’m sorry about all this,” Ted sympathizes.

Second, my voice has been hoarse since teaching three hours two days ago. Next week I’m teaching three hours each on Monday, Wednesday, Friday, and Saturday. What then? “Suck on some throat lozenges and drink lots of water,” Ted recommends.

Third, my legs feel like they have shin splints. Six years ago a Pittsburgh doctor recommended that I stop jogging because I get shin splints too easily. I was grateful back then because I didn’t want to jog anyway. Now my legs ache from the little bit of walking I do. “Maybe you should do some stretching exercises before you walk anywhere,” Ted suggests. He prescribes potassium pills.

Lastly, my white blood cell count is only 1,500. The normal low is 3,500. Two weeks ago Ted said that a count of 1,200 was too low to begin a new round of chemo. But now he’s desperate to get the next load of poisons into my blood system, and we do the ABV drip treatment. Ted orders more blood tests in four days to see how my body withstands the latest chemo invasion.

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Four days later my white blood cell count is 615.

“That’s okay,” Tina reaffirms, “Ted’s earlier statement wasn’t entirely correct. We really don’t have to be concerned until the count dips below 500. I see that you already survived a 300 count, and you now have nearly twice that,” she calculates. “Come back in two days and we’ll do another count. And stay away from anyone who coughs.”

My emotional adjustment to fluctuating white blood cell counts parallels my emotional reaction to the weather. In late September, I feel sad when temperatures drop into the fifties. Summer is over and winter is nearing. A few weeks later, after temperatures have dropped into the forties, I feel tremendous joy and relief whenever it rises back into the fifties. The same exact
act that generated sadness, 50 degrees, generates joy. This pattern continues all winter long. It’s frightful when the temperature dips to zero degrees, which in Wisconsin sometimes happens in December. But after a few below zero degree days, zero feels delightful.

***

Day fifteen of the second chemo cycle, the same chemo cycle day I was hospitalized last month. After lunch I go to the hospital for blood work and learn that my white blood cell count has dropped to 80.

“Are you going to hospitalize me?” I ask Ted. “I’m a sitting duck at 80. I thought I was going to die when my count was 300 last month.”

“Not yet,” Ted reassures me. “Last month you had a major infection. You don’t have an infection this month.”

“But you said last month that under 1,000 was life threatening. And last week Tina said I shouldn’t worry unless it dropped to 500. Now it’s 80.”

“I shouldn’t have said that,” Ted corrects himself. “Nothing is inevitable. That’ll become clearer the longer you do chemo. Our primary concern right now is not the number of white blood cells you have, but whether you have an infection. All of your other numbers are positive. Except for the cancer, you’re in relatively good health,” he smirks.

“But last month it just happened,” I remind him. “One moment I was sitting at my computer working. The next moment I couldn’t stop puking. I don’t want that to happen again.”

“I can give you a blood transfusion,” Ted offers, “but I don’t think it’s necessary yet. I’ll give you a prescription to build up your white blood cell count. Take your temperature every two hours over the next two days. If it goes over 100, I want you hospitalized immediately. That’s a number to hang your hat on.”

I nod yes.
“I can’t hospitalize you every time I think you might get sick,” Ted continues. “You’d end up in the hospital every day for eight months. You’re getting potent medicine. So far so good. Just stay away from sick people. If you see one coming, run in the opposite direction.”

I don’t remind Ted that I wasn’t aware of being near sick people when I got sick last month. Although I feel extremely lethargic, my temperature remains below 99 degrees the remainder of the day.

***

At night, I wake up every hour with a dry throat and the chills. My entire body aches, more so than usual. For the first time since starting chemo, except for hospital stays, I am unable to leave for work at my normal time. Typically, the alarm goes off at six-fifteen. I wake the kids up in their separate bedrooms at seven o’clock, walk Seth to his K-2 bus stop, and continue on to my campus office.

This morning is different. At seven o’clock I’m miserable and sleep an extra two hours. Di drives me to the office. Uncharacteristically, I don’t want to do anything. I turn my office lights off and lay down on the carpeted floor. But I can’t sleep because my mind keeps buzzing. I turn the lights back on and review my to-do list. “Read articles about employing ex-cons and pick two to distribute to the executive MBA students” seems like an accomplishable task, so I do it. Then I pick up the telephone to ask several low-income community center directors if they can benefit from MBA student volunteers.

“Oh give up,” a voice from within shouts. “Look, you’re bothering the overworked community center directors by imposing your overworked MBA students on them. Nobody likes these projects. Give it a rest and be a normal teacher. Stop pushing the issue. Why do all these extra activities?”

Then I think about the marvelous testimonies students write every semester. “They really enjoy those community center visits,” a different voice from within tells me. “The students and
community centers get a lot out of it.” Hesitantly, I call one of the low-income community center directors. He’s glad to hear from me again and has plenty of ideas for short-term projects students can work on.

These competing ideas are more than random thoughts, or so I believe. The dynamics of a Bugs Bunny cartoon where good and bad spirits whisper ideas into his ears, with the unethical ideas sounding more fun, is etched in my mind. We have the freedom to choose either. The good advice usually wins, but not all the time.

I imagine a tug-of-war between the advocates of good and bad. The conscience mechanically differentiates between good and bad. Then a battle ensues between the spiritual or psychic forces behind each option. On the one side, the conscience, which is more than a decision-making machine, orients us toward doing the ethical option. The voice of conscience, the spark of divinity every person possesses, is amplified by good spirits. On the other side, the unethical option is advocated by bad spirits, reinforced by some peers encouraging us to the dark side and the media’s glorification of bad behavior. As a kid, I never would have thrown an apple from behind a billboard at a car speeding past at sixty miles an hour on Route 17 had Mark Ferraro not urged me to join him in doing so. My conscience bothered me for days. I felt guilty and never did it again.

Similarly, I cheated only once on an exam in school. It was a mid-term marketing multiple-choice exam in a large tiered lecture hall with 150 college students jammed tight in small desks. I didn't know an answer and thought how easy it would be to glance over at the exam of the student to my left or right. I knew cheating was wrong, but an internal voice encouraging me to cheat, which was not the voice of conscience, wouldn’t shut up. “Just do it, it’ll improve your grade, others are cheating,” the voice kept justifying. I succumbed to the pressure. After submitting the exam, I felt overwhelmed with unforgettable anxiety and guilt, rather than the joy of getting a correct answer, and never cheated again.
Over time, doing good or bad becomes a matter of habit. People who constantly cheat or mistreat others have muffled the voice of conscience. But the bad memory is stored and likely to haunt them later in life. During my missionary days we shared many stories about our dealings with these spiritual forces. Yet, as a professor, admitting this makes others suspect my mental health.

I don’t mind being mistaken about this phenomenon because I benefit from the spiritual camaraderie that may not really exist. I am certain everyone has a conscience that orients us toward the good; that is sufficient. Even criminals demand truth and honesty within their gangs, and they typically express relief from a guilty conscience when caught or after confessing their misdeeds. We are never alone. We can always be in conversation with our conscience, the voice of God. At times, we just choose not to listen or heed the advice.

***

I make a bathroom stop on my way to teach the executives. “Come on Denis,” I urge myself while staring in the mirror at some bald-headed guy with beady eyes and protruding cheek bones. I turn the cold water on and splash several handfuls on my face. Invigorated, I walk into the classroom and write the day’s agenda on the blackboard. One of the early arrivers, sitting in the back row, calls out, “Professor Collins, you look terrible.”

“Thanks,” I reply without turning around. “I’m glad I look the way I feel. But I’m not canceling class. Nice try. We’ve got some work to do.” My head throbs. I don’t want to teach.

“How many of you think competition is good in organizations?” I ask. Most students raise their hands and stare at me. “Now how many think having employees work cooperatively is good?” An equally large number raise their hands.

“So competition is good and cooperation is good ...” My thoughts wander. I want them to discuss the pros and cons of having employees compete against each other but can’t find the handle to drive the discussion.
“I have a nasty headache that’s killing me,” I confess. “I want you to share stories about ethical and unethical ways of competing and cooperating where you work but I don’t feel well right now. Maybe one of you can lead the discussion. Nah, let’s all take a ten minute break. I need more cold water.”

I turn my back to the executives, leave the classroom, walk into the third floor bathroom, close the stall door behind me, and sit down. What am I going to do? I can’t think straight. My logic is muddled. I go to the sink and see an executive staring at me through the mirror as he washes his face.

“Are you okay Professor Collins?” he asks.

“No. I feel lousy.”

“You look lousy,” he quickly echoes. “Why don’t you cancel class?”

“I can’t, we have a guest speaker coming in at two-thirty. I can’t leave him here by himself.”

“Sure you can,” the executive reassures me. “We’re responsible people.”

“Oh, it’s not that,” I say wiping the water from my face. “I want to hear what he has to say. I only invite people I want to listen to.” He laughs. “Here’s what,” I say. “Go back into the classroom and tell everyone they can have a break until two-thirty. If anyone needs to see me I’ll be up in my office. But I’d appreciate being left alone.”

I tramp up the corner stairwell between the third and fourth floor to reduce the likelihood of running into anyone, close the office door behind me, and break down. I’m exhausted but don’t dare close my eyes out of fear I’ll fall asleep and miss the guest speaker. I rest my head on my forearms spread out on top of my desk. Tomorrow I’m bringing in my sleeping bag and alarm clock for moments like this. I would have appreciated its softness wrapped around my aching body right now.
Then I trudge back to the classroom to introduce the guest speaker, a product liability lawyer, who accuses the executives of being greedy. They accuse him of defending irresponsible customers who misuse their products. “But doesn’t the customer have to take personal accountability?” an executive asks.

“But doesn’t the company have to take personal accountability?” the product liability lawyer asks back. Learning goes back and forth until the clock strikes four-thirty.

I turn down an offer from a student for a ride home because it could be a conflict of interest. In addition, we have another three-and-a-half hour class tomorrow afternoon and I don’t want him to think I might be too weak to teach. Instead, I go back to my office, lock the door behind me, fall asleep on the floor, and wake up an hour later for a slow walk home, which is a major victory. Conquering each new ordeal makes me feel stronger, as my mind and body aclimate to increasing amounts of pain.

My temperature is 100 degrees when I get home. No need for the hospital yet. I ignore Di and the kids, crawl under the bed covers and sleep through the rest of the day.

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I’m feeling miserable but life and the class must go on. Fortunately, it’s Saturday and I take Seth and Anna downtown in the morning to the farmer’s market and the Children’s Museum, which gets my mind off chemo, cancer, and my various illnesses.

Another health problem arises during the car ride downtown. While driving along a busy street my eyes begin to sting and I quickly pull over to the side of the road. My eyes are now extremely sensitive to sunlight. I take my eyeglasses off and shade them with the palm of my hand. Seth and Anna tease about turning me in to the cops because I drive the rest of the way without eyeglasses.

***
The Executive MBA program administrator meets me at the classroom door that afternoon when I arrive to teach. “Al, don’t worry,” I say while patting him on the back, “I feel much better than I did yesterday. I’m still a little groggy but that shouldn’t interfere with teaching.”

“What?” he responds.

“Isn’t that why you’re here?”

“No.”

“Oh, I thought maybe some of the students complained about me being sick yesterday.”

“No, not at all,” he says. “Several executives were just up in my office complaining that your guest speaker today has a copy of the class roster.”

“I know. I send the class roster to all my guest speakers. This way they see the high quality students they’ll be speaking to.”

“But he’s a union organizer,” the Executive MBA director notes. “Look at him,” he demands. I turn toward the front of the classroom and the union organizer waves at me. “He’s writing notes on the class roster. Some of the students are afraid he’ll organize workers at their companies. Maybe he’ll sue their companies over something they say in class.”

“Oh come on,” I say. “I just want the executives to hear what a progressive union organizer has to say about how to improve management-labor relationships. He’s a nice guy, otherwise I wouldn’t have invited him. He’s even on the university faculty. Bet you didn’t know we have a union organizer on the faculty.”

The executives are quiet when I enter the classroom. Typically, there’s a loud buzz and I have to hush them down to get their full attention. Not today.

“Everybody, I want to introduce you to Ken. He’s a progressive union organizer, probably one of the best in the state, maybe the best in the entire country.” I look over at Ken, who’s blushing. “About one-third of you have unions in your firms,” I continue. “Ken’s going to
teach you how to deal with them. As for the rest of you,” I pause while glancing at the entire audience, “he’s going to start a union organizing campaign at your company when class ends.”

Only a few executives snicker.

“I’m just kidding. He’s going to tell you what workers want so you can give it to them instead of having them call Ken to unionize your employees. Most workers are afraid to speak honestly with a boss. Ken will tell you how to care for your workers. Learn how to treat your employees so well that they don’t need people like Ken. Then he’ll have to downsize and relocate to Texas. Ken, wouldn’t you love to organize unions in Texas?”

Smiles multiply across the classroom.

“But first, we need to relax. Rumor has it that some of you don’t like the idea that Ken has a copy of the class roster. Ken, can I have it please.” Quizzically, Ken does as I request. Then I rip it up and throw the small pieces into the tan garbage can near the classroom door. “Now let’s have an honest discussion with a union organizer. How often can you do this? Probably never. Well, now you can, and you can thank me later.”

The discussion gets heated at times. “Unions are corrupt! We don’t need unions anymore! Unions protect deadwood! Unions waste our time on frivolous grievances!” Ken handles himself extremely well. When class ends an executive hands Ken his business card and invites him to help work through a union problem at his company.
I’m past the mid-way point of the second month’s chemo cycle and it looks like I will avoid being hospitalized. It’s hard to imagine spending time groaning in a hospital bed rather than experiencing the events I have the past few days. Naturally, if I had gotten ill I wouldn’t know what I missed. But having experienced what I would have missed, I’m glad I didn’t miss them.

A kind nurse hands me two huge cups. “Now Mr. Collins,” she says while retying her hair into a bun. A television blaring away in the corner educates us about the latest world tragedy, although none of the other three people in the small dark room pay attention. “I’m giving you these two huge cups to drink in the next forty-five minutes. It looks like lemonade but I’m afraid it doesn’t taste like it. Then I’ll come back and give you two more of these cups to drink.” Her hair is already falling out of the bun. “After you’re loaded up I’ll take you to the CAT-Scan machine to see what lights ups.”

I climb on top of a flat table, the flimsy hospital gown exposing my skinny legs. The nurse sticks two pillows under my knees and injects a needle into my arm. A warm chill travels through my body, creating a metal taste in my mouth. Then the table slowly moves my entire body through a whirling circle zapping supersonic X-rays. “Mr. Collins, time to wake up,” the nurse tells me when the treatment is completed. I had fallen asleep during the examination. If only I could fall asleep so easily in my own bed at night.

“Great news,” Ted shouts over the phone the next day. “The CAT-Scan results are better than expected. Ninety percent of the cancer cells have been destroyed.”

“Really,” I shout back.
“Really!” Ted responds. “The cancer cells in your spleen have been depleted. What remains is in the stomach area. Not bad for just two months of chemo. It should all disappear before the next six months of chemo are over. I can’t guarantee that, but it’s looking mighty good.”

“What happens to the dead cancer cells?” I ask.

“They get absorbed by the body.”

“God bless you Ted Stoughton,” I say while hanging up the phone. “I mean it, may God really bless you.”

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The day ends with the now bi-weekly Daily Cardinal Board of Directors meeting. Victor announces a $1,500 profit for the month of September. “Fantastic, from bankruptcy to profitability just one month into the new semester,” I note. “But the paper looks more like a circular than a real newspaper,” Vicky chimes in. “Thank goodness,” Victor yells, “because the writing is pitiful.”

The not so good news is that the money is tied up in accounts receivable. Despite being profitable, our bank account might hit zero next week. That’ll be doomsday for the newspaper because we still owe the printer $14,400 from a year ago and must start paying off the debt at a rate of $1,000 a month beginning the end of January.

We currently have $4,000 in our bank account. The board passes a worst-case scenario resolution where, if by October 11 the bank account has less than $2,700, we’ll become the Weekly Cardinal because that’s not enough money to publish a daily newspaper the rest of the month. We schedule our next meeting for eight o’clock October 10th, four hours before the deadline.

“Victor and Vicky,” I call out as they sit dejected while the two other faculty members leave the conference room, “we can do this. Believe me.”
Month three of chemotherapy. I begin the morning with a nine o’clock lab test and monthly meeting with Ted in the hospital. “Why’s my nose frozen?” I want to know.

Ted reaches over and touches my nose with his pointer. “Yikes,” he laughs. “It is freezing.”

“I told you. It’s been that way for more than a week. Is that normal?” I ask.

“Nothing is normal with chemotherapy,” Ted reminds me. “You know you’re in pretty good shape. And let’s not forget, much of your cancer has been wiped out already.”

“Were you expecting those results?” I ask.

“To be honest, I was hoping to find out that eighty percent of the cancer was gone after two months. The results are better than I expected. I’m very pleased.”

“So we have to do five more months of chemo to get the remaining ten percent?”

“Yeah, even if we get it all out in two or three months we’ll still want to continue with the chemo regimen to make sure all the microscopic cancer cells are annihilated.”

“And then I’m cured?” I ask.

“We say you’re in remission. The goal is to cure you, but we can’t say you’re cured until five years of no cancer cells. Until then you’re said to be in remission.”

“Five years? Why not four?”

“Five years,” Ted repeats. “That’s the yardstick.”

Tina sticks her head into Ted’s office. “3,500,” she announces.

“Great,” Ted responds. “You have enough white blood cells for the next round.”

With more poisons flowing through my bloodstream, I leave the hospital at noon, dizzy, sore, and sick. While walking back toward Grainger Hall I spontaneously make a right turn toward a Chinese restaurant, thinking that eating some food will make me feel better.
Unfortunately, I feel worse after eating and wobble back to the Business School. If this impulse came from my spiritual guide, he or she needs nutrition help.

Back in my office I glance over the long list of things I know I won’t get to do this afternoon. I also count five beeps on my answering machine and fifteen new email messages. I take the elevator to the first floor cafeteria and buy a cream soda, a comforting childhood memory. It feels refreshing going down my throat but doesn’t settle my stomach.

Then I attack the phone messages. Talking with other people will get my mind off the physical agony. A message from an editor at Sage Periodicals Press seems the most interesting.

“Hello, Lucy, this is Professor Collins returning your call. How can I help you?”

“Oh, Professor Collins, thanks for getting back to me so quickly,” she says. “I’m in charge of editing *Business & Society*. You have a book review coming out in the next issue. I know that you’ve already gone over the page proofs, but we just found two errors we need to change. It’s a little tricky because we don’t want to change the page spacing too much since your article has already been typeset. I want to check these corrections with you first. I’m sorry we didn’t catch them sooner. It’s your review of *The Force* by David Dorsey.”

“That’s the book about Xerox,” I remind myself by informing her. “I couldn’t believe all the ways their sales staff rip off customers.”

“Yes, I know,” she confirms. “I already sent a copy of your book review to our Xerox person. I hope they’re not playing those games with us. Do you have a copy of the manuscript?”

“Yep, it’s in my cabinet file.” I reach to my left, open the black filing drawer with all my published articles, and pull out the typeset pages. “Got it.”

“Great. The first problem is on page two. Half way down the page. The sentence begins ‘Full of hype and insincerity.’ Do you see that sentence?”

“Yep.”
“Let me read it to you. It says: ‘Full of hype and insincerity, Pacetta [the Xerox sales
district manager] rubs the phone against his crotch and pantomimes masturbation in front of his
employees to demonstrate his disrespect for a telephone call from corporate headquarters.’”

“Let me guess, you don’t like the word masturbation?”

“Oh no, masturbation is fine. It’s the word ‘crotch.’ We have a problem with that. If we
delete the words ‘rubs the phone against his crotch and’ the paragraph wouldn’t lose any lines
and the sentence wouldn’t lose its meaning,” she points out.

“Fine with me, but do you really think the word crotch is more offending to academics
than the word masturbation?”

“I’m sorry Professor Collins, that’s just our policy. And there’s one other word we have
problems with. It’s toward the end of the article, on page eight. Let me read you the entire
paragraph. I really liked it. You wrote: ‘Do all salespeople deceive and lie? Of course, some
rarely and some often, but all at some point or other. Everyone deceives and lies. This is part of
the human predicament. There are an infinite number of cases of government officials lying to
citizens, doctors lying to patients, lawyers lying on behalf of clients, teachers lying to students,
parents lying to children, and so on. Indeed, parents work hard to discourage what appears to
come so naturally to their children – lying. My son lied to me as soon as he could talk: ‘Did you
poop in your diaper?’ I asked, as the obvious aroma filled the room. ‘No, daddy,’ said my two-
year-old son, who would rather sit in a poopy diaper than have his dad take him away from what
he is doing to change the diaper.’ I had the same problem with my kid,” she confirms.

“It’s a universal problem,” I respond. “According to researchers, human beings lie as
soon as they can talk. Nobody has to teach anyone to lie. We all want to experience happiness
and sometimes it’s obvious that the only way we can obtain what we think will make us happy is
to lie. Seth was having fun playing with his toys. He knew if he told me the truth I’d take him
away from his fun, change his diaper, and maybe put him down for a nap. So what’s the problem?”

“The word poop,” she says. “We need to change that. The word is against our policy.”

“You have a policy against the word poop?”

“People can get offended by that,” she clarifies.

“Who?” I tease. “Masturbation is okay, but not poop?”

“I’m sorry, Professor Collins, that’s just our policy. I think the first time you use the word ‘poop’ we can change it to the word ‘dirty.’ It would read: ‘Did you dirty your diaper.’ Better yet, we can change it to ‘Did you go to the bathroom in your diaper.’ What do you think?”

“I like the word poop,” I laugh.

“But if given your choice between the two…”

“You make the call. You seem to be much closer to the sensitivities of professors than I.”

“I like ‘Did you go to the bathroom in your diaper.’ That’s what I’d say to my kid. The second one is easier to change. Instead of a poopy diaper we can change it to a soiled diaper.”

“Is that what you say to your kids too?” I ask.

“No, if I were mad I’d say did you crap or shit in your diaper. But we definitely can’t use the word crap or shit either. I like soiled. We can get away with that.”

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Later in the afternoon an MBA student from last semester stops by to chat. Following a delicate knock on my already opened door the student says, “Excuse me Professor Collins, I know you’re busy…”

“And now I’m busy with you,” I interrupt. “What can I do for you?”

“No Professor Collins,” he hesitates, “if this isn’t a good time I can come back later or make an appointment for a time that’s convenient for you.”
“Will you get in here and sit down, you can’t be timid if you want to be a successful business person,” I remind him.

“Oh, I’m not timid. You know that. But professors are intimidating. They always act like you’re bothering them if you ask for anything. I was wondering, why is your door the only one open?” Of the sixteen faculty offices in my wing of the building, only two or three are typically open. The remaining are sealed like bank vaults. “I heard that professors here only teach two courses a semester, that’s just six hours a week. What are they doing with the rest of their time?” he sincerely asks.

“Yeah, I know,” I respond, “from the public’s perspective it looks like faculty are spoiled freeloaders. But it takes time to prepare class lectures, grade assignments, advise students, mentor doctoral students, serve on committees, and conduct research that maintains our hard-earned reputation as a world-class research institution. We spend a great deal of time doing research. In my opinion, most of the research is generally meaningless, but if you don’t publish you don’t get tenure. Some are doing consulting work. Despite the closed doors, this building is filled with workaholics. The university only grants you tenure after you’ve been confirmed a workaholic. If their doors were open, they’d be bothered by students like you,” I tease. “The inside joke among the faculty is that this public university would be a great place to work if it weren’t for the students. Now what’s on your mind.”

“I’m graduating in December and I’m concerned about the quality of teaching here. I wouldn’t feel comfortable recommending that my brother come. The overall education is good but four of my classes were absolutely terrible. I want to be proud of graduating from here, but I’m not. I think I should have attended some other school. I really liked your class and I’m glad we got to meet, but aside from your class I could have learned the same material elsewhere and the teachers would probably have been better.”
“The grass is always greener elsewhere. Don’t you think students at every school are disappointed in their teachers? As I told the class the other day, professors are not taught how to teach, they’re taught how to conduct research. It’s assumed we know how to teach. Doctoral programs primarily teach budding academics the latest statistical methodologies. We’re trained to be applied mathematicians, not teachers. And worse yet, we’re proud of it.”

“But what can be done about it?” he asks.

“I’m happy to hear you say that. Most students just complain and do nothing, particularly when they’re ready to graduate. Then your problems become someone else’s while you move on to greener pastures. That’s why little changes around here. So what can you do about it?” I ask back. Most people already know the answers to the questions they ask.

“Write a letter to the Dean?” he asks, his voice rising at the end of the statement.

“Are you asking me or telling me?” I tease. “This is an administrative problem. You’re getting a Masters of Business Administration. Show me how you’d master this administrative problem.”

“I’d begin with writing a letter to the Dean,” he more confidently offers.

“Good start. The Dean is sensitive to student input. Type up a letter listing the good and bad things about your educational experience. Mention the good things first to soften him up. Otherwise, he’ll think you’re just being negative and not take you seriously. Then what else could you do?”

“I could get other students to co-sign the letter,” he adds.

“Fantastic. Strength comes from unity. That’s why employees form unions. You also might want to get a student organization to monitor whether the Dean responds to your concerns. The Graduate Business Student Association would be a good place. I’m their faculty advisor so you already have my approval. You can also raise your concerns at one of the Dean’s town hall
student meetings. At the one I went to the Dean gave a thirty minute monologue, asked for questions, and you all sat on your hands.”

This same scene plays out every semester. I now have my students critique the ethics of the Business School as part of a class session on learning how to make codes of ethics useful, and then invite the Dean or Associate Dean to class for their responses. Unfortunately, the administrators tend to side-step every issue.

“Are you going to do it?” I ask.

“I’m not sure,” he honestly replies.

“In that case, dump your other complaints on me,” I offer. “Get them off your chest. But you gotta do it in fifteen minutes,” I joke, “otherwise you’ll be overstaying your welcome.”

“I have just one other question,” he tells me. “Why are you so different from the other professors? You’re so transparent and helpful.”

“It’s a matter of faith,” I reply. “I believe in God and that we’re all children of God. That means everyone in class, and everyone I meet for that matter, is my brother or sister. I want my younger brothers and sisters sitting in the classroom to learn from my successes, failures, and insights. Any other questions little brother?”
CHAPTER EIGHT

CHEMO REJECTION (October 1995)

Chemo drip treatment number six. Each of my twice monthly treatments is a unique psychological experience. My body gets more sore and my mind cloudier. Just ten more treatments after today.

The catheter is a mixed blessing. Mostly, it hurts; but it ensures that the poisons end up in my bloodstream. My left shoulder aches from carrying the extra weight. Just prior to the nurse jabbing a needle into the port, I close my eyes, pinch the skin on the back of my hand, and wince.

“You’re better about this than most patients,” the nurse drawing blood for some tests tells me after jabbing a needle through the tender spot. “We once had a mentally ill patient who screamed at the top of his lungs the moment before we inserted the needle. He did it every time. We warned other patients in the room about it before he screamed.”

“I’m envious of him,” I say, “because that’s exactly how I feel. How nice it would be to just scream as loud as I can each time you jab that needle into my catheter port. It feels like you’re driving a railroad spike through my skin.”

The catheter isn’t working well and the nurse can’t draw any blood. She instructs me to lay down on a reclining chair and jiggles the IV tube a little. This fails to initiate any blood flow. I shake my body while still lying down, as if I were having an epileptic fit. That works.

A half hour later I get the news: “Sorry, your white blood cell count is too low today,” Tina sadly informs me. “You’re down to 1,300. It has to be higher before we can give you any more chemo. Take a look at your chart,” she says while pointing to some numbers that appear blurry through a tear forming in my eye. “You were at 12,500 on day eight of your first cycle and then you crashed. On day eight of the second cycle you were at 1,500 and dropped to 80 six
days later. You weren’t hospitalized that time, but we were playing with fire. We don’t want to
take that chance again. Ted wants us to wait seven days. That’ll provide time for your white
blood cells to regroup."

Seven days? That can take forever. My time horizon has regressed to that of a child who
lives minute by minute. Time has slowed down as a result of chemo, which is a tremendous
blessing in this hectic world of ours. The significance of every hour increases because I may not
have many left. On the other hand, all these meaningful hours make it feel as though I’ve been
undergoing chemo for years. Seven days into the future seem forever. I want the chemo drip
now.

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Philosophical reflection differentiates human beings from animals, although the DNA of
humans and chimpanzees are 98% similar. Animals can reflect. I can look into Sage’s eyes and
see the cat think through a predicament, such as pausing outside the front door when the first
snow falls. Animals also have feelings, which is why I don’t eat them. But they don’t put one
another on trial before a jury of peers for misbehaviors. At times animals might ostracize another
member of their species, but it’s not a jury decision based on an abstract concept like justice, an
ethical value considered by many philosophers to be the most important in life.

Shortly after starting chemo I received my first ever jury duty notification letter. Di
thought I should be excused for health reasons, but I want to serve on a jury. It’ll provide more
real life stories to share with students.

At eight o’clock, two hundred potential jurors sit in comfortable swivel chairs in the
Dane County courthouse awaiting instructions. The jury manager informs us that during the next
four hours we should relax until our assigned number is called by a judge. We watch a twenty
minute video explaining the important role of juries in democratic societies. We decide how
justice can best be obtained for our peers. A fellow citizen may be unjustly accused of a criminal action against another person, or be a real threat to public safety. It’s up to us to decide.

At eight forty-five the jury manager writes the names of seven county judges on a blackboard, followed by a list of juror numbers assigned to each judge. “Take a fifteen minute break,” she tells us as we move our heads to the left and right to get a clear view of which judge each of us has been assigned. “When you get back we’ll begin letting you know whether the case you’ve been assigned has been settled out of court or will require a jury hearing.” Juror number 677, me, is assigned to Judge Sarah O’Brien.

An hour and a half later the first judge claims his pool of jurors and they march out of the room. By noon, four of the seven judges have claimed their jurors and a fifth judge had all his cases dismissed.

“No decision has been made with Judge O’Brien’s cases,” I point out to the administrator. “The letter here says we’d be dismissed by noon. It’s noon and I have to teach a one o’clock class at the university. It’s about a twenty minute walk.”

“I’m sorry honey, but you can’t leave. Wait a moment.” She pauses to read a note handed her by a security guard. “Everyone assigned to Judge Sarah O’Brien, please report to her chambers right now,” she announces.

Thirty of us walk down a hallway, up a flight of stairs, down another hallway, and into the judge’s chamber where we stand against a wall. After we take an oath to tell the truth, the whole truth, and nothing but the truth, so help us God, Judge O’Brien directs us to sit in the jury box. She apologizes for not allowing us a lunch break and then summarizes a drunken driving case that some of us will judge later in the week. Judge O’Brien introduces us to the assistant district attorney prosecuting the case, the defendant, and his lawyer. The thirty year old disheveled defendant stares at the ground and avoids eye contact with the jury or judge.

“Guilty,” my inner voice reverberates.
“Oh shut up,” I tell myself, “He’s innocent until proven guilty. He could have been framed by the arresting officer. Maybe the officer was having a bad day and took his negativity out on the poor guy.”

“Guilty,” the inner voice shouts back. “Just look at him. He looks like he still has a hangover. He knows he’s guilty. He’s not looking anyone in the eyes. He’s guilty, no doubt about it.”

The judge interrupts my internal debate. “I’m now going to ask several questions to determine which of you will sit on the jury. The trial date is Thursday and it could take all day. Are any of you unable to show up on Thursday?”

Regretfully, I raise my hand. “This is my third month of chemotherapy,” I say while rubbing my bald scalp. “I’m scheduled to have my sixth treatment of chemo Thursday afternoon. I might be able to reschedule it for Friday.”

Momentarily taken aback, as if she had heard every excuse in the world for getting out of jury duty except this one, the judge says “You may be dismissed.”

“But I don’t want to be dismissed,” I plead. “I really want to hear the case. I’ve never sat on a jury before.”

“Maybe next week,” she responds. “You may go.”

Disappointed, I hurry out of the courthouse and jog down State Street, arriving in Grainger Hall with two minutes to spare. I tell the students about my jury experience and how it appeared obvious to me that the guy looked guilty. My prejudice offends several students.

“I’m just being honest with you the same way I want you to be honest with me and your classmates. Do you think I’m proud of my prejudices?” That quiets everyone down. “I never met the guy in my life. The cop could have been the scum of the earth. But I formed conclusions based on appearances. That happens, or at least that happens to me. Does it happen to any of you?”
Several students nod in agreement.

“Of course a person is innocent until proven guilty,” I continue. “I felt terrible because I immediately assumed the guy was guilty. I was looking forward to hearing his lawyer prove him innocent. That’s backwards.”

“Then you should dismiss yourself from the case,” a student asserts.

“True, that’s one option. But I don’t think I’m the only one who made a quick assessment. You can’t deal with your prejudices until you admit you have them. And speaking of prejudices,” I tease, “during the last class almost every one of you said that O.J. Simpson was guilty of murdering his wife and her lover. Well, the jury that sat through the entire case said he’s innocent. Does that mean you’re racist?”

Heads jerk backwards. The thought shocks them. “Yes, O.J. behaved as though he was guilty during the white Ford Bronco incident, but no murder weapon was found and there are no witnesses, so everything is speculation.”

A big smile appears on an African-American student’s face, the only African-American in the class. Coincidentally, she was the only student who voted O.J. Simpson innocent prior to the jury’s decision. “If he was white,” she tells her classmates, “you’d say he was innocent too. The evidence is flimsy.”

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A week’s gone by and I’m nervous about today’s chemo treatment. Last week’s rejection felt like a slap in the face that challenged my sense of invincibility. When the nurse said “your white blood cell count is too low” what I heard was “I’m sorry Denis, but don’t you realize that you’re in the process of dying. You’re too fragile to survive the medical cure, no less cancer.”

I walk over to Meriter Hospital with a troubled mind. My stomach ache intensifies the closer I get to the hospital. I want to vomit as soon as I step through the automatic sliding doors welcoming people into the lobby. I stagger straight for a restroom and gag.
Another blood test, another half hour wait for results, and another mixed news report.

“I’m sorry Denis,” Tina informs me in the waiting room. “Your white blood cell count is down to 1,000. We can’t give you any chemo today.” She sees the dejection on my face. “But don’t be so sad, this means the chemo from the last injection is still working. Ted wants to put you on Neupogen to build up your white blood cell count. Have you ever injected yourself with a needle before?”

“Yes, for six months. I had to take Interferon for my hepatitis. I hated it. It made me manic depressive. My brain kept playing ping pong with itself. I could actually feel my thoughts bouncing off each other. And it didn’t work. I still have chronic active hepatitis B.”

“Good,” Tina responds.

“Good that I still have hepatitis?” I ask.

“No. I’m sorry Denis,” she apologizes. “I meant good that you’ve already injected yourself with a needle. That’ll make it easier to teach you what to do.” We walk down the hallway and into a sterile examination room. I sit in a corner chair and rest the back of my head against the wall, trying to avoid an oncoming headache. “Okay,” Tina continues, “you have to inject yourself every night before going to bed for ten days. Sometimes it’s easier for the spouse to do the injecting.”

“Nah. I injected the Interferon myself every day. Dr. Borkowski gave me some piece of plastic with holes in it to make sure I didn’t stab myself in the same place every day.”

“How is Dianne doing?” Tina asks. “I never see her here.”

“She came the first time.”

“Yeah, I remember that. But she hasn’t been here since.”

“What for?” I ask. “I don’t invite her because she’d only make me self-conscious. She would make some false assumption about how I feel or what I think, and then I’d have to correct
her misunderstanding. That takes too much energy. I also don’t invite any friends, like I see others do. I’d rather be left alone, read a book, and go about my business.”

“Do you ever tell Dianne what you’re going through and how you’re feeling?” Tina asks while filling water into a syringe attached to a one inch long needle and then emptying it out.

“Nope. I just go home and collapse every day.”

“Does Dianne talk to anyone about your cancer situation? You know there are support groups for chemo patients in Madison. She needs to talk to people about what she’s going through.” I don’t respond. “Has Dianne been depressed lately?” Tina asks.

“She’s definitely stressed out,” I note. “She may be depressed too, I don’t know.”

“I don’t want to tell you what to do,” Tina says while obviously getting ready to tell me what to do, “but I think the two of you need to talk about what you’re both going through.”

“I’ll mention it to her,” I promise.

“Okay, now back to the Neupogen injections. Stay seated and pull your pants down to your ankles. You can leave your underpants on. We’re going to give you the shot right in your thigh. It’s already late in the afternoon so I’m going to give you the first one now. Then you need to give yourself a shot tomorrow night and every night after that for a total of ten days. Neupogen helps your body produce more white blood cells. Now pay careful attention to everything we do. I’ll give you syringes and cleansing pads when you leave today. This little bottle has the Neupogen. See it?” she says, swishing the skinny one inch by half an inch bottle back and forth. Waves of clear liquid splash against the bottle’s walls.

“Yep,” I respond on key.

“Okay, now take off this little plastic cap on top. You do it.”

I dig my right thumbnail under the rim of the cap and pop it off.

“See the little rubber pad on top. Open up one of these bags, take out the wet cloth with alcohol on it, and clean the top of the bottle. That’ll get any germs off. Now take the syringe and
pull the plastic top all the way back. Go ahead. That fills the syringe with air. Now push down on the top of the syringe. Don’t be afraid, you won’t break it. That gets all the air out. You don’t want any air in the syringe. Now stab the needle through the rubber pad on top of the Neupogen bottle. Go ahead.” She waits for me to do it. “Now, while holding the syringe in your left hand, turn the bottle upside down. Good. Nothing will leak out. Now pull the top of the syringe away from the bottle with your right hand while still holding the bottle and syringe with your left hand. Don’t pull the top of the syringe too far or it’ll pop out of the syringe. Just pull it back little bit by little bit. You got it. It’ll get easier the more you do it. It just seems complicated right now. You want to get all the Neupogen out of the bottle and into the syringe.”

My hand shakes as I pull back on the white plastic top. “Look, there’s still some liquid at the bottom of the bottle,” Tina points out. “You want to get it all in the syringe. Good. Now look at the syringe. There’s a few little air bubbles in it. You don’t want that. Just tap the syringe with your fingernails. Like this.” Tina taps the syringe for me. The air bubbles rise to the top and disappear. “Now pull the needle out of the bottle. Good. Now you’re ready to inject yourself. Now, here’s the hard part.”

“The hard part is coming up?” I laugh. “You don’t think what I just did was hard?”

“Oh, I’m sure it was hard for you, but believe me, it will get easier the more you do it. What sometimes doesn’t get easier is what you have to do next. You have to jab the needle into your thigh. You’ll want to pinch the skin on your thigh like this,” she says while pinching a substantial clump of skin on top of my thigh. “You see, the needle is too long to just jab into your leg. You need a cushion of skin to poke. Now you do it. Pinch the top of your thigh with your left hand and get a good bunch of skin in it. Great. Next, you have to poke the needle into the skin. Hold the needle like a dart. Make believe you’re playing darts, but don’t let go of the needle. That’s it. You got it,” she observes. “Now ready....aim....and poke.”

“That’s the Neupogen. It might sting a little.”

“Now what?” I anxiously ask, nervously sitting half-naked on a chair with a needle vertically sticking out of my bony leg.

“Let go of the clump of skin.”

“The needle won’t come out the other side of my leg?” I ask.

“No, it’s not that long,” she laugh. “It’s a big needle but not that long. Just let it sit there for a second and get used to the feeling. Now, very slowly, push in the top of the syringe. That’ll shoot the Neupogen into your leg. You’ll want to rush it, but don’t. Push down slowly on the top with your thumb. There you go, you got it. All you have to do is pinch the skin and poke.”

I can feel the Neupogen rush into my leg. “It really stings.”

“You’ll get used to the feeling, believe me. Let the needle just sit in your leg for a moment and see how it feels. After you get all the Neupogen out of the syringe and into your leg just pull the needle out. Go ahead. You can do it now.”

I yank out the syringe. A small dark red blood bubble comes out of the tiny skin hole left by the needle. “I’m bleeding,” I point out, stating the obvious.

“Not really. It’s just a little blood bubble. That’ll happen. Take the rubbing alcohol pad and wipe the blood off like this.” Tina rubs the area and erases the blood. “That’s it. All done. It only takes a few seconds once you get the hang of it. You’ll want to rotate which leg you poke every night. One night do the left leg and then the right leg. Diabetics have to do this every day. Here’s a container to put the used syringes in.” Tina hands me a red plastic box with a white top.

“Only use a needle once. After you’re done, put the syringe in the container and close the top. Keep the container out of the reach of the kids. When this fills up bring it in and we’ll dispose of the needles here. Our goal is to get your white blood cell count to 10,000. This should do it. Come back in four days for some more blood work. If you have any problems or questions between now and then just give us a call.”
Both legs are extremely sore. I slowly drag my legs into work, fully aware each time the bottom of my foot lifts off the ground. I call Ted, who isn’t in his office, and speak with Tina.

“My legs feel like rubber,” I tell her. “I want to kneel down instead of stand up.”

“That’s how some people react to Neupogen,” Tina verifies. “Don’t stand on them too long when they feel that way. If they feel rubbery then stay off them as much as you can.”

“So I’m not supposed to stand up?” I ask.

“Oh no, you’ll get used to it,” she says. “Your bone marrow reproduction system is in hyper drive producing white blood cells. That’s why you feel the way you do. You’ll get used to it.”

I wake up in absolute pain at two o’clock in the morning, hurting from head to toe. My entire body is a white blood cell manufacturing facility and the night crew is working especially hard. I lay on my back for more than three hours counting the seconds until the alarm finally goes off.

Groggily, I board a bus and head downtown for my second and final jury duty obligation. Already familiar with the system, I sign in at seven-thirty, leave the courthouse, and take a bus to the hospital for the latest blood tests. The verdict – more than 20,000 white blood cells.

“Can I overdose on white blood cells?” I ask.

“No,” Tina says, “it just means you must be very sore.” Given these results, I don’t have to inject any more Neupogen this month. We schedule the next chemo treatment for November 2nd, a delay of four weeks between cycles.

I take a taxi back to the Dane County courthouse, just in time for the second round of jury instructions. At nine forty-five, twenty-three of us file into the jury box in Judge Patrick Fiedler’s
courtroom. Seven other potential jurors lean against the back wall awaiting further instructions. Unlike last week, the defendant accused of drunk driving is not in the courtroom.

Judge Fiedler looks us in the eyes and explains that he’ll ask a few questions, followed by questions from the district attorney and defense lawyer. We shouldn’t take it personally if he dismisses us immediately after we answer one of his questions. Each lawyer has the right to dismiss five people in their efforts to arrive at thirteen jurors, which includes an alternate.

After introducing us to the lawyers and reading a list of witnesses, Judge Fiedler proceeds with questions. “Do you know any of the lawyers, any people employed by their law firms, or any of the ten potential witnesses?” Everyone answers “No.”

“Have you heard about this case before?” he asks. One of the jurors heard about the case from his daughter, who is a city cop. Judge Fiedler dismisses him from the case. One of the seven jurors standing against the wall takes the juror’s vacated seat.

“Do you have any friends or relatives who have served on the police force?” We laugh when almost half the jurors raise their hands. “If so,” Judge Fiedler continues, “would this bias your judgment?” Everyone says “No.”

“Are you willing to give the defendant the presumption of innocence? In other words, right now you'd have to say he's innocent because no proof of guilt has been established.” Everyone says “Yes.” This time I mean it.

“Have you ever been a party to a case in court?” Fiedler asks. Two jurors report that they had been convicted of drunk driving. One juror had testified as a witness in a robbery case. Another juror had been arrested for disorderly conduct. Several jurors had been in small claims court. None are dismissed, not even the two DWI jurors.

The District Attorney begins his round of questions. “Has anyone been in a traffic accident?” Everyone says “Yes.” “Did any of these accidents involve a DWI?” Everyone says “No.”
“Do you know anyone who has ever been charged with DWI?” Just about everyone says “Yes.” “Would this bias you?” Everyone says “No.”

“Has everyone had an alcoholic drink?” Following much laughter everyone says “Yes.” “Has everyone been drunk at least once?” More laughter followed by nods of agreement.

“Do you believe that the only way to know that someone is drunk is based on breathalyzer test results?” Two jurors say “Yes.” Thinking back to several college parties where I couldn’t walk straight, slurred my words, and smelled like a keg of beer, I say “No.” The district attorney explains that in this case the defendant refused to take a sobriety test. He asks the two people if there’s any evidence he could offer them besides sobriety test results that would convince them a person was drunk. Remarkably, both say “No.” Equally remarkably, both aren’t immediately dismissed from the jury.

“All else being equal, how many people want to sit on this jury?” Only three people raise their hands, including me.

“All else being equal, how many people would prefer not to sit on this jury?” Everyone else raises their hands, followed by nervous laughter.

“Do you have any personal beliefs about drinking or cops that may make it impossible for you to be fair?” he asks. One guy raises his hand and says “all cops are liars.” “Can you tell us more,” the district attorney asks. “A cop framed me on a disorderly conduct charge a few years ago,” the juror says. “And a few other cops lied as part of the conspiracy.” Judge Fiedler dismisses the juror from the case.

Next, it’s the defense lawyer’s turn. “Is anyone afraid to speak up in a group?” Everyone says “No.”

“Is anyone a member or contributor to Mothers Against Drunk Drivers?” he asks. One woman raises her hand.
“Does anyone think it's wrong to get behind the wheel of a car after having only one alcoholic drink?” Two people, including the guy who was found guilty of DWI, raise their hands. “Are you aware that it is legal to drive in Wisconsin after having only one drink?” the defense lawyer asks them. Both say “Yes.”

“Would anyone immediately conclude from a newspaper account of a one car crash that the driver of the car must have been drunk?” Everyone says “No.” I imagine someone crashing after falling asleep behind the wheel on a long car trip.

After the final question, many pieces are in place: a one car accident involving someone who claimed to have had only one drink and refused to take a sobriety test. Given my responses, I have a pretty good chance of judging the case. The district attorney and defense lawyer hand a sheet of paper with our names on it back and forth until both eliminate five jurors.

Judge Fiedler begins reading the names of the thirteen jurors who will hear the case. The six jurors to my left stand up as their names are called. I start to stand up but then a different name is called and the juror on my right stands. Rejected. Meanwhile, the guy who pled guilty for DWI and thinks it’s wrong to drive after one drink was chosen. Why him and not me? Did one of the lawyers not like the idea that I want to sit on a jury? Is it my occupation? Judge Fiedler thanks the ten people still sitting and dismisses us from his courtroom.

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I might get turned down for jury duty, but am welcomed as a volunteer in Seth’s kindergarten class. I initially planned on volunteering for a Spring activity, but who knows what condition I’ll be in then. I show up early and observe the controlled chaos on the playground this mid-October morning before the school bell rings. The primary playground activity is the "chasing game," where kids capture each other. There’s grabbing and pulling. Wherever I look, boys and girls pull on each other's shirts or arms. Seth leads a pack of four boys hunting down four other boys. A teacher intervenes whenever the grabbing and shoving generates an
occasional punch. I empathize with the shy kids who don't participate in the chasing game. They walk around by themselves with heads pointed downward, fearful that eye contact means one wants to be grabbed or shoved.

The playground monitor laughs when I mention the need for alternative, nonviolent activities. “We’ve tried,” the teacher says, “believe me, but nothing works. We can’t prevent the kids from touching each other on the playground.”

At class clean up time I form a production line and the kids pass blocks from the floor to the appropriate place on a shelf. They all want to help Seth’s daddy. Then I read everyone a caterpillar story. Maybe I’ll turn into a butterfly after I break out of the chemo cocoon. The kids struggle with maintaining their focus for more than a few minutes. All but Seth want to wander off and do something else.

When school gets out, I drive Seth to Vera Court, one of the low-income communities my students serve. This is his first time experiencing the neighborhood. “Seth, if you’re going to be poor, live in the United States. You don’t starve to death here like poor people do in India or Africa. And live in Madison, we take extra good care of our poor.”

Inside the community center are ten African-American kids. The three adults in charge attribute the low turnout to the unseasonably warm weather. I read stories with an eight year old boy while Seth thumbs through books on his own.

Most of the kids fake looking busy until the homework session ends. Then Seth, four other kids, and I dash for the foosball table. We divide into teams of three and spin the handles connecting a line of soccer players. All eyes focus on the bouncing ball. It matters who wins.
At the beginning of today’s final Executive MBA class session, I write on the board a question that skeptics ask me many times: "Does taking a business ethics class have any impact on people?"

Several executives mention how, for the first time in years, they are seriously discussing important social issues. Many shared class discussions with their colleagues, spouses, and friends, generating additional fulfilling conversations.

“But what about changes?” I want to know. “Does this class just reinforce who you are? Or does it somehow bring about a better society? No other class has such a demanding goal. Typically, all the professor wants to know at the end of the semester is whether you’ve mastered some technique or memorized information. But my goal is to create more humane organizations, and I want to accomplish this through you. Like a guardian angel, I’m helpless unless you act.”

A hush falls over the room. “Well, I’m a little embarrassed to say this in class,” a woman offers, breaking the silence, “but my company raised the lowest wage we pay adults from six to seven dollars an hour after I did the class exercise a few weeks ago. Remember you had us find out what was the lowest wage our company paid an adult employee with kids, and then we had to prepare a monthly household budget for that person? I had no idea how hard it was for them to make ends meet on that salary. I knew their life was hard, but I never thought that my firm contributed to it. I thought we were doing people a favor by giving them a job. Instead, we’re keeping them in poverty with our low wages while they help the company earn money.”

My heart cracks. “Why are you embarrassed to tell your classmates about this wonderful thing you did?” I ask.
“I didn’t do it, my boss did. I just made the recommendation,” she quickly notes.

“But if you hadn’t made the recommendation it wouldn’t have been done,” I point out.

“Take credit for it. You deserve it. Why are we embarrassed by our good deeds? I’m the same way. Sometimes when I see a piece of garbage on the ground I just pick it up and throw it into the trash can. I hesitate, though, if there is someone walking behind me or if a group of people are hanging out nearby. I become self-conscious and hesitate. Oddly, I’m afraid that they will judge me for doing a good deed. Then I get annoyed with my self-consciousness and pick up the garbage.”

“Speaking of garbage, here’s a little trick for you to try,” I continue. “Prior to my chemo, I jogged the same route every day. One day I saw an empty soda by a curb. The next day it was still there so I kicked it up on the person’s lawn. The day after that it was nowhere in sight. If the garbage is on a public street nobody takes responsibility for it. But if it’s on private property, the owner picks it up.”

Some students immediately laugh, others are lost in thought. “Imagine if all day long you were surrounded by people telling you stories about all the wonderful things they’ve done for each other. Instead, we’ve been conditioned to think it’s arrogant to talk like that or we fear being accused of self-righteousness or tooting our own horns. Isn’t that sad? Let’s be different here. I’m a young man dying from cancer. Tell me some nice things you’ve done as a result of this class.” When I see worried looks on their faces I add, “Hey, I was just kidding about dying from cancer.”

After an hour of moving testimonies about the good things they initiated during the semester, such as adopting an environmental management technique or empowering subordinates, it is time to say goodbye to each other. We develop a deep understanding of each other during a relatively short period of time. Then class ends and we travel our different paths.
The executives will move even higher up the ranks or start their own businesses. If we’re lucky, we’ll accidentally meet each other at the supermarket or a football game.

When class ends several executives delay leaving to thank me for teaching and wish me well with the cancer. The latter takes me by surprise. When I’m caught up in my teaching and writing I forget about the cancer.

The most common student comment is “this class was nothing like I thought it was going to be,” which is a backhanded compliment. Did they really expect me to preach at them and slam my ethics down their throats? The first student to congratulate me starts to describe a situation at work, but nervously moves toward the door when other classmates gather around me. I grab her elbow and suggest we chat one-on-one after everyone leaves.

“Can you close the door?” she asks when we reach my office.

“Sure,” I say, leaving the door a fraction of an inch open. I learned in graduate school that male professors should never close the door when alone in the office with a female student. Several academic careers have been ruined by the actions, or false accusations, that followed.

“Please close the door all the way,” she requests. “What I want to tell you is private.”

I do as requested. She pulls her chair close to mine and we sit facing each other, our knees barely an inch apart. The attractive forty-five year old executive looks deeply into my eyes, nervously brushes back her short, silver hair and starts talking. I’m annoyed for thinking about her attractive appearance.

“I have some problems at work,” she says. “This is the first time I’ve told anyone about it. The activity has been going on for years. You won’t tell anyone else about this, will you?”

“Only if you want me to,” I report. Every year several students, faculty, and staff tell me about unethical and illegal activities. “I’ll listen to what you have to say and, if you want, we can brainstorm things you can do about it.”
After ten minutes of trying to tell me about the problem without giving any details, I tell her she has to trust me with real information if she wants practical input from me. “The executive director of my nonprofit organization is using fundraising income to pay for personal living habits,” she finally blurs out. “Of all things he recently used some of our money to buy a horse.”

She’s immediately relieved for having shared the information. I keep quiet as the floodgates open.

“It’s illegal, but it’s been going on for so long nobody thinks it’s wrong anymore. That’s how bad it is. Nobody says anything because he’s the boss. I know it’s wrong but I don’t know what to do about it. He’s done many good things for the organization and Madison. I thought about telling the investigative reporter we had as a guest speaker in class yesterday, but that guy would ruin my boss’s life. He could go to jail for misusing the money. Plus our donations would dry up if the public knew. We do good work and help many people. Why should they be punished because my boss misspends some money?”

Tears stream down her cheeks. I reach out and hold her hand. She places her other hand on top of mine and squeezes tight. I ask several probing questions to get a feel for the magnitude of the illegal activity. It is quite extensive. We role-play several scenarios where she tells her boss to stop misusing organizational funds and develop a plan of action. She’ll let me know in two months what happens as a result of her efforts.

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Two months ago I received a notice from the University of Pittsburgh about a special alumni gathering for those who earned doctoral degrees in Business. Although Ted doesn’t want me to travel unnecessarily, this is a good opportunity to reconnect with old friends given my medical condition. If the chemo doesn’t work it’ll be my last chance to hug them. But a few weeks ago the alumni gathering was canceled due to a lack of interest. I guess not enough former graduates have life-threatening illnesses.
Nonetheless, I keep my plane ticket, arrive in Pittsburgh on Friday morning, and meet the latest crop of Business Environment and Public Policy doctoral students. Doctoral students are the lifeblood of research universities. Everything is new to them and they want to conquer the world. Although Wisconsin is a top-ranked research institution, nobody comes here to study business ethics. You need at least three to five faculty members in an area to form a program of study, and we only recently hired our second business ethics professor. A critical mass of professors interested in business ethics can be found in only three or four universities, including the University of Pittsburgh.

As expected, the five University of Pittsburgh doctoral students are fantastically idealistic. We spend four hours together with our moveable feast, beginning with snacks in the Business School cafeteria, pizza at a nearby pizzeria, and ending with snacks in the faculty lounge. Here are five highly motivated young scholars wanting to research and write about topics that interest me. They are actually interested in my research and teaching projects, a nice change of pace, and want my advice on their current research concerns. I’d give my right arm to be in such a vibrant environment.

The short trip concludes with a hastily arranged dinner with my academic mentor and two professors who were doctoral students with me during the late 1980s. They are particularly happy to hear that I had long-term writing plans.

“Denis, can I speak with you after dinner?” one of the professors whispers in my ear during the meal. Renee, a divorced former economist, with a college-aged son, has clear eyes and a vibrant laugh to match her red hair. Although a cold front has blown into the city, we make ourselves comfortable on a wooden bench in a public park.

“Denis, you’re dying of cancer and we may never see you again,” she declares. “You came back to Pittsburgh to say goodbye to us, didn’t you Denis?” Her constant use of a person’s name creates an aura of intimacy.
“Sort of, but not sort of,” I honestly respond. “Right now I feel great and expect to live to be an old man. But when I get sick from the chemo I’m not so sure. It’s an interesting paradox. The doctors and nurses keep telling me that the sicker I get from the chemo the better I’m doing because it means the chemo is destroying the cancer cells in my body, along with all my good cells. But it’s only when I get sick from the chemo that I start seriously thinking the cancer might really kill me. Otherwise, I’m oblivious to the cancer. When I made the plane reservations to come to Pittsburgh I was pretty sick.”

“Well Denis, I must tell you that there is no such thing as death,” she assures me. “Your body stops functioning but your spirit lives forever. I don’t tell this to everyone, and other professors will think I’ve finally cracked up if they heard, but I believe in reincarnation. I’ve had several flashbacks about living on earth before. I know I’ve lived several times.”

“I doubt that,” I respond.

“No really, I have!” Renee squeals with delight. “I was once a snake you know.”

“No, I meant I doubt people would be surprised you believe in reincarnation. You’re such a free-spirited person. Look at you. Here I am possibly dying of cancer and you show up for dinner dressed all in black. Thanks for the vote of confidence,” I tease. After a momentary pause I ask: “So you really believe in reincarnation?”

“Of course. It makes so much sense Denis. We keep coming back into this life until we perfect our spirits. The Buddhists are right. Denis, there’s so many lessons I must learn in this life. The way things are going I’ll probably have to come back again!”

“But you were a snake,” I remind her.

“Yes, but in another reincarnation I was a princess. I guess I had to learn some life lessons by being a snake, probably something about life in a jungle,” she hypothesizes.

“Well, I can see you as a princess. That fits your personality. You don’t take nonsense from anybody. What was it like being a princess?”
Renee goes into vivid detail about her past life as a princess, as well as her past lives as a snake and peasant. This opens me up to share my hospital dream or out-of-body experience. A part of me really believes it happened. Dr. Campbell is the only person I’ve told this to, and he shrugged it off. My voice starts to crack when I mention the unconditional love I felt among the orange-robed spirits welcoming me to spirit world.

“Denis! You see, you believe in reincarnation too!”

“What really,” I correct her. “These spirits were there to welcome me. They weren’t preparing me to come back to earth as a new-born baby or, God forbid, a snake.”

“How do you know that?” Renee questions. “You weren’t there that long. And you wouldn’t come back to earth right away.”

“I do believe in spiritual guides,” I tell her. “The most fascinating ideas I’ve learned about spiritual came from Reverend Moon when I was in the Unification Church. The Moonies teach that our dead ancestors advance, remain where they are, or decline in spirit world based on how they influence us. The good ancestral spirits encourage us to do good deeds, and the bad ancestral spirits encourage us to do bad deeds. I hate to admit this, but remember the woman executive I talked about at dinner who shared the story about her boss misspending nonprofit money? As soon as she asked me to close my office door, a voice inside my head urged me to kiss her. I hadn’t thought of her in that way the whole semester. And then as soon I closed the door, boom, the thought came out of nowhere. It was like a spiritual attack, as though dead macho Italian or Irish ancestors who cheated on their wives invaded my thoughts. Or maybe they were the spirits of all the male professors who made sexual advances to vulnerable students. Fortunately, the spirits who wanted me to behave like her empathetic older brother, rather than treat her like a sexual object, won out. But I had to make a conscious effort to tell the lustful spirits in my head or wherever they hang out to get lost. According to the Moonies, my resisting
the temptation to kiss her enabled the lustful spirits to advance to a higher realm of spirit world because I overcame their lustful sins.”

“Wow, Denis!” Renee yells, attracting the attention of others passing by. “That sounds even weirder than reincarnation!”

Before leaving Pittsburgh I walk through my old Shadyside neighborhood. I recall the faces of doctoral students who lived in the apartments seven years ago, all of whom have moved on to other adventures. Their apartments are now populated with new students, couples, and families dealing with some of the same issues their predecessors had. The cycle of life continues.

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I receive a taste of Madison’s whiteness, 6% African-American compared to Pittsburgh’s 26% African-American, at a lunch courtesy of three University of Wisconsin consultants analyzing how to improve collaboration among the state’s sixteen campuses. While discussing internationalizing curriculum throughout Wisconsin, I realize that one consultant asks for Hank’s opinion, the Business School’s lone African-American professor, whenever Africa is mentioned. After the meeting I apologize to Hank on the guy’s behalf. “I’m just grateful he didn’t ask me if I liked Michael Jackson or played college basketball or football,” Hank jokes.

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Di attends her first cancer support group meeting. A week ago Di broke down crying about how other people are insensitive about her struggles with my cancer. Everyone asks her how I’m doing and nobody asks how she’s doing. She’s the one that has to figure out how to manage the family on her own if I die. I appreciated her honesty but was too emotionally and physically weak to provide feedback beyond recommending she join a cancer support group.

Initially, Di rejected this advice. Why should she go if I, the one with the cancer, don’t want to go? “We’re different, that’s why,” was all I could offer at the time. “Right now I want to
surround myself with optimistic people, and that won’t happen at a support group meeting. I don’t want anyone to tell me how I should think, feel, or act.”

Di comes home beaming, the happiest I’ve seen her in quite awhile. She had a fabulous experience with the “Renewing Life” cancer support group. Ten people attended, one dying of AIDS, one dying of cancer, a few people expecting to survive their cancer, and several spouses and partners. It’s the most relaxed she’s been in quite some time. Between healthy outbursts of tears, she told strangers what she was going through.

“I hate it when I cry,” she says as new tears pour down her cheeks. “Look at me, I’m an emotional wreck.”

“It’s good to cry,” I tell her. “You’re just being human.” I put my arm around her shoulder and kiss the top of her head.

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My morning hours are dedicated to grading the last set of Executive MBA homework assignments, the Executive MBA final paper, the Executive MBA homeless shelter testimonies, and the regular MBA mid-term papers.

The Executive MBA homeless shelter testimonies are particularly impressive. Their responses are more intense than my regular MBA student essays, most likely because they are more mature and their prejudices more deeply held. The assignment consists of noting previous prejudices about the homeless, a description of the homeless shelter experience, and new prejudices formed as a result of this experience.

According to the initial prejudices they report, the homeless enjoy a pleasant day of not working, and free food and shelter, while the executives battle their competitors, subordinates, and superiors 70 hours a week, sacrificing family life. Their hearts open during that first hour serving the homeless food and they develop a renewed sense of gratitude for having a steady income and a roof over their heads.
One executive writes:

I went to the homeless shelter with big reservations. I felt that the requirement to volunteer went beyond what should be expected from students. There were no options, however. I let my feelings be known to those in my group.

One of the first things I noticed was that there were a large number of families in attendance. I expected “poor looking” folks, but that’s not who was there. They weren’t dirty or poorly dressed as I had imagined. For the most part, they all looked like they could be my next door neighbors. The majority of people were comprised of young families and senior citizens. Approximately 50% of those being served were children under the age of 12 or 13.

With just a few exceptions, no one appeared to be visibly poor. The majority of the guests were young families. In appearance, they looked 100% like my family does. They did not look poor or in poverty of any kind. They did have young children though and they were all hungry. The people all had faces, names, and concerns, just like me. I look back over the course of my life so far and think about all the situations that have gone wrong and could have gone terribly worse. A number of those could have put me or my family at the shelter’s mealtime.

Another executive writes:

I was surprised to see that these people were mainly our age, and looked as though they could have been any one of us. Mark was almost back on his feet. He was proud to tell me that he had just worked a 21 hour shift. I also spoke with Robert. He had a third shift job stacking newspapers and doing other odd jobs. His shift began at 11:00 p.m. and he was very proud of his work. I could see
myself hiring both of these men. Each had a good work ethic and engaging personalities; not what I had expected.

On Sunday morning, I found myself discussing my experience with the Pastor at my Parish. I asked if there were any homeless shelters in Lake Geneva, and was surprised to discover that a community as small as Lake Geneva had a shelter. I was surprised to find out that our community had any homeless people at all, let alone to discover that during the winter the shelter is usually full.

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The day ends with a reception for Business and Law School faculty in Grainger Hall courtesy of a wealthy alumnus. After fifteen minutes of snacks, drinks, and idle conversations, the two Deans announce that they want the two faculties to discuss establishing an interdisciplinary collaborative research agenda in a relaxing atmosphere. A loud groan from many in attendance follows. “Can’t we just enjoy the free food and drinks?” a Law School professor moans to the delight of others. Instructions from the Deans are ignored and Business School faculty gossip amongst themselves while the Law School faculty do likewise.

Although a worthy idea, the wealthy alumnus ends up subsidizing a happy hour for well-paid and well-fed faculty. Choreographed pictures of a Dean introducing a Business School faculty member to a Law School counterpart will appear in upcoming Business and Law School public relations materials sent out to alumni to help raise additional money for more gatherings like this one. It’s a huge waste of money that would have been better spent on a homeless shelter.
CHAPTER TEN

GIVE ME THAT CHEMO ... AND MARIJUANA (November 1995)

Finally, more chemo. Ted decides to start the fourth cycle of chemo in early November even though I never received the second dosage of the third cycle scheduled for three weeks ago. With the help of Neupogen, which I stop injecting two days prior to the scheduled chemo, my white blood cell count is 2,860, enough for a green light to dump the Adriamycin, Bleomycin, and Vinblastine poisons into my bloodstream. I’ll start injecting Neupogen again on a daily basis three days after chemo to boost the white blood cell count so more chemo can be dripped into me next week.

My body begins shivering when I get back to the office. I take the elevator to the first floor cafeteria in hopes that some Earl Gray tea will make the chills disappear. The cafeteria is managed by an effervescent woman, whose gray roots are covered by dyed brown hair. “Denis, it’s so good to see you again. I’m feeling miserable,” she says as tears well up in her eyes. “The doctors took my mother off chemo. It wasn't making her any better. And it was definitely making some things worse. The doctors said why cause her more unnecessary pain. She should just enjoy the time she has left.”

“I’m sorry to hear that,” I console.

“No, it’s for her own good,” she nervously adds. “The chemo was destroying her. You seem to be handling it much better. It must be because you’re still young.”

My hands shake uncontrollably as I open the tea bag and dip it into the paper cup. I place the cup on the counter, rub my hands together and blow hot air on them. When I pick the cup up
again, my hands continue to shake. Hot water spills over the edge, splattering on the floor. Then I see a student from my course.

“Bill, do me a big favor,” I say with a quivering voice. “Can you come with me to my office on the fourth floor and carry my cup. Look, my hands are shaking too much and I need help.”

“Of course Professor Collins,” Bill offers while quickly changing the topic. “I watched C-Span for the first time in my life last night and it’s all because of you. I always flipped through the station before. I thought it was nonsense. But I had to do the assignment for your class. I couldn’t believe you were serious about making us watch C-Span, but now I’m glad I got to see it. It was one of those end of the day Congressional sessions. Five congressmen took turns at the microphone. They were passionate. I finally understood how Newt Gingrich got to be so powerful doing that night after night. But what got me was that there wasn’t anyone else in the room but the five guys. They were speaking directly to me.”

“They aim for C-Span junkies,” I inform him, “in hopes that the C-Span junkies will educate their friends and neighbors.”

“I think I’m going to turn into one of them,” he delightfully adds.

Bill leaves me in the office to deal with a spinning head, churning stomach, and teeth clattering uncontrollably. I close my door, turn off the lights, and pull out the sleeping bag. My hands shake too much to set the alarm clock so I call the Management Department’s secretary, and ask her to give me a four o’clock wake-up call, an hour away.

A few moments later the phone rings. “Professor Collins.”

“Hmm,” is all I can mutter.

“I’m sorry to call but it’s four o’clock,” the department secretary reports.

“Hmm, thanks.”

“Do you want me to call you again in another half hour?”
“Hmm, no, I’m up.” My teeth begin to clatter again as I put the phone back on its cradle.

I grab the now cold cup of tea sitting next to my computer and start gagging. When I regain my composure, I telephone Marty Bassett, chair of the Management Department. “Ray, I just don’t think I can do it,” I tell him. “I might be too sick to teach my two courses next semester, plus advise undecided undergraduate students, while undergoing my seventh and eighth months of chemo.”

“That’s understandable Denis,” Marty comfortingly responds. “I told you several months ago you should take a leave of absence.”

“But I don’t want a leave of absence. I need to work. I just have to cut back.” Unfortunately, my comments are punctuated with outbursts of tears.

I had to tell Marty while feeling miserable. Otherwise, I wouldn’t give him an honest assessment of my limitations. For the first time, I don’t think I can continue performing my job.

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Following today’s faculty meeting Sadie Hopkins, the Dean of Students and fellow Board member of the Morgridge Public Service Center at the University of Wisconsin, drives me to a five o’clock meeting she’s convening. Mary’s a member of the third Chamber of Commerce Greater Madison Leadership class, which consists of forty movers and shakers who live or work in Madison. They meet once a month for a year, listening to talks and attending workshops on Madison’s leadership needs.

I conducted an ethics workshop at the first Greater Madison leadership class but wasn’t invited to speak again with the entire group because of my bad manners. At the time, my wife, who uses her maiden name, was on the Board of Directors for the Madison Children’s Museum. The museum had hired the wrong person as its new Executive Director and he quickly soured the museum’s biggest financial contributor. The donor told a board member she would withdraw her financial contributions if the Executive Director wasn’t fired immediately. If you were a Board
member, would you advocate for retraining the Executive Director or immediate firing and redo the expensive job search? I disguised the organization and presented this particular dilemma because I knew the real-life Board member facing the dilemma was in the workshop.

As soon as the session ended he ran up to me and said, “Professor Collins, that example was a remarkable resemblance to a situation I’m in right now.” This was the first time he admitted the dilemma to anyone, although everyone on the Board of Directors knew about it through the grapevine. “I got many good ideas from the group discussion. Thanks for doing it.”

In the middle of his comments, while everyone else remained seated, a woman raised her hand and shouted, “Professor, can you please say something about how to manage bad public relations before we all leave?”

“What do you mean?” I ask.

“Can you give an example of something unethical a firm has done and how you would manage the situation?”

“Oh, that’s easy, there’s so many to choose from,” I lightheartedly offered. As expected, everyone laughed. Prior to class I had noticed that an Executive Vice President for Wisconsin Power & Light was on the attendee list so I went for the jugular.

“Some of you may know that I was quoted on the front page of the newspaper a little while ago regarding the recent layoff of thirty Wisconsin Power & Light computer technicians,” I said. The room got quiet and all eyes turned toward a guy blushing in the third row. I looked directly at him too. “Based upon a consultant’s recommendation, the firm invited thirty employees to a team building exercise at a downtown hotel. Then the facilitator told them that they were all laid off and couldn’t go back to their office to get their personal belongs. Now, it’s not unethical to lay people off. What is unethical is how some firms treat those being laid off. As I said in the newspaper, the way Wisconsin Power & Light treated those employees was
unethical. Is there anyone in this room who would want to be treated like that?” I glanced around the room and then focused my stare at the company’s Vice President.

“But those were computer specialists,” someone from the other side of the room said on his behalf. “They could have sabotaged the entire computer system and created a state-wide power emergency.”

“But,” I pointed out, “as far as I know, no research study shows that computer analysts who are laid off are more likely to sabotage a company’s operation than anyone else in the firm. Of course they can do some real nasty things, but so could a janitor or Vice President. And if they did, they would never ever be employed by anyone as a computer technician again. So that’s not sufficient reason for treating computer analysts differently. Let’s go back and apply the standard of deontology, where you do to others what you want others to do to you. How would you feel being lied to about the content of a team building meeting, and then not being allowed back into your office because you couldn’t be trusted despite many years of loyal service? That one act can ruin thirty years of employee loyalty and good will, not to mention attendance at future team building meetings.”

The following week I received a scalding letter from the director of the Chamber of Commerce, which he also sent to the Business School Dean, stating that my concluding comments about the Wisconsin Power & Light layoff were unprofessional. I performed the sign of the cross, apologized to God for burning another bridge with the business community, and hoped that the Dean and other faculty members wouldn’t use my comments against me at tenure time.

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“Victor won’t give me a key to the Business office,” Vicky shouts at the start of tonight’s Daily Cardinal Board of Directors meeting.
“Of course not, you don’t need one,” Victor shouts back. “You’re the editor, not the business manager. I’m the business manager. You have no right to be in my office without me being there. The same way you don’t want me being in your office. What do you need in my office?”

After thinking for a moment Vicky says, “Some supplies and back issues of the paper. I wanted to see what we wrote about something in a past issue.”

“We can move the newspaper morgue out of my office and closer to the reporters,” Victor offers.

“Victor, can you please tell us why you don’t want Vicky in your office?” I butt in.

“That’s where all our bookkeeping information is,” Victor responds. “The only people who should have a key to the business office is the business manager and bookkeeper. I don’t want anyone to touch the books.”

“Vicky, if we gave you a key will you promise not to touch any bookkeeping material?” I ask.

“Yes,” Vicky pledges.

“Okay, that’s settled, now let’s move on to...”

“No it’s not Professor Collins,” Victor interrupts. “Vicky can’t be trusted.”

“What!” shouts Vicky. The two other faculty board members sit back and watch the Victor and Vicky show, both of whom are likely to lead organizations in the near future.

“Yeah, you can’t be trusted. You’re always losing things.”

“I do not!” Vicky defends.

“You do too. Don’t lie. Didn’t you lose the key to your office last month?”

“I did not!”

“You did too!”

“I did not. I leant it to somebody and they lost the key,” Vicky explains.
“Same thing!” Victor points out. “You see, you can’t even remember who you gave it to.”

“Vicky,” I conclude, “it looks like you’re going to lose this battle. I move that the morgue and supplies be moved from Victor’s office to a public space.”

“Seconded!” shouts Victor.

“God, this reminds me of a Monty Python show,” Marty, one of the journalism faculty members, mutters. “You have to work through these petty issues before you get real jobs,” he tells Victor and Vicky. “By the way, how much money do we have in the bank?”

“Three thousand and five hundred dollars,” Victor proudly reports.

“We did it!” I exclaim, realizing that this would be enough of a financial cushion to get us through the semester.

“No we didn’t,” Marty says raising his voice. “It’s not even the middle of November yet.”

“Did too!” I exclaim, feeling an immense amount of joy.

“No we didn’t!” Marty angrily repeats. “We can’t be premature about these things.”

“No, Professor Collins is right, we did do it,” Victor interrupts. “We have enough money to carry us through to Thanksgiving. There’s significant ad revenue Thanksgiving week, and we only publish three issues that week. That’ll give us enough money to publish until December 12th, when school ends. We’ll make a ton of money with the Christmas ads in December and that’ll pay for publishing in January and February. And January begins with a Spring Semester back to school registration issue that should generate about $6,000 in advertising revenue. That’ll give us enough elbow room to start paying off our debt and sail through next semester. We’ll live happily ever after if twenty-three percent of each daily issue contains income-generating advertisements.”

“We did it!” I repeat. I jump out of my chair and shake Victor and Vicky’s hands.
Now if only Ted can repeat Victor’s miracle and revive my bankrupt body.

***

“Sorry Denis,” Ted, out of breath, says while rushing into the examining room with clipboard in hand. “Your white blood cell count is only 798.”

“How can that be?” I ask. “I shot up with Neupogen like you told me.”

“It happens.”

“I thought my numbers would be sky high,” I add.

“I’m sorry, really I am,” Ted says while placing his hand on my shoulder. “No chemo until you hit at least 1,200.”

“But I shot up five straight days,” I emphasize. “What would my white blood cell count have been if I hadn’t?” I ask without expecting an answer.

“Probably around 50,” Ted replies. I couldn’t tell if he was joking or serious.

“I don’t like this. We went a whole month without chemo and now I’m missing another session. We’re giving cancer cells more time to reproduce. I just want you to pour the poisons into me and get it over with.”

“Hey, cheer up big guy. You’ve handled this well. It’s just taking a little longer than usual for the Neupogen to kick in. You’re probably on a rise right now. Keep on taking the Neupogen and by next Thursday you’ll be off the charts. Then I’ll give you all the poison you can handle to make you feel better,” Ted jokes.

At nine o’clock in the evening I jump off the couch to relieve some sudden pains. I’m extremely sore from head to toe. Every bone in my body aches. The Neupogen manufacturing facility has kicked in, operating on all cylinders. The past few days, when I assumed that the Neupogen was working, I felt quite good and thought I must have gotten accustomed to the pain. Wrong.
I go to bed early but can’t lay still. At one o’clock I give up and delicately sit up. I drape my left leg over the side of the bed and use my toes to pick up my slippers because I am too sore to bend over. Although it hurts to raise my foot a quarter inch off the floor, I got my slippers on. I limp downstairs and head for the kitchen, sliding my feet along the floor. Then I take two pain killers and read for half an hour, waiting for them to work. No go. With every heart beat an internal hammer smashes against my brain. I limp back upstairs, open my dresser drawer, reach under my clean underwear, and grab a plastic bag. The time has come to smoke some marijuana.

***

The world overflows with ignorant opinions because we have a limited number of life experiences by which to form our opinions. This is why we don’t want Congress to be only for millionaire lawyers. There is so much they don’t understand because they haven’t experienced the living conditions of many Americans.

Two weeks ago a friend stopped by the house. “Denis, please allow me the honor of giving you a special gift,” she said as I opened the screen door wondering why she was there. “You don’t have to use it, but keep it just in case.” I accepted a wrinkled brown paper bag. Inside was a small plastic sandwich bag with a few stems in it. I looked at it quizzically and she confirmed my suspicion, “Yes, it’s marijuana, about half an ounce, special pain relief medicine.”

It had been many years since I smoked marijuana. I inhaled my first joint freshman year in college. The sense of euphoria the drug induced within my mind was relaxing. Unlike alcohol, marijuana made me peaceful and thoughtful. I found humor in the most common daily interactions, particularly my own foibles.

The Saturday prior to Christmas 1976, during my senior year of college, I was having a bad day. I sensed that students in my residence hall and on campus were not in the Christmas spirit. Instead of exhibiting love and good will toward all, some students were mistreating other students, some were espousing bigoted comments, some were cheating on their exams, and my
upset girlfriend was accusing me of being selfish, which was basically true. I was angry at them and myself.

I decided to do something about my negative feelings. I left the dormitory and hopped into my car to get away from everyone I knew. I decided to do some family Christmas shopping at nearby Willowbrook Mall in Wayne, New Jersey, a five mile drive west along Route 46. On my way there, as was my habit at the time, I lit a joint with the car lighter. When not parallel to another car, I took three or four puffs with Baba O’Reilly blasting on the eight-track player. Within seconds of the final puff I felt simply marvelous. When I got out of the car I wanted to hug every stranger in the mall. I wished everyone could just stop busily shopping for a minute and say hello to their neighbor.

What happened? When I got into the car I felt angry and resentful. When I got out I felt love and forgiveness toward all. My attitude changed. Aha! The creation of heaven on earth, which I’ve believed in since attending childhood Sunday School, meant people had to change their attitudes. We could all experience heaven on earth if we simply adopted a heavenly attitude toward each other. Heaven on earth is a state of mind, which is within everyone’s control. How easy it seemed.

The insight led me to search for non-drug induced ways to generate good thoughts. A fraternity brother introduced me to Silva Mind Control, and this led to meditation. Firmly on a spiritual path, I quickly devoured Herman Hesse’s *Siddhartha*, the Catholic mystic Thomas Merton’s autobiography *The Seven Storey Mountain*, Paramahansa Yogananda’s *Autobiography of a Yogi*, Robert Pirsig’s *Zen and the Art of Motorcycle Maintenance*, and a host of Zen books written by Alan Watts. Eventually, I settled for my own version of Maharishi Mahesh Yogi’s Transcendental Meditation, which had gained counter-culture prominence during the mid-1970s.

I continue to enjoy sitting quietly daily with eyes closed and mediating for fifteen to twenty minutes, usually counting deep breaths or repeating an affirming phrase such as ‘I will do
many good things today’ or ‘Rejoice in the day God has given me.’ Meditation provides a natural high.

But I’m not looking for a natural high. What I need is pain relief. Anticipating this moment, I purchased a pipe last week at a State Street head shop. “What are the best pipes for smoking pot?” I asked the clerk wearing a tied-dyed Grateful Dead t-shirt.

“Oh, we don’t sell pipes for that purpose,” he lied. “Smoking marijuana is against the law.”

“No, I’m serious,” I said while eyeing over the extensive collection of wooden and metal pipes locked in a glass counter. “I haven’t smoked pot in nearly twenty years. I have cancer and someone gave me some pot as a gift to relieve chemotherapy pains. Which one would you recommend?”

“I’m sorry sir, marijuana smoking is against the law,” he repeated in case I was an undercover cop or investigative reporter. “We can’t sell pipes for that purpose. But if you want a nice clean pipe for taking long, deep inhales of tobacco, I recommend that small wooden one over there.”

Sitting on the couch at two o’clock in the morning, and hunched over the coffee table, I unzip the clear sandwich bag, lift out a stem, and rub the dried leaves between my fingers, allowing the flakes to land in the wooden pipe’s bowl. I hold the match a centimeter over the dried leaves and inhale deeply. Smoke rushes through the handle, into my mouth, down my throat, into my lungs, and somehow straight to my brain. I immediately feel euphoric. Suddenly the Windham Hill collection of Celtic Christmas songs playing softly on the CD player pierces my ears and fills my head with a symphony. No more pain on my mind.

After two more puffs, I put out the burning leaves that remain in the bowl to smoke another day. I turn out all the lights, close my eyes, think good thoughts, and meditate on the
soothing music. An hour later I turn off the CD player and peacefully enter a heavenly dreamland.

***

I wake up on the couch in total agony. The pain reliever wore off. My rib cage painfully throbs with each breath. After showering I walk straight to Ted’s office instead of my office, expecting to be hospitalized. Ted gives me a general checkup and concludes I am doing as well as could be expected for someone with my health problems. “Just take more Ibuprofen to kill the pain,” he advises. I didn’t have the guts to tell him about smoking marijuana last night. On the way out of the hospital I stop by the surgical supply room and purchase a dark brown wooden cane to take some pressure off my feet.
The afternoon mail contains teaching evaluations for the recently completed Executive MBA courses. My class scores were better than I anticipated. On a 1 (terrible) to 5 (excellent) scale, the thirty students rated the course a whopping 4.76. They really found the material useful. I’ve also heard through the grapevine that they’re still discussing some issues from class amongst themselves and raising ethical issues in their other courses.

Their positive response gives me such a rush that I call the Dean of the Business School.

“Damian, forget what Marty told you a week ago. It’s essential for my psychological well-being that I teach my regular MBA course load next semester.”

Damian Pulito became Dean in 1991, a year after my arrival. He’s academically trained as a free market economist and finance expert, which means we tend to disagree on how much “freedom” and how much “government regulation” is good or bad. I am sympathetic to economic freedom, but not as much as Damian. I am too familiar with the harms powerful unethical bullies can cause others. Without thoughtful laws, unethical bullies use their power to implement business rules that benefit them at the expense of everyone else. This happened in one lawless town after another on the western frontier, as well as Alaska and Hawaii. It also happens in new and old industries as businesspeople jockey for advantage. As a result, I’m also sympathetic to well-crafted government regulations that curb the insensitive harmful inclinations of some unethical business people, more so than Damian.

Damian and I both want a free America. Millions of American soldiers died during the Civil War, World War I, World War II, and other military battles to ensure our freedom. Without their sacrifice, we would not be living in the wealthiest and most free nation in the world. But we
must continually earn our freedom. People owning and managing companies, those with the greatest advantages and benefits freedom has to offer, must behave responsibly and ethically, rather than abuse their freedom to protect or enhance their own market share and personal wealth. Free market capitalism excels at generating wealth, but falls short on humanely distributing the wealth generated, which gives rise to socialism. I don’t want socialism, but I do want a humane free market system, which means well-crafted government regulations to minimize harmful consequences. Damian puts up with our ideological differences because my work in business ethics enhances the business school’s reputation locally and nationally.


“How do you know?” I defensively ask.

“Because Marty told me, a few other professors have told me, and a few students have told me.”

“Damian,” I plead, “not teaching will kill me faster than the cancer or chemo.” He eventually gives in and approves my regular teaching schedule, two regular MBA business classes for the Spring term and some committee work.

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In honor of career advice week, I tell students about my checkered job history, which evolved from supermarket training manager, missionary for a controversial new Protestant religious group, economic think tank researcher, to a business ethics professor. It’s easy to graph a straight line after the fact, but the lived experience was a roller coaster ride without an end in sight.

Growing up, all I knew was that I didn’t want to have my father’s job. My father did what his father did, a laborer for Con Edison. He worked swing shift at Con Edison for about forty years, which meant working seven days in a row from 7:00 a.m. to 3:00 p.m., three days off, working seven days in a row from 3:00 p.m. to 11:00 p.m., three days off, and working seven
days in a row from 11:00 p.m. to 7:00 a.m. Then he did it all over again. He always seemed to be in a different time zone, going to sleep when we were waking up or coming home from school.

I attended Montclair State College in northern New Jersey because my older sister did and it was a short drive from home. Before college, the only adult who provided any career advice was Harvey Cash, my optometrist. “What are you going to major in at Montclair,” he breathed into my face while clicking lenses in a black machine for me to read through in his dark office.

“I don’t know.”

“You’d make a good eye doctor,” he advised. “You have good grades and people like you.”

Potential optometrists have to major in Biology. That career path vanished after one semester; I couldn’t understand how memorizing plant classifications would prepare me to help people see better. I switched from Biology to Chemistry – so I could take classes with an attractive coed – but I couldn’t understand a word the Iranian-born introductory chemistry professor said. So I switched to Mathematics because I excelled in the subject. However, the jobs for math majors were limited, so I switched to Accounting, where jobs were plentiful. But I was lonely working with numbers all day during a summer Accounting internship, and so I switched majors for the final time at the start of my senior year – to Management. It was the only major I could take and still graduate from college in four years.

Toward the end of the Fall senior semester, Ralph Misarti, a friend since childhood, made me an offer I could not refuse. “I gotta get out of New Jersey,” Ralph proclaimed. “I’m going to drive to San Francisco as soon as we graduate. Why don’t you come with me?” I was ready to go.
A problem arose at the beginning of my final semester, however, when I moved into a new residence hall and fell madly in love with the beautiful and persistently smiling woman managing the dormitory’s welcoming desk. Diane was the sweetest woman I met up to that time. I didn’t want to fall in love because I’d be leaving for San Francisco when the semester ended. On the other hand, I wanted to fall in love because I was lonely. At one of the first residence hall parties, Diane and I left the crowd, found a quiet part of the hallway, sat on the floor, and poured our hearts out to each other. We were so smitten that a mere two months later, around St. Patrick’s Day, I proposed marriage at McSorley’s Ale House in Greenwich Village. We did not announce a date because she was a junior. The plan – I would move to San Francisco with Ralph, establish roots, find a job, and then she would join me a year later when she graduated with her speech therapy degree.

A perfect plan, except Ralph bailed out right after graduation. With no job prospects in sight because I hadn’t conducted a single campus job interview, I got lucky when my boss at Grand Union, where I worked part-time, sponsored me for a coveted slot in the supermarket’s high quality management training program.

Training theory did not match store practice. I quickly learned that the managerial game in my training store was to falsify store debits and credits in a way that guaranteed a successful inventory calculation. Three bad inventories led to dismissal, so managers inflated revenues and expenses to their benefit as much as possible. Damaged goods, phone calls, and other possible non-traceable expense items were at least doubled. We delayed lowering the price on weekly advertised sales items, and prematurely increased them to regular prices, so only informed consumers received the discounted price upon request. Meanwhile, customers and employees stole a ridiculous amount of products. Vendors charged us for products they never delivered and then sold them to mom and pop grocery stores, pocketing the extra money.
After a few months of impressive performance, I was fast-tracked to serve as the Instant Dollar Derby Sweepstakes promotion coordinator for forty Grand Union supermarkets in New Jersey. I quickly learned that the unethical games in my training store happened to various degrees in all forty stores. I could not trust data any store sent me. The number of sweepstake boxes I authorized for delivery rarely equaled either the number of boxes that arrived at the store – someone in the warehouse was stealing them – or the number of boxes in the store at the time of my random audit – someone in the store was stealing them.

When I complained about this to my parents I was met with “wake up Denis, everyone does this, don’t rock the boat, you have a well-paying job, you’re moving up fast.” My ideals began giving me headaches. I soon stopped caring about them and incrementally began participating in the work games, supplemented by joining other managers in excessive alcohol and drug consumption. I was unable to be a good person in a corrupt environment. I couldn’t control myself, so I tried controlling Diane, to no avail. I needed to breathe. I rudely and unilaterally broke off our engagement.

On a Saturday afternoon in early March 1978, while temporarily living with my parents again due to rental issues, I walked the streets of Carlstadt. I unconsciously found myself in front of St. Joseph’s Catholic Church and sought solace in its medieval beauty, warmth, and momentary emptiness. Images of Paul Newman in Cool Hand Luke emerged in my mind. I looked upward and thought “God, we seem to have a failure of communication.”

“Sit at the foot of the altar and talk with me,” I heard what I assumed to be God saying deep in my consciousness. I obeyed and sat on the cold white marble steps leading up to the altar.

“I really want to do good,” I prayed, “but feel powerless to do so on my own. Am I condemned to be a corrupt person like everyone else around me? I really need some heavenly help. Why is there so much evil in the world, and why do I keep succumbing to it? Is there any

“Look at the Stations of the Cross,” the strong internal voice responded.

I stood up, walked over to the side of the church, and observed the stations etched in the walls. My saintly grandmother, who only spoke Italian, performed hundreds of rosary prayers to these carvings whenever she stayed at our house for a few days.

“Look at the station over there,” God directed. “Look at it closely.” My heart cracked opened and I started to cry as I inhaled the sixth station.

“What did Jesus do to deserve being whipped by a stranger?” I asked. “It wasn’t fair. It wasn’t right.”

“You wanted to know if pure goodness exists,” I heard God echo in my mind. “It does. Look at Jesus and study him closely. Look at his pain.” I did, for quite some time. The man embodied pure love.

“Many people have modeled themselves after Jesus, and you know some of them.”

A litany of people I knew, or read about, flashed through my mind. They might not be perfect, but they tried hard.

“Stop waiting for an absolutely perfect person to come by, hold your hand, and guide you down this path. And don’t use the lack of perfection in others to justify your bad deeds.”

Instances of me knowingly choosing wrong rather than right arose in my mind.

“And you want to know if there is any clear evil in the world?” God asked. “Look at the Roman soldier. He’s obeying orders. Not just any orders, he’s whipping Jesus. Jesus doesn’t deserve to be whipped. You don’t deserve the bad things occurring around you, nor did Jesus. Your heart relates to Jesus and you think you’re suffering like him. But do you know which of the two people in the Stations of the Cross you resemble most right now?”

“No,” I murmured.
“The Roman Soldier. Every time you choose to do something unethical you whip Jesus, you beat him. Why?”

“Because I have to, if I don’t I might lose my job, I’m only following orders...”

“Those are the same words the Roman soldier used. You sound just like him.”

The brief conversation came to a sudden halt. I felt like I should cry, but no tears flowed.

On the following Tuesday, southern Bergen County experienced an extraordinarily heavy afternoon snowstorm for mid-March, which would have been the one year anniversary of my engagement. I sat in my car immobilized in the Grand Union parking lot. I couldn’t continue like this. “Go to San Francisco. Now,” the internal voice insisted.

But I have a well-paying corporate job already.

“Now.”

But I don’t know how to get there.

“Get a map. Now.”

I got out of the car and walked into a small store near the Elmwood Park supermarket headquarters. I picked out a map of the United States and flipped to the centerfold. There was my answer. A bright red 3,000 mile line, Route 80, connected the nearby George Washington Bridge to San Francisco. I knew a commune of idealistic people was waiting for me there.

At home I ate my last supper with my parents. When dinner wound down I broke the news. “I’m going to quit my job and move to San Francisco,” I blurted out.

“What?” my mother asked.

“Yep, I’m leaving Jersey to start over in San Francisco.”

“Why?”

“Because I have to.”

“When.”
“Tonight.” With both parents screaming, my mother out of her broken heart and my father out of anger and confusion, I went to my second floor bedroom and packed a suitcase full of clothes. I inhaled deeply, pulled my sleeping bag from the top shelf of my closet, lugged the suitcase and sleeping bag down a flight of stairs, turned left into the kitchen and hugged my crying mother as my father sat, annoyed, at the kitchen table.

“Sorry mom, I just have to do it.”

“What about Diane?”

“Oh, we broke up about a month or two ago, didn’t I tell you?” I went out the kitchen door and loaded my new 1978 yellow Volkswagen Rabbit, the Dodge Colt having been totaled by two Passaic teenagers who stole it one night from the Grand Union parking lot.

“Where are you going to stay?” my mother cried out from the kitchen stoop as I stepped into the car.

I shrugged my shoulders, put the car in reverse, and drove down the block in the direction of Route 80. All I knew was that I had to cross the New Jersey border into Pennsylvania by midnight or the car might turn into a pumpkin. The border was an hour away, so I had plenty of time to stop by my office cubicle to leave a note for my boss.

Mr. DuBois,

Greetings. I’m sorry to report that I am leaving right now to go to San Francisco. As you know, I am well-organized so all is well with my 40 stores. If there are any emergencies, which I doubt will happen, Alfred can handle them. I don’t anticipate returning to New Jersey soon.

Sincerely,

Denis

About an hour later I crossed the Delaware Water Gap Bridge and paid the toll to escape New Jersey. Heading west on Route 80 in Pennsylvania’s blackness, I reached into the glove
compartment, pulled out one of the six joints stashed in a plastic baggie, pushed in the car lighter, waited until it popped out, lit up, inhaled deeply, rolled down my window, and exhaled. Oddly, I felt no impact. I was now naturally high. With Lynyrd Skynyrd’s *Free Bird* blasting over the 8-track speakers, I rolled down the passenger window while trying not to swerve off the road and tossed the baggie out the window. I no longer needed drugs.

Somewhere in Pennsylvania I pulled over to the side of the road, put the driver’s seat as far back as possible, and rolled up into my light blue cotton sleeping bag. I woke up with the sunrise, stepped outside, and did some stretching exercises before heading back into the car. I had never been west of Philadelphia, so this was all new territory. I was shocked by the mass of undeveloped land and initially wondered why it did not at least have a golf course on it.

Later that day I struggled to stay awake along the monotonous highway. Where would I sleep the second night? I noticed a sign advertising Indianapolis, Kurt Vonnegut’s hometown. I always wanted to meet him. I turned onto Route 71 and then Route 70, which provided a slightly southern parallel to Route 80. I wouldn’t be going too far out of my way.

I arrived in Indianapolis late at night, drove to downtown, and pulled up in front of a classic looking hotel with cheap rooms. I opened the faded phone book, turned the pages to “V,” and saw a long list of Vonneguts, none of them Kurt. It would be cruel to randomly call one and ask where Kurt lived.

The next day I searched for the middle of the United States. As best I could measure, the mid-point between New York City and San Francisco was about 300 miles west of Topeka, Kansas. There was nothing there. I pulled over to the side of the highway and, after the sun set, laid out my sleeping bag in some brush. My symbolic goal was to lay parallel to the Canadian border, with the imaginary line separating the eastern and western United States bisecting the top and bottom parts of my body. The top half of my body slept in the west, and the bottom half in the east. No more east coast mentality.
I left New Jersey an agnostic, stuck on how a loving God could allow so much unethical behavior and suffering to occur. Two nights after leaving Topeka, with overnight stops in Denver and Lake Tahoe, I was a theist again. The Rocky Mountains majestically exploded out of the plains. Yes, God existed. No ands, ifs, or buts. Such overwhelming beauty. A creation reflects its creator. There had to be some initial causal being that created all this beauty, along with the laws of physics. Human beings did not create the laws of physics, they were always here and we just understood them better with the passage of time. Who created these laws? Someone had to, and that is what we call God. Just because we can’t see the creator doesn’t mean the creator doesn’t exist. People denying God’s existence are equivalent to ants living underground denying humans exist. Getting ripped off my a small business owner in Lake Tahoe further engrained in my mind that people, who begin life good, got morally lost along the way.

On the sixth day of my odyssey, I arrived in San Francisco a transformed person. Then something terrible happened. My dream had been to arrive in San Francisco via the Golden Gate Bridge. Instead, I found myself driving on the San Francisco-Oakland Bay Bridge. I drove around the downtown area until I found what appeared to be a welcoming neighborhood, parked the car, stretched, and inhaled my new life. Early afternoon; time to eat lunch. I walked into a diner and plopped on a stool, one away from an attractive woman. And she initiated a conversation with me! Her eyes lit up when I explained how I just drove 3,000 miles to be on this stool. After she excused herself to freshen up, with a promise to come back, a guy tapped me on the shoulder and said, “You know that she is a he, don’t you?”

He left before I could process the information. When my new friend came out of the bathroom her arms and other features did look a bit masculine. Then I looked more closely at the people frequenting the street and noticed an overabundance of gays and lesbians. I’m fully accepting of homosexuality, one is born what one is born, but I didn’t drive 3,000 miles to be around gay guys and transvestites.
“You drove over the wrong bridge,” my internal voice informed me. I went back into the car, drove east for the first time in a week, crossed the San Francisco-Oakland Bay Bridge, drove north and then west until I found signs for the Golden Gate Bridge. “Much better,” I thought.

I followed signs to downtown, aiming this time for Powell and Market Streets where the trolley car turns around. Parking was a hassle and I drove around until I found an empty spot. After taking another deep breath I stepped into another café. Strike two. The café was frequented by prostitutes applying their trade in the Tenderloin district. This was also not why I had driven 3,000 miles. I wanted a commune full of idealists.

My crushed heart and I re-entered the only comfortable place I knew, my VW Rabbit. Maybe I was meant to go to Los Angeles and check out Laurel Canyon, where Crosby, Stills, Nash, Young, Jackson Browne, the Eagles, and other great songwriters hung out.

Dejected, I drove south on Highway 101 toward Los Angeles, lost in my shattered dream. The 8-track whirred and switched tracks on Bob Seger’s Night Moves.

Here comes old Rosie, she's looking mighty fine
Here comes hot Nancy, she's steppin' right on time
There go the street lights, bringin on the night
Here come the men, faces hidden from the light
All through the shadows they come and they go
With only one thing in common
They got the fire down below


It happens out in Vegas, happens in Moline
On the blue blood streets of Boston
Up in Berkeley and out in Queens
And it went on yesterday and it's going on tonight

Somewhere there's somebody ain't treatin' somebody right

Wait a second. Berkeley. The Highway 101 traffic began to back-up because of construction and I noticed a red “detour” sign up ahead. Of course. I totally forgot about Berkeley, home to the free speech movement and People’s Park. I can’t go to Los Angeles a defeated man.

I turned off Highway 101 and detoured as the sign directed. Then I made a quick U-turn, took 101 North, followed signs to Berkeley, and parked on Shattuck Avenue near the University of California, Berkeley campus.

While putting spare change in the meter an overwhelming pizza aroma flowed into my nostrils. I followed the smell and ended up at a small pizzeria. After two bites, my senses exploded. “Excuse me,” I asked the guy behind the counter. “I just arrived here from the New York City area and this is great pizza. It reminds me of Stromboli’s pizzeria in Greenwich Village, close to Washington Square …”

Before I could finish, the guy yelled, “That’s my cousin!” I was in the right place. I walked up to Telegraph Avenue and registered at a beat up hotel one block from campus.

The following day my plan took shape – rent an apartment, get a job in a supermarket since that was all I knew, study for my MBA at the university, and find some idealists. I stepped into a Safeway and wrote down the phone number for an apartment to share, a woman open to either gender.

Rebecca was pretty, had just broken up with her boyfriend, and wasn’t looking for a relationship. I felt hopeful and moved in the next day. She insisted that I give San Francisco another try. Saturday morning, after washing more than a week’s worth of smelly clothes, I took the BART to Powell and Market Street and started walking in the direction of Union Square Park, across from the St. Francis Hotel.
A block from the park a perky young woman approached me on the street. She stood directly in my path and said, “Hi, where are you from?”

“New Jersey,” I responded.

“What are you doing in San Francisco?”

What the heck, I might as well tell her the truth. “I’m looking for idealists living on a commune who want to create a better society.” Her eyes almost popped out of her head, appropriate for someone named Poppy.

“I’m a member of a community like that! You should come over to our house for dinner tonight,” Poppy told me, “that’s exactly what we’re all about. We have a house in the city and own some farmland up north. We’re called the Creative Community Project. Come over for dinner tonight and, if you want, you can visit the farm this weekend.”

“That’s coincidental,” I said. “I lived in a college dormitory called the Creative Community. It was an experimental dorm, and the only one I could get into because my parents lived just ten miles from campus. We got three credits in psychology for dealing with other students in the dorm who bothered us.”

“Nothing is coincidental,” Poppy pointed out. She handed me a card with her address on it and then disappeared. I would later find out that the Creative Community was a front organization for Reverend Sun Myung Moon’s Unification Church, colloquially known as the Moonies. Nonetheless, I liked them.

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The Moonies were idealists wanting to build heaven on earth. The Unification Church’s strategy was profoundly simple. God needs a blessed family by which to create heaven on earth, one where the husband and wife both obtain oneness with God and then serve as true parents to their children. Their interpretation of the Adam and Eve story particularly resonated with me. I
already had many sexual experiences and was very confused about the nature of love and lust. Society is inundated with sexual messages, and I inhaled many of them.

The literal interpretation of Adam and Eve and original sin taught in Catholic Sunday School made no sense to me. God tells the naked Adam and Eve that they may eat anything in the Garden of Eden except the fruit from the Tree of the knowledge of good and evil. A serpent appeals to Eve’s curiosity and tells her that eating the forbidden fruit, we were told it was an apple, will give her God’s wisdom. Eve eats the fruit, shares it with Adam, and the next thing you know they are sewing fig leaves to wear over their sexual organs and hiding from God. Additional punishments were metered out by an upset God – they were kicked out of the Garden, Eve experienced childbearing pain, Adam toiled the rest of his life, and they returned to dust upon death. In the interim, Eve gives birth to Cain and then Abel. Both sons make an offering to God, who accepts Abel’s offering but not Cain’s. An angry and jealous Cain kills Abel, lies about it to God, and is sent into exile to wander the rest of his life.

I did not give the story another thought until meeting the Moonies. According to Unification Church theology, God’s plan was for Adam and Eve to obtain oneness with God, become fully loving beings, marry, have children, and propagate the world, which would be heaven on earth. God created angels to help guide Adam and Eve to adulthood. But then Satan, a jealous angel, sexually seduces a still spiritually immature Eve, sort of like a wet dream. Eve feels guilty about her disobedience and sexually seduces the spiritually immature Adam. Cain and Abel are born. Without first having obtained spiritual maturity, oneness with God, Adam and Eve are inadequate ethical role models for their children. The first family is dysfunctional, and their selfish behavioral patterns have been propagated throughout the world to the present day.

Of course, there are problems and gaps with this theological interpretation. Why did God create an angel jealous of Adam or lustful toward Eve? God banishing Adam and Eve is particularly troublesome. After all, they were God’s children. Seth is my beloved imperfect son.
If he hits me, I might send him to his room, but only temporarily. After he settles down, I reach out and hug him, discuss the situation, and offer him forgiveness before he even asks. Maybe God reached out to hug Adam and Eve, but they disappeared from the scene.

Nonetheless, the general themes and spirit of the story resonated. The greatest predictor of modern poverty – and associated problems such as low self-esteem, crime, obesity, etc. – is teenage births by poor girls and irresponsible, and usually older, boy or men. Society, through teenage peers and the media, reinforces sexual activity prior to achieving emotional maturity for all economic classes.

History, according to the Moonies, is repeated with attempts to correct this problem. Jesus succeeded where Adam failed, becoming one with God. But, he was crucified before having the opportunity to marry and create a God-centered family.

Reverend and Mrs. Moon, the Unification Church teaches, claim this position. Reverend Moon embodied the spirit of Jesus Christ, something most sincere Christians seek. In this sense, Reverend Moon serves as a Messiah, one who brings people to God. Whereas Jesus had been crucified, Reverend Moon survived near death experiences in a North Korean communist prisoner-of-war camp, married to establish a holy family, raised his wife to spiritual maturity, and they gave birth to sinless children raised by parents fully conveying God’s love.

One god-centered family is insufficient. Reverend Moon challenges church members to similarly obtain oneness with God, marry, and create holy families, holy communities, and holy nations. He proclaimed this message at mass rallies during the mid-1970s at Madison Square Garden, Yankee Stadium, and the Washington Monument. These efforts gained wide media coverage. Many Americans concluded Reverend Moon was delusional, and fundamental Christians warned that he fulfilled the role of an anti-Christ possessed by the devil.

Church members, though, knew everyone else was wrong about Reverend Moon. He served as our spiritual role model. We were engaged in spiritual warfare, persecuted by others
who believed we were brainwashed members of a religious cult led by a Korean tyrant who claimed to be the Second Coming of Jesus Christ. This misinterpretation by others solidified our commitment to the church’s mission of building heaven on earth through the propagation of holy families.

I served one year as a missionary in Hawaii recruiting new members, one year fundraising door-to-door along the west coast, and three years at the Unification Theological Seminary in upstate New York. We lived communally at the seminary, praying, eating, and studying together, treating and serving each other as children of God. Our mission was to unify world religions. All but one of our professors were scholars from other religious denominations. A Jewish rabbi taught Old Testament, a Dutch Reform minister taught New Testament, a Confucian scholar taught Eastern Religions, a former Catholic priest taught psychology, a Catholic scholar taught Marxism, a Greek Orthodox scholar taught the Patristic fathers, and an evangelical scholar convinced that Reverend Moon was the anti-Christ taught church history.

In July 1982, I participated in a mass wedding of more than 2,000 Moonie couples at Madison Square Garden. We would give birth to sinless children, and create God-centered families and communities. But the woman Reverend Moon chose for my wife left the church two months later, no longer wanting to fundraise or take orders from her oriental leaders.

While continuing my studies at the seminary, it became clear that the Unification Church had to embrace some American cultural values if it was ever to be accepted in the United States. The church was structured like a Korean Catholic Church, with Reverend Moon the Pope and his early Korean and Japanese followers Bishops. Society didn’t need another church, it needed a transformational social movement.

I packed my bags and left the Moonies when my seminary dissertation, bluntly titled “Why the Unification Church of America must be Americanized and Democratized,” was
rejected by Korean, Japanese, and American church authorities. A Chinese seminary administrator declared at our daily morning service that I had become possessed by Satan.

Leaving the Moonies was devastating. I joined them because we were going to build a just society, heaven on earth. One year of witnessing and one year of fundraising was equivalent to a two-year military experience. We grew close to one another in our frontline battles to live a holy life and defend ourselves in a hostile environment. I was now abandoning both the dream that resonated so strongly in my consciousness, and my comrades-in-arms.

I did not leave alone. During the Spring of 1983, two months before my departure, I fell in love with an attractive, feisty fresh year seminarian named Dianne. We became friends in a class on the Pentateuch taught by a Jewish rabbi, where I served as a teaching assistant for her group. Di also met the Moonies in San Francisco, where she and a girlfriend had traveled after college graduation. Our relationship was sealed with a late night magical kiss near the Barrytown, New York post office just prior to my leaving the seminary.

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Di joined me in New Jersey a month after I left. We tried to re-establish ourselves in a geographic area I ran away from five years before. We lived together for a year, helped each other reestablish our aborted careers, and married. I went back to my old boss at Grand Union and he found me a spot on a store night crew. He wanted me to serve penance first and prove my sanity. I quit after just a few months because I needed to converse with co-workers who read the *New York Times*, not the *National Inquirer*.

I took the bus into New York City, signed up with a temp agency, and was hired full-time as a research assistant at the Conference Board, a business advisory group. Overqualified, ambitious, and in need of a new personal mission in life, I found the collected presidential speeches of Richard Nixon, Jimmy Carter, and Ronald Reagan in the Conference Board’s library
and began writing a book manuscript about how the religious views of each president, or the president’s speech writer, guided his domestic and foreign policies.

After I sent a book proposal to forty literary agents, one responded. “You’re a good, fast writer, and tell an interesting story” he said, “but the material you sent me needs a major rewrite.”

“I know, but I’m not sure I have the time to do that. How do other people with full-time jobs find time to write?” I asked.

“Most of my clients are college professors,” he said. “They get paid to teach but are expected to publish, otherwise they perish. You should look into becoming a college professor.”

Unhappy with organizational politics and a lack of career advancement opportunities at the Conference Board, and having fond memories of seminary life, I was ready for another career change. Di encouraged me to quit and fulfill my idealist urge to make the world a better place within the academic specialty of business ethics. I now have one of the best jobs in the world, and am well paid to teach, research, write, and organize around business ethics.

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One of the more vocal students walks into my office after the career advice class. “Professor Collins, I made a major decision during class today,” he informs me. “I’m dropping out of the MBA program.”

“Whoa, slow down,” I respond, “that’s not the point of my class or lecture.”

“No, but you’ve gotten me to be honest with myself,” he says, pushing back his bushy brown hair. “I’m twenty-nine years old and hate most of my classes. I have my own little business on the side. I was going to give it up for a corporate job, but after listening to you all semester I have to follow my heart. I’ve been afraid to go all the way on my own. Now I have to or I’ll regret it the rest of my life. If everything fails I can always come back and finish the program. Thanks.”
Every now and then students have an “aha” moment like this in my class and decide to leave the business sector and pursue careers in social work, nonprofits, or entrepreneurship. Unfortunately, these are usually the students who would be excellent at forcing corporations to become more humane in the treatment of employees, customers, and suppliers.

“You can do a great deal of good if you tough it out and change a corporation’s culture,” I tell him. “Both paths are courageous, leaving the corporate rate race or trying to change the corporate rate race. Have you thought about changing your major to small business or entrepreneurship and taking a leave of absence?”

“Nah,” he says. “I have to do what I have to do. One of the last straws was hearing students sharing their real-life ethical dilemmas at work and realizing how few of them actually did anything about them. So many people, including myself, fear doing anything against the unethical bullies at work because we’re afraid of losing a bonus, promotion, or our jobs. All we do is observe unethical things and then stick our heads in the ground. I don’t want to do that anymore. Thanks again.”

An hour later he stops by my office again, tells me he signed forms to take a leave of absence from the MBA program, and gives me a big bear hug. “Keep up the good work, the students love you,” are his parting words. At least he covered his bases and would not have to apply all over again if he comes back to finish his MBA.
CHAPTER TWELVE

OVER THE CHEMO HUMP (December 1995)

Following fourteen consecutive days of Neupogen injections my white blood cell count is a whopping 35,000; 34,000 more white blood cells per unit of measurement than seven days ago and 30,000 more than normal.

I can now taste and smell the foul scents of Adriamycin, Bleomycin, and Vinblastine dripping into my veins. It’s like swallowing a bowl filled with dust. I leave the hospital at eleven o’clock, walk slowly to the Business School, drift through a fog into my office, unroll my sleeping bag, and sleep. I wobble down to lunch, eat a few forks of rice without talking to anyone, go back to my office, and sit down. Suddenly, I have an attack of the chills and my jaw uncontrollably clatters. I put on my fur-lined winter coat and rest the side of my head on the wooden desk top.

I don’t want to cancel several undergraduate advising meetings scheduled for this afternoon. Last semester the Dean assigned me to be the new advisor for undergraduate Business School students who have not declared a major, a perfect job for someone with my checkered college experience. Damian is grooming me to take over some of the job responsibilities of a retiring, well-respected faculty member, which means he is confident about my upcoming tenure vote.

Seeing me sitting at a desk in my winter coat will likely confuse students, so I walk down the hallway and borrow a blue wool sweater from another professor to warm the chills. I suddenly feel nauseous, run to the bathroom, and vomit, which makes me feel better. I make it through the meetings, go home, and disappear under our flannel bed sheets.

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A sickly weekend evolves into a sickly Monday. I still manage to do kids’ activities on Saturday and Sunday, but my mind is in a fog, as if a heavy mist has been shoved up my nose and pressed against my brain. Relief only occurs when I smoke a pipe full of marijuana, which I do after breakfast on Saturday and Sunday. The fog is still in my head when the alarm goes off Monday morning, but I can’t smoke any marijuana, given my teaching and administrative duties.

While editing, the phone rings. I reach over and grab it off the hook before the second ring flips on the answering machine. “Professor Collins, this is Tom Clark of Wisconsin Public Radio,” says a familiar deep voice. I’ve been a guest on his early morning listener call-in radio show several times. “I just interviewed an economist who was ecstatic about the stock market reaching 5,000 points. Do you share the same euphoria?”

“Of course not Tom, and you know it. Otherwise you wouldn’t call me,” I tease him.

“I thought so,” Tom says. “Why is that? Isn’t it good for stock market prices to rise?”

“Usually yes, but like just about everything in the world, it all depends,” I respond, taking the bait. “It’s great if stock prices go up because everyone is meaningfully employed. But it’s terrible if stock prices go up because corporations are laying off millions of people to increase profits, which is what’s driving the current increase. Every time a company announces a layoff its stock price goes up. That’s no way to manage an economy.”

“What’s your solution to the problem Professor Collins?” Tom follows up.

“Industry and business leaders should form their own contract with the American people, just like Newt Gingrich’s contract with America. Every time the stock price goes up as a result of a massive layoff, CEOs should promise that a hefty portion of the extra income will be used to generate new, meaningful jobs, and give people being laid off first shot at them. Then more people can celebrate. Until that contract is enforced, it’s a country club celebration for rich people getting richer.”
“Great,” Tom concludes. “What are you doing early tomorrow morning when my show is on the air?”

The following day, after doing Tom’s morning Wisconsin Public Radio talk show, I walk over to the hospital for the latest white blood cell count reading – 2,160. How quickly 32,000 white blood cells evaporated. Behavior modification is setting in with each new hospital visit. The closer I get to the cancer ward the more nauseated I feel. I hold my breath the moment the automatic hospital door slides open. The smells ignite bad memories.

I’m welcomed back to my office by a ringing telephone. “Professor Collins, this is Peter,” came a vaguely familiar voice. “You probably don’t remember me because I graduated four years ago but I heard you on the radio this morning.”

“How’d I do?” I ask.

“I felt like I was back in class. I still remember the debate team I was on and the homeless shelter visit. It was my favorite class.”

“What can I do for you?”

“One of the lessons you taught in class that I’ve never forgotten is that you should always speak at the same level of moral development as the person you’re trying to persuade. I do that all the time at work. I might think something is right or wrong for moral reasons, but I never tell that to my boss. Instead, I always tell him how the right thing will make us a lot of money and the wrong thing is costly. You taught me that.”

“Happy to be of service,” I joke.

“And that’s why I called,” he continues. “I understood the points you were trying to make this morning but many other people probably didn’t. You kept saying that morality demands we do something for people who are laid off during the latest rise in the stock market. That goes in one ear and out the other. I kept waiting for you to tell the callers how they could make more money by taking care of the laid off workers but you never did. Instead, you just kept saying it
was the right thing to do. I agree, but obviously some of the other callers didn’t. You should have argued in terms of the self-interest of the listeners.”

“Sorry about that,” I say thinking out loud. “I was just shocked that some of the callers felt so strongly about not having any obligations to help people who contributed to the company and are now struggling with their day-to-day lives. Next time I’ll do better,” I tell him. “Lessons learned are like bridges burned, you only need to cross them but once.”

“What?” he asked.

“That’s a line from a Dan Fogelberg song. It’s on *Netherlands*, one of my favorite albums of all time. Wouldn’t it be nice if you only needed to learn a lesson once?”

“You bet,” he quickly responds, “you bet.”

***

I’m over the chemo hump. Four of the scheduled eight months of chemo are now history. The first day of month five begins at nine o’clock. I’ve scaled up the mountain top and can now coast downhill. I experience the same joy when I’m a tiny bit past the halfway point of any difficult or tedious project, such as grading a stack of student papers, or sadness if it is something I really enjoy doing, such as reading a good novel.

All the excitement, however, is for naught. Ted’s sad eyes greet me when I enter the examining room. “Sorry guy,” Ted reports, “no chemo today. Your white blood cell count is only 490. That’s way too low to begin the next cycle of chemo.”

“But I was over 35,000 two weeks ago,” I point out.

“Easy come, easy go. I’m really sorry,” Ted apologizes again. “It’s my fault. I should have told you to start shooting up Neupogen a few days ago. I thought last week’s 2,160 was a bottoming out number. Guess I was wrong. Your counts are still sinking.”

“Why don’t I just shoot up every day?” I ask.
“Can’t do that. Too much Neupogen can really mess up your bone marrow. Chemo involves trial and error. Everyone reacts differently.”

“What about these chills I’ve been getting after the chemo treatments?” I ask.

“What about them?” Ted asks in return.

I rephrase the question. “Is something wrong?”

“There’s nothing more wrong than having cancer and getting poisons dumped into your bloodstream. Chills are a negative side-effect of several chemo drugs. You just have to put up with them.”

“And what about vomiting?” I ask. “I threw up big time after the last chemo session.”

“Are you still taking the Zofran?”

“Yep,” I assure him. “I even took one an hour ago.”

“Well, you can list vomiting as another negative side-effect for you,” he says, peering at me through his eyeglasses. “If the vomiting gets really bad,” he continues, “I can give you the anti-vomiting meds intravenously rather than orally. But we better wait on that to see if it’s really necessary.”

“I used to only want to puke when I entered your office.”

“Thanks guy,” Ted laughs.

“No offense,” I tease. “You’re an okay looking guy. And then I wanted to puke when I entered the stairwell leading to your office. Then I wanted to puke as soon as the hospital doors opened. Now I want to puke when I’m about a block away from the hospital.”

“That happens to some people,” Ted clarifies. “It’s very psychological. One of my patients covered his nose and mouth with his shirt as soon as he entered the hospital to keep the smells away so he wouldn’t puke. A woman always threw up right outside the hospital door before entering. I remember hearing about an elderly woman who covered her nose with a teddy bear she had as a kid, and it worked. Those teddy bears can come in handy. Another guy brought
a towel with him to the hospital and wrapped it around his head as soon as he entered. I knew a
ten year old girl who threw up every time she drove past the hospital.”

“And what about all this pain in my bones?” I ask.

“It’s the Neupogen. In your case, the Neupogen injections seem to gradually increase
white blood cell production and then explode out of your bone marrow. That’s probably why you
feel really sore. You’re doing a great job. I’m amazed at your durability. And, by the way, we’ll
definitely be doing eight months of chemo, not six.”

“Six?” My voice raises an octave or two.

“Yeah, didn’t I tell you that if everything went smoothly we might get by with just six
treatments?”

“Nope,” I report. “Or if you did I wasn’t listening or forgot. I always assumed we were
doing eight.”

“I’m sure I said that you might have to do only six, but maybe I just told it to myself.
Anyway, we’ll be doing eight.”

“Hold on,” I shoot back. “Does that mean I’m not doing so well? Is something wrong?”

“Not really,” Ted tries to calm me. “It’s just that you’ve had many chemo cancellations.
We’re not getting the rhythm down.”

I leave the hospital depressed. Things aren’t going well. But I don’t want to think about it
because there’s nothing I can do about it. Whatever is happening to my body is way beyond my
control. All I can do is keep a positive attitude and continue to make progress on my professional
and community work.

My spirits are uplifted a half hour later when the Business School’s sole member of the
campus-wide Teaching Academy stops by to say she nominated me for this major honor. The
Teaching Academy was created a few years ago as a forum for the university’s best teachers to
discuss improving teaching and to address the university’s dysfunctional tenure system where
excellent teachers who lack research publications are dismissed and researchers who can’t teach are idolized. I facetiously thank her for assuming I’ll still be alive in a year and tenured. The Teaching Academy provides a fertile foundation to push more service-learning activities on campus.

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There may be more truth in the Moonie conception of “indemnity” than I give credit. The concept is that anything worth obtaining comes with significant prior costs. Joyful suffering is rewarded. One can suffer with a joyful heart or become resentful. If distracted by resentment, one fails to see or experience the pot of gold at the end of the rainbow. The more I maintain a good attitude during chemo, the more pots of gold I see on my horizon.

Today’s great news is a letter from Cornell University Press about my gainsharing book manuscript. Gainsharing is a form of participatory management that financially rewards employees for meeting on teams to discuss and implement suggestions that improve company operations. The manuscript describes six case studies I’ve conducted since 1989 about four nonunion and two union firms.

The editor sent my four hundred page manuscript to two academic reviewers a year ago. With each passing month I assumed higher likelihood of rejection. Instead, one of the reviewers became sick, which delayed the process. Both reviewers loved the work and gave their full-hearted approval for publication.

This should ensure my tenure in April. Nobody at the Business School can recall an Assistant Professor publishing an academic book, in addition to peer-reviewed articles, prior to getting tenure. All my pains evaporate.

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It’s December 7, Pearl Harbor Day, time to take another stand against the cancer bombs with try two of getting over the chemo hump. The blood tests reveal a whopping 22,962 white
blood cell count. No wonder I’ve been sore the past two days, the white blood cell manufacturing plant located in my bone marrow has been working overtime.

At two-forty in the afternoon I hook up for the chemo drip. It takes just forty-five minutes. Given the new Neupogen schedule, I will begin daily injections in two days and hopefully create enough white blood cells to defend against the initial attack of the poisons. I’ll stop the injections five days later, do a blood test the following day to survey the battlefield, and prepare for the next chemo assault a week later. Instead of getting chemo on days one and eight of the cycle, I’ll now get chemo on days one and fifteen. This will give my body more time to recover from the first invasion, but less time to recover from the second onslaught.

When I arrive at my office I can’t stop my teeth from chattering. By four o’clock I have a nasty case of the chills. Winter has arrived and today’s high temperature is in the teens. In preparation, I set my office thermostat at 77 degrees this morning, but it feels 50 degrees lower. I put on a heavy wool sweater, sit down, and watch my hands shake uncontrollably. At four-thirty, one hour after finishing chemo, I run to the bathroom and vomit. I’m in no better shape at five o’clock and can’t imagine walking across University Avenue to catch the five-fifteen bus. I call Di for a lift home.

“I can come right away,” she says. “It’ll just take a few minutes to pack Seth and Anna into the car.”

After hanging up it’s clear that I need to be hospitalized again. I need bed rest under a nurse’s care. I check my week-at-a-glance planner. Tomorrow I’m scheduled to speak on ethical leadership at a luncheon organized by several student organizations. Fortunately, I already prepared an outline and handouts.

Then I hear Seth and Anna squealing down the hallway as they race to my office. Seth, now five-and-a-half, beats his younger sister to the door and gives me a leaping hug, almost
knocking me over. His cold cheeks are refreshing. After placing him on the ground I fall backwards into the blue swivel chair.

“Daddy,” Anna screams. “That’s not fair. Stand up. I want to give you a running hug too.” At two-and-a-half, she’s her own person. I do as requested and kneel on the ground. Anna grins from ear to ear, shakes her loose blonde hair back and forth, and runs towards me. We kiss each other on both sides of our cheeks.

When Di catches up to them I collapse back into my swivel chair and start barking out orders. “Di, I’m really sick and need to go to the hospital,” I say while she simultaneously says “You look terrible.”

“I know,” I confirm. “I’ve already puked. I’m too weak and sore to do anything. Do me a big favor and put my notes for tomorrow’s ethical leadership luncheon talk, and the handouts on my desk, into one of those Manila interdepartmental envelops on top of the filing cabinet. Then scotch-tape the package to the door. I can call the student organizer up tonight from the hospital, apologize, and tell him how he can do my presentation for me.”

Di does as requested, though slightly annoyed with my barking orders. “Next, I’m supposed to make a service-learning presentation at a Board of Directors meeting tomorrow afternoon for the Morgridge Center. I’ve already xeroxed the handouts. Check out those outcomes from this semester’s class projects,” I proudly mention.

“Why didn’t you just come home after the chemo?” Di asks while Seth and Anna grab the two canes in the corner of my office and use them as hockey sticks. Di ushers the kids into the hallway after Seth crumbles up a piece of paper and shouts, “Anna, look, a hockey puck!”

Ignoring Di’s questions, I issue more orders. “Now put those handouts in another Manila envelop and write Professor Betty Hayes’ name on it. She can do the presentation for me. Scotch tape it to my door. I’ll call Betty from the hospital and have her pick it up tomorrow.”
“Seth, stop hitting Anna with the cane” Di directs as she scotch-tapes the envelope to my office door. “And Anna, stop screaming, there’s people working around here.”

“Di, get back in here,” I call. “Academics are good at blocking out noise. And I doubt anyone is still here. I need your help. Now get the thermometer out of my desk drawer and take my temperature. I’d do it myself but my hands are shaking too much. See.” I wanted the other tasks done first in case Di freaked out when she sees my high temperature. My clattering teeth almost crack the thermometer.

When the beeper sounds Di reads the thermometer. “105 degrees!” she exclaims. Even I’m surprised. Now I know I’m really burning up, it isn’t just my imagination. Di calls the hospital and is told that I should report immediately to the sixth floor where a room will await me.

With Di’s help I stand up. Then my body revolts and I cover my mouth, catching some puke in my hand. I run into the men’s room, where I vomit three or four times within five minutes. After my body stops quivering, I clean myself up and Di gathers the kids. She speeds to the hospital while the kids ask an onslaught of questions from the back seat. “Are you going to throw up all over the car?” Anna asks in her sweet, inquisitive voice.

Laying in the hospital bed feels heavenly. Such nice warm, comfortable sheets. The kids make havoc in the room while Di makes telephone calls apologizing for my Friday cancellations. The on-call doctor appears an hour later and orders chest X-rays, which are inconclusive. By nine o’clock my temperature drops to 104 degrees. The doctor and nurse recommend a good night’s rest, and that’s exactly what I do.
CHAPTER THIRTEEN
WINDING DOWN THE YEAR (December 1995)

I wake up feeling a million times better and begin planning to attend the student organization luncheon and Morgridge Public Service Center meetings. I had a solid sleep despite my bed sheets being soaked from sweat. Most importantly, my fever broke during the night. The nurse happily reports a temperature of 97 degrees. She takes my blood pressure and does a double take.

“What’s the matter?” I ask.

“Just a moment,” she says while walking out the room. A moment later she comes back with another nurse who takes my blood pressure.

“Yep,” the second nurse consents. “I got the same reading you got, 70 over 50. We've a problem here.”

My blood pressure is typically about 110 over 70. Something isn’t going well with my heart. I do feel a bit more exhausted than usual, which is saying a lot because I’ve been exhausted for months. I fall back into a deep sleep and every half hour a nurse appears out of the fog and takes my blood pressure.

“Hey champ,” Ted greets me in his usual cheerful voice. “You had a rough day yesterday.”

“What’s my blood pressure at?” I ask.

“It’s improving. You’re now at 80 over 58,” he reports. “You probably got dehydrated during the night,” he surmises. “But I want to play it safe. I want you to see a pulmonary specialist to get a reading on your heart. I also want you to see a lung specialist. A radiologist looked at your X-rays this morning and saw a few odd things on your lung. Nothing too serious,
but we have to check it out. We also need to make sure the chemo hasn’t done anything funny to your hepatitis. I think your body has had enough Bleomycin. That’s probably what’s giving you the chills, making you throw up, and damaging your lungs. Some less dangerous drug can be substituted for it.”

After a few more tests Ted signs my dismissal papers. Di meets me in the hospital lobby at three o’clock and drives me home. The kids are ecstatic to see me again. Anna immediately feels my forehead and says: "Daddy, you look much better today."

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Although the weather outside has dipped to zero degrees, I’m ready for action. I put on Seth and Anna’s winter coats, take them to my office to pick up some mail, and then downtown to the Civic Center, Children’s Museum, public library, and toy store.

Unexpectedly, I start fantasizing about running for Governor of Wisconsin. After beating cancer I may no longer be content with being a professor. Instead, I might finally do what I’ve always dreamt about and run for political office, such as governor. While Anna and Seth compete to sit on a larger portion of my lap as we listen to a bookstore story teller, I start constructing a four part political platform. First, eradicate poverty. Second, significantly increase the number of high school and college graduates. Third, environmentalism. Fourth, socially responsible businesses. The acronym would be PEEB – poverty, education, environmentalism, and business. BEEP sounds better, but attacking poverty needs to come first, not last. I’d campaign based on accomplishing ideals, which would attract good-hearted idealists throughout the state. At least that’s my fantasy.

In reality, I'm a nobody in political circles. I’ll have to use my newspaper connections and op-ed essay capabilities to get the word out. The governor election is two years away, plenty of time to appeal to the hearts of progressive Democrats and Republicans. I’ve never felt comfortable with the hatred some Democrats have for Republicans and vice versa. We need two
political parties. Republicans have good insights on how to generate wealth in the business community, and Democrats have good insights on how to care for those on the lower end of the economic ladder. We need both ideas. Who wants a dictatorship by one political party?

Tommy Thompson will be concluding his second term as governor. He has plenty of support and has taken a leading role in welfare reform. Yet he’s a political animal, beholden to wealthy donors, as will the Democratic Party nominee. As an independent-minded professor, I’m not beholden to anyone. I wouldn't run against anyone. Instead, I’d be running for ideals. Anyone with similar ideals, or practical policies supportive of these ideals, would be welcomed to join the band wagon. Oddly, I feel serious about this, but not serious enough yet to tell Di.

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I tested Ted’s damaged lung theory by walking all the way to school. The minus ten degree weather is a good anecdote to my aching bones. I have little trouble breathing, so that gives me hope. Another sign of hope – this is the last week of regular MBA classes. I did it. I didn’t miss a single class session due to cancer or chemo.

In a week or two the current group of students will disappear among the faces of previous students, similar to Siddhartha seeing the faces of all the people who ever lived in the endless waves rolling down a river. But for the moment, I love them dearly and will never forget them. I’m touched when the one o’clock class ends with a standing ovation. When the two-thirty class ends, the students line up in front of the classroom and shake my hand.

Many students make a final pilgrimage to my office and thank me for an inspiring semester despite their initial dread of taking an “ethics” course. I encourage the students who wish to continue on this self-enlightenment path to follow their heart and inner voice.

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Success with the new Neupogen schedule. It’s been a week since the last chemo drip and my white blood cell count is 4,410. But we’re not resting on our laurels. Ted wants me to
continue injecting Neupogen the next four days. If by then I’m over 10,000, I’ll stop injections until the day before the next chemo drip.

Ted is not happy about eliminating Bleomycin from the chemo mix. It’s a damned if you do and damned if you don’t decision. Leaving the Bleomycin poison in the mix is a stronger attack on the cancer, but it destroys healthy parts of my body. Removing the Bleomycin gives my body a well-deserved holiday and time to recover, but reduces the poisonous attack on the cancer cells. Ted will give my body a one month Bleomycin reprieve and add it back to the mix for the next cycle. He also wants me to hang around his office for two hours after the next chemo drip, rather than walking to my office, collapsing, and then Di driving me back for hospitalization.

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I usually eat at a table reserved for faculty in the posh third floor Executive Dining Room. The food is excellent and prices reasonable. It’s a good way to develop friendships with colleagues. The downside is the company, Business School faculty interested in money, golf, and more money. Many discussions about money and “stupid” government regulations are filled with right-wing prejudices.

I try to express a progressive opinion every now and then. Whenever a professor says something blatantly racist, sexist or just bigoted, such as everyone living in poverty is lazy, peers look at me for a rebuttal.

“Why must the government tax me?” a $100,000 a year finance professor utters. I repeat the words of a bumper sticker, “taxes are the price you pay for civilization.” But he does not believe government should spend money on streets, no less public education. We live in one of the most livable cities in the richest nation in the history of the world and those who have benefitted the most have little sense of sharing our financial blessings.
Two professors tend to dominate political discussions, the most burdensome being Hans De Backer from Belgium. “I just don’t understand American blacks,” he announces. “In European countries, like France, they work hard. Here in America, they are lazy and expect government handouts.”

I’ve given up trying to educate Hans about the social complexities of American life. Like many of my students, his awareness of American blacks is limited to alcohol or drug-addicted panhandlers on State Street. I once asked him about the blacks who take his course. “Those blacks are different, they are not like most blacks,” was his quick response.

I’ve grown tired of being the moral voice at the faculty table. Many times I just look down at my food, eat quickly, and leave. I don’t belong to this social group, yet at times I sense God wants me to educate them. Ted has recommended I not eat in the Executive Dining Room while going through chemotherapy because the interactions aren’t good for my health. “You have more toxins in your body than anybody I know, so avoid toxic relationships. We don’t want you to overdose,” he once told me.

Today at lunch we are joined by a colleague from the Management Institute who rarely comes. He grabs the empty chair to my left. Management Institute professors are treated as second-class citizens because their primary job is teaching business executives, not publishing research. David, one of the Management Institute’s few professors conducting research, is not intimidated by the research bullies who, nonetheless, look down at him. He and I brainstorm ways to develop ethical corporate cultures, the first time I’ve chatted with a faculty member on this issue since my arrival five years ago.

David conducts many management workshops and senses an increase in depression among his participants. “With all the downsizing going on there’s a tremendous amount of pain in organizations which many people can’t even talk about it,” he says. “And these are the survivors. They’re surrounded by memories of people who simply evaporated. I bet Christmas
parties this year are maudlin. How can they celebrate? I’d be doing everyone a big favor if I could get them to open up and express themselves.”

“I’ve got an idea for you,” I suggest. “I haven’t thought this through because it just entered my mind. But why don’t you put people in small groups and have them brainstorm how to rehire people who’ve been recently laid in productive, meaningful jobs that can make the company a ton of money? Change their thoughts from death to life, like what I’m trying to do with my cancer experience. Now that the economy seems to have bottomed out, it’s time to rehire.”

David smirks and uses his index finger and thumb to brush his unruly mustache.

“You know, I’m sort of serious about this,” I tell him.

“I know you are, I can tell,” he admits.

“I think I’ll write an op-ed essay about it in honor of the holidays,” I pledge.

“Good for you,” David says. “Good for you.”

***

My white blood cell count is 54,000, about 49,000 more than the average person and 44,000 over Ted’s goal. No more nightly Neupogen injections until after I get my next dose of chemo in three days.

The past seven Monday nights Di has joyfully returned home after attending her “Renewing Life” cancer support group meeting at University of Wisconsin Hospital. With tonight being the eighth and final course meeting, we make arrangements for a babysitter to care for Seth and Anna so I can join her. Seven people sit around a rectangular wooden conference table on the hospital’s fourth floor – the facilitator, Di, myself, two cancer patients, a significant other of an AIDS patient, and a friend of a cancer patient. The workshop begins with everyone sharing high and low points since the last meeting. I offer one of the few high points; I taught the entire Fall semester without missing a single class despite two hospitalizations.
“Next,” the group facilitator instructs us, “I want everyone to take two pieces of paper.” She’s a perky take-charge person and a cancer survivor herself. We pass a stack of small pieces of paper around the table. “On one page I want you to write the word should as large as possible. Fill up the entire sheet. After you’ve done that, turn the page over and write the word why on it. Once again, fill up the entire space with those three letters.”

We do as requested.

“Now,” she continues, “on the second page write the word know, that’s k-n-o-w, like in you know someone or something. And on the reverse side write the other kind of no, that’s n-o, no. Has everyone done that?”

We all nod our heads affirmatively.

“Great,” she proudly says. “Now take the sheet of paper with the words should and why on it, crumple it up, and toss it into the garbage can.”

I giggle.

“I mean it,” she repeats. “Let’s take turns taking shots at the wastepaper basket in the corner.” The first person misses. I reach for the small white wastepaper basket and hold it up in the air to make everyone’s shot easier. When someone misses I return the ball of paper and move the basket to parallel the flight of the paper on the next shot.

“People dealing with cancer and other life threatening diseases,” the group facilitator says while we’re still taking shots, “have to turn off that should inner voice. The one that says ‘You should do this or you should do that.’ Turn off that voice and just live. And cancer people must stop asking the question ‘Why did this happen to me. Why me and not some other person?’ That question will only get you into trouble. Get rid of those two words. No more whys or shoulds. They belong in the trash. They’re garbage.”

I shift uncomfortably in my chair. I’ve been trained in philosophy, where the most important word in the universe is why. Why is reality the way it is? Why are some things legal
and other things illegal? Why doesn’t my body always obey my mind? Why do people do what they do? When I played tennis as a teenager, I drew a black “Y” on every yellow ball to encourage personal reflection by my opponents. I’m always encouraging my students to ask more why questions. And should is an equally important philosophical word. How should we act is of paramount moral concern. If we didn’t live in a world of shoulds the world would be a much bigger mess than it already is.

While lost in this train of thought I don’t hear what the facilitator says about the words know and no. But they too are essential philosophical terms that can help the cancer patient. Some cancer patients now know more about themselves because of their life-threatening illness. And everyone should learn to say no to meaningless demands and expectations imposed on us.

I consider sharing my views but don’t, fearing that it might ruin Di’s experience. It’s more important that I support her and be a good guest. The group has already met seven times and I’m the newcomer. Maybe all this makes sense based on discussions from previous workshops. “Stop being so critical,” I internally scold myself.

The facilitator passes around another sheet of paper to everyone. “Now I want you to draw a picture of a tree that represents how you feel,” she says. “For example, if you feel as though your life-threatening illness is preventing you from growing, draw a stunted tree. If that’s how you feel, just draw a picture of a tree with no top on it, like it’s been chopped in half.”

I can't take it anymore. I’m not stunted. I look at the clock. Only twenty minutes have passed. It seems like hours. “I gotta leave,” I tell Di. “You can stay, but I can’t.”

“I knew you wouldn’t like this,” Di whispers into my left ear.

“It’s nothing personal. If you like this kind of stuff, great,” I snap. “But it’s not for me. I’m tired, not stunted. I’m going to lay down on the bench by the elevators.”

I get up, apologize for feeling exhausted from my last chemo session, and leave the room. Before falling asleep I tell myself not to say anything critical to Di about the workshop.
Ninety minutes later Di shakes the winter coat wrapped over me as a blanket, waking me out of a deep slumber. “Don't you think marriage counseling would be much better for us?” are the first words that come out of my mouth. We don’t talk during the fifteen minute car ride home, and fall asleep with our backs to each other.

***

Part two of the fifth month of chemo. Ted reluctantly withdraws the Bleomycin from the mix, which significantly reduces the amount of time it takes the three remaining poisons to drip into my bloodstream. I remain in the waiting room for two hours, editing my course syllabus for next semester, so Ted can monitor the fever and chills I’ve had after the last few chemo sessions. Naturally, no chills or fever this time.

“By the way,” Ted says during his consultation, “I want you to head up to the pulmonary department to take a lung capacity test. We need to find out how much damage the chemo has done to your lungs.”

“Lung damage?” I ask.

“Yeah, most likely your lungs aren’t functioning at full capacity anymore.” A rush of guilt fills my face. Ted notices my reaction and says, “What’s the matter?”

“I guess I should fess up. I’ve been smoking marijuana every weekend,” I confess.

“That’s not good for your lungs,” Ted responds without a moment of hesitation or surprise. “How much?”

“A small pipeful every Friday when I get home from school to celebrate surviving the week, and one on Saturday and Sunday. Nothing during the work week. It’d interfere with my teaching and writing. It really relieves the pain and tension.”

“I bet, you pothead,” Ted laughs.

“I haven’t smoked pot in years, I swear.”
“Why didn’t you ask me for some Marinol?” Ted asks. “Medicinal marijuana in pill form. It’s legal in Wisconsin. I’ll write a prescription and you can buy it at a drug store courtesy of your health insurance company.”

“That’d be great,” I say. “The family is going to Disney World during the January semester break and was wondering how I was going to sneak a little marijuana past airport security. I could see the headlines – Business Ethics professor arrested for drug smuggling in Florida. That’d ruin my tenure chances.”

With prescription in hand, I head to the pulmonary department and take several deep breaths into a tube. My lung capacity is only slightly lower than normal, which is expected for chemo patients. Ted is surprised, though glad, about these results.

I’m actually feeling quite good right now. A stranger would not be able to tell that I’m undergoing chemo. Even my hair is growing back, short brown stubbles are popping out all over my scalp.

The chemo treatments force me to slow down, which is good. I'm enjoying each of life’s slower moments. People don’t believe me when I tell them how good I feel. I go home early to celebrate. For the first time in months, I sit on the couch with my arm around Di while the kids play upstairs.

***

Three days prior to Christmas I outline an op-ed essay about the negative impact of downsizing on employee morale, fulfilling the suggestion I made to David in the faculty dining room. I sit at my office computer, ask God and the good spirits to guide my thoughts, and start typing. I send the following short essay to the Wisconsin State Journal before calling it a day.

A New Year's Resolution For Businesses
Despite the current trend in downsizing, and the ecstasy of Wall Street every time a company announces a major layoff, the most socially responsible action a company engages in is employing people. Four years ago, while attending an international conference for business ethics professors in Leuven, Belgium, I was stunned by a statue honoring a manufacturer that was proudly displayed in the middle of town. I asked a resident why such a statue existed. The simple, yet un-American response: "Because he employed us when we needed him the most."

Meanwhile, you have downsized and reengineered your organization until it can no longer be any leaner or meaner. But the employees who have survived don't seem to be as cheery as they should be during this holiday season. Attempts to create rosy future business scenarios don't seem to click with this bunch. They don't like to talk about the future, and when they do they tend to be overly bleak, abstract, or avoiding. What should you do?

Tis the season to make a new year's resolution for your organization. Pledge that you will re-employ everyone you laid off in challenging jobs that will expand your company's business. Having eliminated all of your organization's redundancies, it is now time for you to think of expansion. The survivors miss these people and feel somewhat guilty, rather than proud, of their survival status.

Put the survivors in small groups and have them brainstorm ways in which the company can expand that will result in the re-employment of those recently laid off. Are there new markets to explore? Are there niche opportunities in old markets? How can your company productively and profitably use the services of your former employees? Watch how quickly your current employees’ depressions turn into creativity and joy.

Where no person is an island, no business is an island. It is time to throw out some life preservers and reconnect with the broader social environment. Recently laid-off
management and nonmanagement employees with twenty to thirty years of
organizational experience are wondering about the meaning of life. So are the survivors.
Give them all a helping hand and put some fun back into work again.

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Nine o’clock at night I mischievously walk into a twenty-four hour Walgreens and
wander over to the pharmacy counter. Two people are waiting in line for their prescriptions. I
skim the magazine display until both leave. I put the news magazine I can’t concentrate on back
into the stack and hand the Marinol prescription to the young pharmacist. He looks at the
prescription, looks up at me, and looks back down at the prescription.

“Can I see some ID please,” he demands.

I pull my wallet out of my back pocket and show him my license. He looks down at the
picture, looks up at me, looks back down at the picture, and then up at me again.

A flood of emotions wash through me. “I have cancer,” I say. “That picture was taken
before chemotherapy. That’s why I don’t look like that anymore.”

“Do you have any other ID?” he asks. This Walgreens borders a poor, high crime, black
neighborhood.

“Yeah, but my picture looks the same as the one on my license. I promise I won’t sell the
drugs back there,” I say pointing in the direction of the impoverished neighborhood ravished
with drug problems. “I’ve been going through chemo for five months. I want to keep all those
pills for myself,” I joke.

“No, I just want to verify your address,” the pharmacist says in an annoyed tone. I’m
grateful when he calls my name instead of shouting “the marijuana pills are ready.”

I arrive home and the kids are already in bed. Di sits, comfortably reading. I join her on
the couch, push down on the white prescription bottle cap, and twist counterclockwise. The
bottle contains thirty purple oval rubber-like balls.
“Check it out Di,” I say while putting Van Morrison’s *Moondance* on the CD player.

“Legalized marijuana. Want some?”

“No way,” she says, having previously told me how paranoid she was the one time she tried pot in college. “But let me see.” She touches a pill and it rolls smoothly across the coffee table.

“No more smoking pot in the bathroom,” I declare.

“What are you going to do,” Di teases, “start taking them every day?”

“I can take one a day for a month and then get a refill,” I say while pointing at the label noting that I’m permitted two refills. “But I’m keeping to the Friday night and weekend routine. There’s no way I can teach or write being high.”

I pop a pill. Then I lay on the couch, rest my head on a cushion, and wait for the magic to take place. Several songs into the CD there hasn’t been any noticeable change.

“I think the pharmacist got even by giving me fake pills,” I tell Di. Van Morrison is singing about a brand new day when the marijuana rush finally happens. I check the clock and note that half an hour passed. The smooth high is worth the delay.

Van’s raspy voice seeps through my entire body. I no longer hold it against Van that the one time I paid to see him perform, in Passaic’s Capital Theater during the mid-1970s, the show ended in less than an hour because he was too drunk or stoned to perform.

Next thing I know the living room is dark and some spunky jazz from the Dave Brubeck Quartet fills the air. It’s after midnight and I’ve been asleep for more than two hours. I turn off the CD player, walk upstairs, and snuggle next to Di, embracing her.

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Psychologically we’re preparing for a Disney World vacation during Christmas break. My parents, whom we haven’t seen since July, will join us in Orlando. A travel agent sent us a fifteen minute Disney World promotion video several weeks ago, which the kids have been
watching every night before going to bed. It’s an amazing piece of marketing, informing parents about rental options while simultaneously hooking children with fun activities and Disney songs. After the first viewing, Seth convinced us to make reservations in the hotel framed by a gigantic football helmet.

Chemo-wise, my white blood cell count is 24,000. I don’t need any more Neupogen. But my hemogoblin counts are at an all-time low. This is the first time I recall anyone mentioning anything about hemoglobin. Tina says I have chemo-induced anemia, though I don’t know how they can differentiate it from my hepatitis-induced anemia. I’ve been anemic for years, but apparently never this bad. Ted recommends a blood transfusion as an energy boost for the Disney World trip. I veto the suggestion when he says it’s not absolutely necessary. I’m accustomed to being anemic and know what to expect every day, exhaustion. I don’t know what to expect if Ted gives me a four hour blood transfusion. “Not yet.” are my parting words.

At the end of the day I clean and organize my office so that it’ll look orderly when I return in the new year. Then I complete my 1995 Activities Report, the School of Business performance evaluation. All business school professors must annually document their teaching, research, and service accomplishments. This accountability project serves as the foundation for our small yearly merit raises. More importantly, it provides yearly feedback regarding my progress toward tenure.

I consistently have one of the highest scores in all three categories among the ninety Business School professors evaluated. For 1995, I had seven articles published, one book published, and six articles accepted for publication. Some are peer-reviewed academic articles, others are general essays written to help me live a balanced and diverse writer’s life. Not bad for a guy who spent half the year undergoing chemo, and perfect timing for the April tenure vote.
Before leaving, I offer a prayer thanking God for all my experiences this year. I certainly didn’t want cancer, and if given an opportunity to relive this year I’d say no thanks, but I feel good about myself and how I’m handling everything.

“What about your relationship with your wife,” a powerful voice shouts from within.

“What about it?” I ask.

“You’re neglecting her.”

“What should I do about it?”

“You’re an idealist. After twelve years of marriage you have two lovely children, but you take your wife for granted. This isn’t right. Being fully involved in your work and your students has been a good strategy for managing your cancer, but it’s not good for your marriage. You need a proactive strategy to improve your relationship with your wife. Use the cancer to help heal your marriage. Begin with your time together in Disney World.”

CHAPTER FOURTEEN
I MIGHT DIE IN JUNE (January 1996)

Rest and relaxation at Disney World, just what the doctor ordered. We tried sleeping in every morning, but to no avail because Seth is up at six o’clock and ready to enjoy the day. Anna would sleep until nine o’clock if Seth didn’t demand she join him. “Come on Anna, let’s go!” He bounces on her bed until she shows some semblance of life. I take the kids to the outdoor playground where they play games with other early risers.

Eventually, the four of us meet my parents for breakfast and then hop on a tour bus. Unknown to my parents and others, I swallow a Marinol pill during the fifteen minute bus ride. The euphoric buzz hits me while I stand in an endless line of people experiencing Disney’s magical world of entertainment.

I tune into Seth and Anna’s perspective of pure joy. All I want is to enjoy the moment. With the Marinol breaking down some of my inhibitions, I play games with any kid or adult who happens to be standing near us on line. We are all sharing space together and might as well create a good time rather than wondering how many more minutes it will take for us to reach the ride’s entrance. I downplay any cancer or chemo problems with my parents and they avoid asking questions about how I really feel.

After five days of the Florida sun, a blizzard awaits us at the Cincinnati airport. Our plane lands for the brief stopover moments before the airport closes. Stranded for six hours, we watch CNN news reports on the big “east coast” blizzard, as if Cincinnati and the Midwest don’t exist.

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My first cancer examination of the new year is a two hour CAT-Scan. “I’m expecting to find no cancer in your body,” Ted delightfully tells me. “We’ve dumped enough poisons into you the past five-and-a-half months to kill all the cancer cells.”

“So no more chemo?” I ask.

“Hold on, first we have to wait for the results. It’s been a bumpy road for you. Let’s review my records. We began the first cycle on July 20 and you had your second chemo hit on July 27. Then you were hospitalized so I took out the Vincristine and Nitrogen Mustard. We began cycle two on August 30 and your second hit on September 8. The third cycle began on September 28. But we had to cancel the second hit on October 5 and October 12. You never got the second dose for that cycle. We began the fourth cycle on November 2, cancelled the second hit on November 9, and then got it in you on November 17. We were supposed to start your fifth cycle on November 30, but your body was a mess. We delayed the first hit until December 7, and then you were hospitalized later that day. You didn’t even wait for the second hit to get sick. I took out the Bleomycin and you got the second hit of that cycle on December 14. That’s five cycles done, though really just four-and-a-half. I’m going to dump at least two more month’s worth of chemo into you as a clean up job to make sure that it doesn’t come back. We have to finish the job. Your white blood cell count is 2,135. Round six should be a green light on Thursday morning.”

I receive a stack of positive mail and email regarding the New Year's Eve op-ed essay, which hit a raw nerve in some people. One envelope in my overstuffed mailbox contains confidential information from a woman about a callous layoff in Madison last year. Although she survived the ax, she's extremely hurt. She retires in a year and requests that I not share the confidential information until then. Based on these responses, the essay has touched the wrong group of people, the victims rather than those with the power to re-employ.

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On a frigid January 11, 1996, the day before my fortieth birthday, I anxiously walk to the hospital, remembering Ted’s optimistic prediction that the cancer may be gone. Ted bursts the balloons before the party starts.

“I’m sorry to say that it’s not looking too good,” Ted glumly reports. “Ninety percent of your cancer has been eliminated.”

“That sounds great,” I say.

“Well, I was hoping that it’d all be eliminated,” Ted responds. “Remember, you started off with Stage III cancer. That’s a lot of cancer. You had more cancer inside you than any person I’ve ever diagnosed. It’s amazing you lasted so long before collapsing.”


“Absolutely, at least for Madison. I interned in Boston and diagnosed a few people who had more cancer to start off with than you, but they were usually street people with no medical insurance. In Madison, you win the prize.” He pauses a moment before getting back to the details that really matter right now. “The cancer has been cleared out of your chest and spleen. But there’s a cancerous lymph node the size of a quarter in your belly, and a cancer the size of a golf ball near your liver. As for your lungs,” Ted says while looking at another sheet of paper, “there’s no cancer but your ability to defuse carbon monoxide has decreased by thirty percent.”

“What’s that mean?”

“Your body’s processing carbon monoxide at seventy percent of the normal rate,” he clarifies. I’m not sure what that means, but don’t push the issue.

“Now what?” I ask as my hands begin shaking.

“I’m going to have to really punish you with some chemo drugs,” he sternly responds. “We have to wipe out all the cancer. Having a little bit of cancer is like being a little bit pregnant. It’s only going to grow. AVD isn’t going to kill all the cancer. It just isn’t enough. Damn, I wish
we didn’t have to eliminate Bleomycin from the mix, but it was destroying the rest of your body. Then again, you’ve had a great deal and it hasn’t eliminated the cancer. We have to increase the toxicity of the chemo drugs. I hate to do this to you, but I have to. I’m going to give you what you had the first month of chemo before you were hospitalized. It’s back to Nitrogen Mustard, Vincristine, Adriamycin, and Vinblastine. Wait. I’m going to do Velban instead of Vinblastine. They’re similar but the Velban is stronger. I’m going to hold back on the Bleomycin for now. We may have to add it back into the combination latter. Plus Procarbazine, and Prednisone, which you’ve been taking orally.”

“You’re going to give me that mustard gas again? Isn’t that the one that really did a number on me at the beginning?”

“Yep,” Ted replies. “We have to do what we have to do. I’m going to reduce the amount by twenty-five percent, but we have to get that into your body. Right now we have to be concerned with saving your life. We can handle the negative side effects when they come later.”

“What’s going to happen to my body from all this? I’ve already been through hell a few times.”

“Well,” Ted exhales, “you might end up getting hospitalized again. We’ll see. You’ll probably have fevers and chills, and maybe some vomiting. And you can say goodbye to your hair again,” he adds as an afterthought. “So here’s the deal. We’ll begin the new cycle today. In a little while you’ll be getting Nitrogen Mustard and Vincristine intravenously. Start taking the Procarbazine and Prednisone pills today. Take the Procarbazine for seven days and the Prednisone for fourteen days. In two days start injecting yourself with Neupogen. In seven days come back to the hospital and we’ll give you Adriamycin and Velban intravenously. Don’t worry, we’ll beat this sucker yet.”

“And what if this doesn’t work?” I ask. “What if after the next three cycles of chemo I still have cancer the size of a golf ball by my liver. What happens then?”
“Well,” Ted says as he pushes his eyeglasses further up his nose and inhales deeply. “In three months we could be faced with three different scenarios. First, the cancer is gone and there’s no sign that it’ll reappear. That’s what we’re aiming for.”

“And the other two?” I ask, filling the momentary silence that follows Ted’s first scenario.

“Second, it could be that in three months the cancer isn’t visible, but there may be some microscopic cancer cells hanging around. We’ll do another round of chemo or maybe some radiation if I think the remaining cancer cells are all in the same area.” Ted pauses.

“Ted, come on, I can handle it. What’s the third scenario? Give me the hard facts. I won’t take it personally. I know you’re trying the best you can.”

Ted inhales deeply. “Third, you could still have visible cancer in your body. That’s the worst situation.”

“And? I really want to know,” I push.

“Under scenario three we have some major problems,” Ted offers. “Whatever cancer remains will be tough to beat because it survived all the poisons we dumped into your body. You’ll be hospitalized for a month and we’ll give you five times the amount of poisons we’re giving you now to wipe out the remaining cancer cells. This amount of chemo will obliterate your bone marrow, so you’ll need a bone marrow transplant. Otherwise, you’ll die. That’s why I cut out some of your bone marrow at the beginning of chemo. We’ve been saving it for this purpose. We don’t have to worry about using someone else’s bone marrow. The bone marrow transplant will greatly reduce the likelihood of the cancer reappearing. After a month in the hospital we’ll have to carefully monitor you for one hundred days.”

“At home or in the hospital?” I ask.

“In the hospital. You’ll be quarantined because your body will be ripe for infections.”

“So much for my summer vacation,” I mumble.
“I thought you worked during the summer,” Ted jokes. “View it as well deserved time off from work.”

“And what are my odds for each scenario,” I ask after a momentary pause.

“Fifty-fifty. Fifty percent chance that we’ll knock out all the cancer during the next three chemo sessions. Fifty percent chance that we don’t.”

“And what’s next?”

“First,” Ted says while rubbing his forehead, “I want to get a second opinion from a doctor at UW Hospital. We don’t do bone marrow transplants at Meriter. I’ll discuss your case with Dr. Petriconi. He’s in their Oncology Department. We’ve worked together before. He’ll be the one performing the bone marrow transplant.”

“Did you say Petriconi?”

“Yeah, Petriconi. Do you know him?”

“Nope, but I like the name,” I say. “My favorite grade school teacher was Mr. Petriconi. Sounds like good luck to me.”

It takes only fifteen minutes for Tina to drip the Nitrogen Mustard and Vincristine into my body. Images of piles of dead bodies wiped out by mustard gas during the first world war flash through my mind. All is not quiet on the western front, but a stalemate has been reached, and that’s not good for me. I don’t like the feel or smell of the drip.

While walking slowly to the first floor hospital pharmacy to pick up the Procarbazine and Prednisone prescriptions, an avalanche of thoughts occurs. I can’t believe the chemo isn’t working. I stare at every object I pass in an attempt to slow down my thoughts. I want to experience every moment again. While waiting for the pills at the pharmacy my heart cracks, but I swallow the tears. It isn’t supposed to happen like this, I keep thinking. I’ve done everything they told me to do. I’ve had a great attitude. What did I do wrong? I pay the eight dollar co-pay
for the pills without saying a word, fearing that my voice will crack and I’ll break down in tears
in front of the cashier.

I step outside and embrace the frigid air. It’s amazing how human beings adjust to their
surroundings. I recall reading a story while growing up in New Jersey about crazy people living
in Minneapolis where the weather dipped to below zero degrees on a regular basis. How idiotic, I
thought at the time, why don’t they move south? Now I shrug off weeks where the temperature
barely rises above zero as the price one pays for the serenity of living in Madison. It’s
unfortunate timing on my part because the historical average temperature in January, our coldest
month of the year, is a daily high of 25 and low of 7.

Back in my office, I try to lose myself in today’s communications. A Chair of Business
Ethics at another university sent me a copy of the letter he submitted to my tenure review
committee. His praise makes me cry again. The person written about – me – may no longer exist
in a few months. He’s done many things and has tremendous potential to accomplish more good
things. But soon he may go poof. He’s history, to be talked about in the past tense, not the future
tense.

When the telephone rings I wipe the tears out of my eyes and take a deep breath. “Well?”
Di asks.

“Well, what?” I ask in return.

“What did Ted say? I’ve been waiting for you to call me. Are you cancer free?”

“No. The chemo’s not working. Still got a cancer ball in the tummy that wants to eat me
for lunch. Ted’s going to dump everything, including the kitchen sink, into my bloodstream the
next few months. When that doesn’t work I get locked up in a hospital beginning June, get a ton
of chemo that’ll destroy all my bone marrow. If that doesn’t work, I’m dead by the end of June.”

Silence on the other end of the phone.
“Got any questions?” I ask. Still no word from Di. “We can talk about it later tonight if you want. Or just call Ted yourself. I gotta go. I’m already a little late for meeting with your therapist. Goodbye.”

I desperately want a warm, soft, earth mother to hug me, to kiss me from head to toe and tell me that everything is going to be all right. Yet I keep hammering on Di, pushing her away. I am alone and it’s my fault.

I put on my winter coat, walk out the rear entrance of Grainger Hall, successfully avoid people I know, and pass the huge trash receptacles next to the loading dock. Soon I’ll be nothing but bones to toss in a trash can. Mechanically, I walk under the Park Street overpass, find myself on the corner of Regent Street, and turn left toward Di’s downtown therapist.

Di began seeing a therapist two months ago, someone to talk things out with. It was a brave act and a cry for help, one to which I could not respond. Two weeks ago the therapist, with Di’s permission, scheduled a one-on-one meeting with me.

“What can I do for you?” the therapist asks as I settle comfortably into a cozy chair facing her. She is warm and kind. I want to roll up on her lap like a cat.

“I’m dying. I might be dead by June. I’m screwing up my marriage,” I bawl. Streams of tears pour down my cheeks and land on my lap. I cry during the next fifty minutes. Intellectually, much of what she says about Di and myself makes sense. We need to reach out to each other. But nothing is resolved. Di is scared and I can’t make her embrace me. And I can’t stop myself from shoving her away when she does reach out.

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January 12, my 40th birthday. How insignificant. I spend most of the day thinking about my death day rather than day of birth. Di’s birthday gift is a three day central Wisconsin cross-country ski adventure with another family for Martin Luther King, Jr. weekend. We share
adjacent rooms at a hotel with an indoor swimming pool and play area. The other family has a son a year older than Seth and a daughter the same age as Anna.

Temperatures dip to minus fifteen with a will chill factor of minus thirty, making it way too cold to enjoy cross-country skiing. Nonetheless, we try. The kids are smarter than their parents and want nothing to do with the below zero weather. The parents are more adamant and we take turns watching each other’s kids at the hotel while the other couple attacks the ski trails. Di loves cross-country skiing, but after a half hour I tell her I’ll either sit in the car and wait for her to finish the trail or we can go back and enjoy the hotel’s heated pool, which is what we do.

The four kids are in seventh heaven, watching cartoons and football games, and sharing a bed together in new surroundings. They resist sleep until eleven o’clock while the four adults meet in the hallway to escape their craziness. Di and the other couple share a bottle of wine. I enjoy the lonely pleasures of a Marinol high, everyone else having rejected my offer to pop a pill earlier in the evening.

The adults hit the sack at midnight. After two hours I wake up, squirm for an hour thinking about death, get dressed, grab a pad and pen, walk through the hotel hallways until I find a comfortable chair, and jot down some random thoughts. Then I compose an op-ed essay for the Wisconsin State Journal using a boxing metaphor to describe my cancer battle and advice for others with life threatening illnesses.

For many people, one of the last major battles they have in life is boxing cancer. Indeed it is a multiple set of battles fought simultaneously, like a three-dimensional chess game. The most important battle is the mind versus the body. The two essential preliminary battles are between cancer and the body, and between cancer and chemotherapy.

Cancer initiated a new main event in my life. Every day I wake up, and go to sleep, knowing that I have cancer. It is those hours between waking up and sleeping that
the main event – the mind versus the body – is fought. Will my mind conquer my bodily pains?

For the past six months, I've been engaged in over 180, and counting, of these three-dimensional battles. In the preliminary bouts between the body versus the cancer and chemo, I've had two hospitalizations. Not bad. Some of the victories were nip and tuck, while others were, indeed, absolute victories.

More importantly, I would like to think that my mind has been victorious all 180 days, even the day before my 40th birthday, when, six months into the chemotherapy treatment, I learned that the odds of the cancer winning its battle over the body had increased, rather than decreased.

How are these victories of the mind, by the mind, and for the mind occurring?

Such a personal confession requires a non-boxing metaphor. Alarm clocks play an important function in life, telling you when to wake up. Cancer, or whatever disease is the final alarm clock, initiates you into a higher state of awareness and consciousness.

So when the death alarm rings, wake up. Fully. Love and serve others. As Paul McCartney and John Lennon suggested, in the end the love you take is equal to the love you make.

Practically, how can such mind victories be achieved? Loving and serving others can be done in a variety of ways. I recommend peacefully, nonviolently, and publicly doing the most political act that you dare to do. There are so many injustices in this world, simply pick any one and add to its eradication. Go out swinging. Make a scene, express your voice. People will listen.

For every person that particular political act must be self-determined. Listen to the sounds of the street, in your mind and in your heart. And act. Become fully genuine. As a general rule, do for others, particularly those in a worst-off economic, physical or mental
condition, what you wish others would do for you. Allow your mind, through your body, and despite the life threatening illness, to make a few more major knock out punches for the benefit of humanity.

If our bodies beat the cancer, we can talk about what you did during our physical lives. Otherwise, we can all get together and talk about what we did during our after-life.

Having deposited all those thoughts out of my head and onto a piece of paper, I fall asleep. Two hours later, the alarm clock, in the form of Seth’s voice, wakes me up.
CHAPTER FIFTEEN
TIDYING UP (January 1996)

The Neupogen factory jolts me out of sleep. “Your body is dying,” a voice echoes in my head. “You have six months left until they give you five times the amount of chemo you’re already receiving. You’ll be dead meat.” The voice only shuts up two hours later, when the alarm clock announces the official beginning of a new day.

Late afternoon Di and I meet with our financial advisor. He called a few weeks ago to update us on new financial instrument options. Six years ago, prior to moving to Madison, Di and I had no savings. Both of us had been penniless missionaries after college, and any income we earned as Moonies was donated to the Unification Church. Then I worked to support Di getting a Masters Degree in Social Work from Columbia University, and she worked to put me through graduate school at Bowling Green State University and the University of Pittsburgh. For the past five years we’ve been putting a portion of my monthly salary in a tax-deferred annuity. It’s now time to review matters.

Upon greeting us at his corporate office, our financial advisor, a former lineman on a college football team, is shocked to see my new punk look. “Guess I forgot to tell you,” I matter of fact say, “I’m dying of cancer.” He’s dumbfounded. I give him a moment to recover before continuing. “I want you to create three revised financial plans, one assuming that I die in June and Di lives happily ever after, a second assuming that I die in June and Di becomes permanently disabled, and a third assuming we both live forever.”

“I’ve never been in this situation before,” he notes while rubbing his extended stomach. He’s taken aback by my upfrontness, but right now life is very upfront. I keep forgetting that
others haven’t processed or reconciled themselves to the fact that I might be dead in a few months. They are not in my brain, but I am.

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I continue tidying up my life with an email blitz. I’m experiencing a sense of urgency, wanting to share many precious moments with many people all at once during the little time remaining in my life. I begin with a memo to the colleague and good friend who nominated me to the Teaching Academy and request that she withdraw my nomination because I don’t want to invest time filling out the bureaucratic information needed to support my nomination.

Next I email the Business School Dean, request that he remove me from all committee work, and provide me with several merit raises on behalf of my currently unemployed wife who may soon become a widow. Lastly, I send a memo to the coordinator of the weekly downtown Rotary luncheon, noting that I wish to speak with the group one more time prior to June, passing on some final words of wisdom before passing into oblivion following the chemo blast.

I need to do a good deed to uplift my spirits. For several years I’ve fasted on liquids until lunch to keep my mind clear for the morning writing session. Breakfast slows me down rather than providing me with energy. But last year, a new bagel shop opened along my walk to school and I just had to have a fresh sesame bagel with cream cheese every morning, reminders of my Jersey upbringing. I’d eat the bagel while typing at my computer. Then, feeling full, I’d take a break and get coffee from the student cafeteria for an energy boost. An hour later I’d need a bathroom break. I broke this bad daily script by pledging to put a dollar in an envelope kept in my desk drawer every day I don’t buy a bagel, and then donate the money for some good purpose, such as a financially needy person. I open the envelope and count $140.

A week ago one of our low-paid secretaries told me about not being able to afford badly needed dental work. The money could make a real difference in the long-term quality of her life. I grab the $140, and walk out of my office to take the elevator up one flight to her office.
steps away from my door, I look up from re-counting the money and see her walking toward me. My heart pounds loudly.

“Ah, Barb,” I nervously greet her, “I’ve a present for you.”

“What?” she says as I place the envelope in her hand.

“A present. It’s a belated Christmas gift.”

She stops and opens the flap. “What’s this?” she asks, poking a handful of ten, five, and one dollar bills in my direction.

“It’s money for you to pay for your dental work,” I say.

“I ... I can’t accept this,” she stammers.

“Of course you can,” I assure her. “I’ve been saving this money for a good cause. It’s yours. Please accept it.” With tears flowing down her cheeks she gives me a big hug. “You don’t have to use the money for dental work,” I tell her, “but that was my original thought.”

Then it’s off to the hospital for the second part of the sixth chemo cycle. I have a whopping 61,000 white blood cells. Without injecting any more Neupogen, Ted estimates that my white blood cell count will be about 15,000 on day fifteen of this cycle, significantly higher than the 200 I had on day fifteen the first month I took a similar mix of chemo drugs.

***

With a few days left before the so-called spring semester begins – the temperatures remain hovering between zero and twenty – there’s life again in the Business School. The building is a ghost town between semesters. Students are off relaxing or earning some desperately needed money and professors are missing in action, somewhere doing something. As for me, I’m in the sterile, dimly lit, eerie building everyday from eight-thirty to five o’clock.

Today, three days prior to the first day of class, Santa’s elves reappear. Professors and their teaching assistants run around preparing syllabi, cleaning out offices, posting notices on doors, xeroxing, etc. Soon there will be thousands of students roaming the hallways,
reconnecting with friends, and looking for classrooms. Then they’ll quickly get stressed out by faculty demands, each of whom believes his or her class is the most important one in the student’s course schedule.

***

Leg cramps wake me up every hour during the night, as does my volcanic stomach. “I’ll prescribe some potassium pills and muscle relaxants,” Ted tells me over the telephone. They join the host of drugs going through my body.

Fortunately, and unexpectedly, I feel a nice psychological buzz from the chemo pills. I’ve never taken speed, but I assume this is how it feels. My mind is clear and active. I know what I want, and I go for it. A hidden secret about chemotherapy.

Di, on the other hand, insists the chemo drugs are making me manic. She may be right. In either case, I tell her not to try to keep up with me, and remind her that for every rise there’s a fall. Whenever that fall happens I hope she’ll be nearby to catch me.

***

Two weeks ago Ted told me that, given the extra poisons I’m receiving with the new chemo regimen, I should shoot up Neupogen on a daily basis between days two and fifteen. Then on Day Eight, when I had a whopping 61,000 white blood cells, way over the normal amount of 3,500 to 8,000, Ted said not to shoot up any more. He predicted I’d have about 15,000 left on Day Fifteen. Today’s Day Fifteen of the sixth cycle. I have only 200.

When I get back to school several faculty members look glumly at me during one of my treks to the water fountain. I send the following message over the Business School email network.

Greetings Everyone,

This will be my FINAL global message to faculty about my cancer. I appreciate everyone’s concern… I know that I will not die from cancer. How do I know this? Many
years ago I dreamt that I would die getting run over by a bus. The dream was very real.

So that will be the cause of my death. Someday, in some location, I will be lost in thought while crossing a street and a bus will run me over. In case you think I'm joking, I'd say that over the past few years I've had two or three near misses where I, lost in thought, almost stepped in front of a moving bus.

***

Sometimes you come to an important fork in the road without even knowing it because you think you’re on a one way street. I had no idea the decision I’d soon make would dramatically impact the rest of my academic career. I made similar decisions in the past with only minor negative repercussions. I approached the fork in the road, briefly saw a caution light, ignored it, and continued down the path. Few people would have chosen the path I did, but few had chosen the road I was already travelling.

I feel glum after sending out the global faculty email. My forehead is hot, my stomach churning, and it is only 10:00 in the morning. Memories of my first chemo hospitalization flood my mind. Given the low white blood cell count I’m doomed. I reach over to pick up the phone to call Ted a second before the phone rings.

“Professor Collins,” a familiar voice from Wisconsin Public Radio says, “do you have any comments about Firstar Bank laying off twenty-five hundred employees today?”

“No, this is the first I’ve heard about it.”

“It’s on the front page of the Milwaukee and Madison papers,” he informs me.

“Sorry, I didn’t read today’s papers. I had to leave early for a cancer checkup at the hospital.”

“Is it unethical to layoff that many people?” he asks without missing a beat.
“It all depends. It can be unethical to layoff one person, and it can be ethical to layoff ten thousand people. Ethics is a function of quality, not quantity. I would need to know the reasons why these people are being laid-off.”

“Would you be willing to talk about it this afternoon on talk radio in Milwaukee?” he asks, which is where Firstar is headquartered.

“I’m not sure. I’m not well right now. Plus I don’t know the case facts.”

“I can fax you a copy of today’s press release, Professor Collins.”

“That’ll help,” I say. “I’ll go down to the Business School library and read the newspaper accounts. You know this’ll put me on the spot because Firstar is the School of Business’ biggest financial donor.” There is no response so I continue talking. “This could really upset Milton Galt and the Dean. Galt has an endowed chair in the Finance Department paid for by Firstar. But what the heck,” I add while thinking out loud, “I’m sick and dying of cancer. It’s the least I can do for the taxpayers of Wisconsin who pay my salary. You’re asking me to make a bold political act, which is what I just told others to do in a cancer essay I wrote two weeks ago.”

“Did you say you have cancer?” he asks.

“Yeah, Stage III going on Stage IV, which means I’ll probably be dead by June. And it’s not looking too good for today. I’m afraid I’m getting a case of the chills. But that shouldn’t prevent me from doing the interview. I’d like to go out with one big bang. Like I said earlier, I’ll give you a call in about an hour whether I’m game. I know some people at Firstar. Let me hear what they have to say too.”

An hour later, after some research and a conversation with a former student working at Firstar, I inform the host that I’d be happy to speak about the ethics of the layoff on talk radio. The layoff is an attempt to increase Firstar Bank’s stock price to ward off a hostile takeover. Once again, employees are being used as pawns in a game of chess between two power brokers. The ones earning the most money are treating their subordinates as disposable commodities.
After I hang up my hands shake. I’m going to get sick. I immediately call Ted. “Things aren’t looking good health wise,” I inform him. “I already have the chills and think it’s going to get worse. But I don’t want to be hospitalized yet. I need some medicine to keep me out of the hospital until tonight. I’ve got a public radio interview coming up at four o’clock that I don’t want to miss.” Ted telephones in a prescription to a nearby pharmacist and I get permission for a doctoral student to pick it up for me. I didn’t want to chance getting sicker walking in the frigid weather.

I phone my contacts at the two local newspapers about the upcoming radio interview. “This will sound naïve to you, but I’m going to try my best to get Firstar Bank to reconsider its layoff decision,” I tell them. Then I telephone the radio station and request they notify Firstar offices in Milwaukee and Madison about the free consulting advice I’ll be giving them.

“We’re so glad you called,” a soothing feminine voice says. “Initially we were going to interview a Firstar Public Relations person and then conduct our interview with you, but now we think it’d be better to put you and the Public Relations person on at the same time, like a debate. Would you agree to do that?”

“I’m game,” I tell her. “This way I can make sure that at least one person at Firstar hears what I have to say.”

The radio host contacts the Firstar official and she agrees with the arrangement on the condition that she speaks first.

“That’s silly,” I tell the radio host. “She doesn’t know what she’s doing. She’s over her head. You always want to go second in a two-person debate, not first. That’s what I teach my students. The first person wastes time summarizing background and factual information. The second person then jumps on the most misleading fact and runs with it. People will more likely remember the last thing someone says about a contentious issue, not the first thing. What they remember are the thoughtful counterarguments, not initial facts.”
A few minutes prior to four o’clock my office telephone rings and I’m hooked up to the Milwaukee public radio studio. I turn off my computer and close the office door to prevent distractions. After pausing for a moment, I inhale deeply, make the sign of the cross, and ask God and the good spirits to speak through me.

As expected, Firstar’s Public Relations executive takes several minutes to state the basic facts about the massive layoff that appeared in today’s newspapers and company press release. Then I paint a different picture.

“Chairman Fitzsimonds said today that, quote, ‘Firstar is currently healthy and profitable,’ end of quote. If so, then why eliminate 2,500 jobs? I’ll tell you why. The budget cut will add $140 million in annualized pre-tax earnings to the company’s financial statements. And why do this? It'll make Wall Street happy and drive up the stock price. And why does Firstar want to drive up its stock price? So its stock market value will be too expensive for another bank to buy them out.

“Firstar is increasing net revenue by laying off twenty-five percent of its workforce. Some of these layoffs will be by attrition, but more than 1,400 will get the pink slip over the next seventeen months. The one nice thing about all this is that Firstar says it’ll use a transition center to help with the layoffs.

“Firstar's motto is ‘Think Globally, Act Locally.’ Let’s apply that motto to this case. The company should let the 1,400 people they’re laying off, some high priced consultants, and the survivors get together and brainstorm how to create new market potentials for the bank’s products, and how everyone can be used in meaningful, challenging work. Profits will go up, the stock price will increase for legitimate reasons, and nobody will buy them out.

“I want to emphasize that the managers making this unethical decision are not evil. They suffer from what Business Ethics professors call moral myopia. Their ethical lenses are too narrowly self-centered. My solution doesn't guarantee success, but Firstar should give it a try.
“I also want to add a response to Firstar blaming the layoff on too much government regulation. There are many bad government regulations. Newt Gingrich and the Republicans are working on that. But that excuse is a smoke screen. Whoever is threatening to buy Firstar is operating under the same government regulations, and they are apparently doing so successfully. The real problem is Firstar’s lack of creativity in thinking about alternative plans.

“I'm sure the firm hasn't considered the alternative strategy I just proposed. They should. If they do, it'll improve employee morale. Firstar will not lose the knowledge of all those workers, and productivity will increase. On top of that, Firstar can be a leader and other firms can follow their model. This is Wisconsin, let's be progressive.”

Half way through my monologue I subconsciously commit to writing an op-ed essay on the topic for the Wisconsin State Journal. The radio host opens the phone lines for calls from the listening public. I cradle the black phone ear piece between my left ear and shoulder, place my fingers on the computer keyboard and begin typing their questions and concerns so that I address criticisms of my point of view in the op-ed essay.

Four people call in during the question and answer period, all critical of Firstar’s decision. I reinforce the callers’ point of view, making it difficult for the Public Relations executive to offer a reasonable response. The host thanks everyone for their time and the radio debate ends. I tried my best and say a short prayer that Firstar managers will rethink their foolish strategy.

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After the radio show I put on my winter coat, wrap a scarf around the few inches of exposed mouth and nose, put my mittens on, enter the bitter cold weather outside, and head for the bus stop. Snow pours out of the sky as I cross University Avenue. The street is a mess, with major accidents on both University Avenue and Park Street, the adjacent block. While I wait, a bundled up woman slips on the corner of Park and University, right near a car accident, and
starts screaming. Within seconds, five Good Samaritans respond to her pleas. Apparently, her leg is broken.

The five-fifteen bus fails to show up. Hardly any traffic passes, odd given rush hour. Soon several police cars, an ambulance, and a fire truck arrive to care for the woman with the broken leg. Her cries of agony escalate when they gently lift her. Eventually, a tow truck arrives to straighten out the University Avenue car accident. Neither the five-thirty nor the five-forty-five bus show up, and the bus stop population swells from five to thirty people. I am sweating despite the freezing weather and winter storm. Forty people at the bus stop cheer when the six o’clock bus makes an appearance. With the aid of only 200 white blood cells, I stood outside for forty-five minutes in five degree weather. I know I’m going to get sick, I just hope that I don’t vomit on a bus passenger because we are packed like sardines.

Di is attending a late afternoon Board meeting and I relieve the baby sitter when I get home. My face burns. Seth and Anna compete for my attention as I boil water for spaghetti.

“Seth and Anna, come over here and let me give you both a big hug,” I say to divert their attention away from screaming louder than the other. They fight to be the first one I hug. “Daddy is going to get sick tonight and ...”

“Can I take your temperature?” Anna interrupts.

“No, I want to,” Seth shouts. “You took it the last time.”

“I did not!” Anna screams.

“You did too,” Seth counters. He shoves Anna aside and runs to find the thermometer in the living room. Anna grimaces and punches Seth with all her might on his back as he runs past her, which barely registers with him.

“That’s not fair!” Anna squeals, tears streaming.
“Here’s what Anna, I’m too tired to walk up the stairs. Can you get me my bathrobe upstairs. And bring down the afghan from my bed. I think I’m just going to lay on the couch for a little while.”

“Daddy,” Seth yells, “you should wear a hat too.” He runs to the hallway closet and takes out a black wool knit hat that proclaims “BRONX” in silver letters, a Christmas gift from my older sister. He places it on top of my head and pulls the sides over my ears as I nestle into a corner of the couch. The thermometer reads 101.7.

“Okay, Seth and Anna, I’m going to need your help big time,” I mumble. “Seth you be the daddy. Anna you be the mommy. I’ll be the baby. You two have to take care of me.”

Seth and Anna responsibly set the table. I get up, cook spaghetti, and bake some dinner rolls. The kids ignore the spaghetti and inhale heavily buttered dinner rolls and several pineapple chunks.

When Di walks into the house at seven o’clock Seth screams, “Mom, come to the table and see Daddy!” There I sit, wrapped in a white and dark brown afghan, black scarf around my neck, and Bronx knit hat.

“You look terrible,” Di notes and extends a comforting hug.

“And I feel even worse,” I remark. “Do me a big favor. I need some medicine and a sleeping pill. I think I just need to sleep this one off.”

“Is tonight a dessert night?” Anna yells. Time for the kids to get our attention again.

“Can we watch a video?” Seth yells.

“Sure,” I acquiesce to both of them. “Take whatever snacks you two want from the cabinet. But be modest. Then Seth, go downstairs to the basement with Anna and watch a video.”

“Oh goodie,” they both squeal with delight.

“Can we watch the Magic School Bus video?” Anna asks. “I don’t want to watch Seth’s Green Bay Packer video.” A few months ago Di bought a video where Ms. Frizzle and the magic
school kids go on a field trip through the blood system so Seth and Anna could learn about white
cells.

“That’s not fair,” Seth yells. “We watched Magic School Bus last night.”

“Seth, I’m sick,” I say to appeal to his humanity. “Do this one big favor for me.”

“No,” he screams.

“Yes,” I raise my voice. Seth now knows I’m serious.

“Okay,” Seth quickly gives in, “but only if I get to pick out the next two videos we
watch.”

Later my mind keeps racing and I can’t sleep. Dehydrated, I rumble into the kitchen and
drink three glasses of milk, two glasses of water, and three glasses of ginger ale. I take more
cough medicine and soon collapse in bed.

Di wakes me up at two-thirty because I’ve been coughing in my sleep for more than half
an hour without waking up. She takes my temperature and the fever is now 103 degrees. Di calls
the hospital, wraps me up in a bathrobe, and takes me in. There, my mind in a fog, several nurses
guide me into a room and I pass out.
CHAPTER SIXTEEN
ONE LAST STAND (January-February 1996)

Waking up in the hospital, first thing I want is a copy of the morning’s Wisconsin State Journal. Not a single follow-up article about the Firstar layoffs. It’s already old news. I want the newspapers to keep public pressure on the company. Feeling like this might be my version of The Last Hurrah, I phone a Business School friend who reads the Milwaukee Journal Sentinel. She reports the newspaper had a positive article about Firstar making the difficult layoff decision.

Piqued, I draft an op-ed essay based on yesterday’s radio interview and telephone Marty Bassett, my tenure committee chair, and Jim Frederick, our endowed chair of business ethics, to let them know that I’m going after Firstar in an op-ed essay. Marty wisely suggests that, given its powerful Business School connections, I not name the company in the essay. But by the end of our conversation he understands this would be impossible.

I’m feeling quite good in the comfort of my hospital bed. Ted has the weekend off and I’m being cared for by Dr. Campbell again, Ted’s colleague who hung in there with me during my August hospitalization.

“My guess is that you’ll be in the hospital four, five, maybe six days,” Dr. Campbell briskly tells me.

“No way,” I respond. “Today’s Friday. The Super Bowl is Sunday. I’ll be out of here in time for the kickoff. Seth was born in Pittsburgh and I promised to watch the Steelers beat Dallas with him. My prediction, Steelers 24, Cowboys 20.”

“You can bet on the Super Bowl, but don’t waste money betting on being released by Sunday,” Dr. Campbell says loudly with his back to me while leaving the room.
Remarkably, my temperature steadily declines throughout the day, from 103 degrees to 102, 101, 100.8, and 99.8. I eat like a pig and read Tom Robbins’ *Half Asleep in Frog Pajamas*.

Momentarily bored with reading, I seek comfort in a television show to slow down my racing thoughts. I grew up in a family addicted to television. The tube went on at four-thirty in the afternoon for the Mike Douglas celebrity talk show out of Philadelphia and remained on until my parents went to bed at eleven forty-five, after Johnny Carson’s monologue. Every night the primary topic of family discussion was what television show we would watch next. The loser had to accept the decision or watch his or her preference on a beat-up black-and-white television set in the cold basement.

I rarely saw either of my sisters after my parents bought them portable television sets for their bedrooms. I rebelled against television in high school and spent hours every night reading novels sequestered in my upstairs bedroom. My mom accused me of being uppity for reading a novel rather than watching television.

While channel surfing, I come across *Picket Fences*, a show a friend recently praised. In the opening scene, a guy is pronounced dead for three minutes after being run over by a bus. That’s my destiny, so I have to watch the rest of the show. The guy enters spirit world and is greeted by his favorite uncle.

Aha, it clicks. The brunette welcoming me to spirit world back in August could have been my cousin Joanne. We were close friends until she committed suicide as a teenager more than twenty years. She shot herself with her father’s gun after he refused to allow her to see her boyfriend. Joanne’s spiritual presence, however, would be contrary to what I learned as a Catholic – people who commit suicide go to hell, not heaven, because they died angry and prematurely eliminated a god-given life. On the other hand, Joanne’s been dead for more than twenty years. Hopefully she’s advanced in spirit world through the good deeds of her ancestors,
assuming Reverend Moon’s interpretation of spirit world is correct. Maybe Joanne is advancing in spirit world by helping me manage my cancer.

The blasting noise of a television commercial jerks me out of my reveries. Shortly after achieving inner peace by agreeing to fish for a million years, the main character in *Picket Fences* is revived by medics and returns to life.

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I’m awakened by an Asian lab technician drawing blood. He does a double-take when my thin African-American night shift nurse arrives for a final blood pressure reading. “You work here?” he says.

“I certainly do,” the nurse proudly responds.

“I thought I knew you from somewhere,” he replies. “Why didn’t you tell me?”

“What’s going on?” I interrupt.

“I’m doing chemotherapy too,” the nurse informs me. “Skin cancer. Been doing chemo for ten months. Just two more months to go.”

“And you still work?” I ask.

“Still gotta feed my kids young man,” she laughs. “Still gotta feed those kids.” And then she disappears.

Despite the medicines being fed into my veins through tubes, my white blood cell count remains at 200. “Can’t release you until they reach at least 700 sport,” Dr. Campbell says.

I feel deprived not being able to plug into a computer. Some day all hospital rooms will have a computer link-up for email. This is the perfect time to communicate with others. But for the time being, I’m revising my Firstar op-ed essay the old way, with ink and yellow paper.

*Today’s Wisconsin State Journal* has another in a series of articles about the recently fired coach of the University of Wisconsin soccer team. Although he won a national title and was named coach of the year, the athletic director fired him due to bad player evaluations. But,
following public outrage over the firing, the athletic director gave him a second chance. Why is there public outrage and pressure regarding the firing of a soccer coach, but not a peep regarding Firstar laying off 2,500 people? How can I help make the lives of Firstar employees seem as important to the public as that of a college soccer coach?

The day’s highlight is seeing Di twice. Di brings Seth and Anna in for a morning visit and they bounce off the walls while Di and I try to have a conversation. Seth and Anna compete to manage the television controls and push the buttons that make my hospital bed rise and decline.

Di stops by again at night, this time without the kids, so we can have a real chat. She’s thinking more and more about my possible death. Would she remarry? Could she manage the kids on her own? “I could never love anyone the same way I love you,” Di says with tears.

We have a long, heart-opening discussion about the kids. The last two months Di’s been extra sensitive to Seth and Anna’s wishes. We’re like a tag team managing their emotional needs. Lately Di has been challenging herself to not rely on me because I may not always be around.

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Dr. Campbell enters the hospital room early in the morning wearing a black bow tie, as if he just got back from a formal dance. “Are you familiar with my case?” I ask him.

“Yes,” he reports. “We brief each other about our cases on a regular basis.”

“I’d like to hear your spin on what’s happening to my body.”

“Certainly.” He stands at attention. “We’re giving you extra doses of chemo to move you along. We fully expect the chemo to destroy all your cancer cells. You’ve had six rounds of chemo already. Two more rounds should do it.”

“So no bone marrow transplant during the summer?” I ask with great relief.
“Oh, you’ll be getting that,” he says, quickly deflating my new hopes. “We’re pretty sure you’ll need a big blast. Most likely there may be some microscopic cancer cells remaining that we’ll have to blast away. Expect to enter UW Hospital on June first. For seven days Dr. Petriconi will blast away with dosages five to seven times greater than what we can give you now.”

“Will I be awake for these, ah, blastings?”

“No, we’ll drug you up. You’ll sleep through it. Then the bone marrow transplant begins. You’re lucky. We’ve already tested your bone marrow Ted took out back in July and it’s fine. You won’t need a donor, which is good news. The success rates are much higher for transplants using your own bone marrow rather than someone else’s.”

“Why don’t you or Ted do the bone marrow transplant?” I ask.

“We don’t perform them. Dr. Petriconi is one of the best bone marrow doctors in the nation. We’re lucky to have him in Madison.”

“Have you ever done one?”

“Yes. But I stopped. It’s intense.”

“More intense then what you’re already doing?”

“Yes. You need a steady hand. And you’re always on call. You have to be there at all times for the patient. The rest of June and all of July will be recovery time for you,” he continues, “and you’ll be quarantined. You’ll be okay in August and then you’ll be back to normal by September.”

“And my real chances of survival?” I ask.

“Has Ted gone over this with you?”

“Yes, but I want to hear it from you so I can compare notes,” I joke.

“I’d give you a ninety percent chance of survival...”

“You mean there’s a ten percent chance I’ll die this summer?” I interrupt too loudly.

“Ninety percent is great odds for what you’ve been through,” Dr. Campbell points out.
“So the bone marrow transplant is inevitable?”

“Yes. If we blast away and do the bone marrow transplant the odds of the cancer ever coming back are quite slim. You’re a difficult case. You had a unique form of Hodgkin’s lymphoma. You had it in your stomach. Most people get it in their necks, throat, or upper chest. You’ll get to meet Dr. Petriconi in a few days to discuss all this.”

There goes my summer vacation. The Spring semester ends in early May and then I’ll have three weeks of family time before spacing out until September. I’ll need a medical leave for next semester, assuming I fall into the ninety percent success category rather than the ten percent failure category.

I take my IV pole on a walk to the hospital lobby and pick up a copy of today’s Wisconsin State Journal to read the Super Bowl predictions. Then I turn to the editorial section. The headline “Business’ Duty is to Stay in Business” catches my attention. “No kidding.” I tell myself. The essay is written by Terry Sivesind. According to the short bio he’s president of PanVera Corporation in Madison. The opening sentence says: “I am always bewildered by opinions like those expressed in a Dec. 31 column written by Denis Collins, especially when I read he is a UW-Madison business professor.” My heart skips a beat. He’s going to criticize me in front of the entire state. My New Year’s Eve essay must have really upset him.

I continue reading. He accuses me of being “irresponsible” and “cavalier.” He insists that layoffs at Sears provide employees for Wal-Mart expansion. Now who’s being cavalier? Can’t Wal-Mart expand without Sears downsizing? Can’t Wal-Mart find a different pool of potential job applicants? He goes on to say that hiring people is the result of a successful business strategy, not the objective. I agree, and never said otherwise. All I noted is that in the spirit of continuous improvement companies should elicit new ideas from employees rather than throwing them in a trash can.
Sivesind’s critical response gives me new issues to address in the Firstar op-ed essay I’m composing. I telephone Harry Dieterle, editor of the Wisconsin State Journal, to find out more about Terry Sivesind. Harry hadn’t read today’s newspaper yet, nor was he aware that Sivesind had written an op-ed in response to my New Year’s Eve essay. These decisions are made by department editors, not the editor-in-chief. I read the article again, this time not taking anything personally. Then I walk over to the nurses’ station in search of scissors to cut out the article.

“Mr. Collins,” a nurse screams at me. “How many times do we have to tell you that you must wear a surgical mask when you leave your room!”

“But I’m only here for a second to ...”

“No buts,” she interrupts. “I have a cold today and I don’t want to get you sick. Your white blood cell count is still ridiculously low. You have to take care of yourself. We can’t do everything for you.”

I leave a friendly message on Terry Sivesind’s business answering machine and nap from three to five o’clock to make amends for my one-and-a-half hours of sleep last night. Then I pop a Marinol to prepare for today’s Super Bowl. The pill works right away and my mind opens to the events of the moment. The primary downside of marijuana is that, while the present moment seems unforgettable, it’s quickly forgotten because the next one thousand consecutive moments seem equally alive and meaningful.

I turn on the television seconds before opening kickoff. The announcers are their usual annoying, cynical, and negative selves. They hype every play, and make silly forecasts about the next play. The announcers ruin the game’s beauty by focusing on who made “dumb” mistakes rather than who made great plays. On every play some people accomplish their goals and others do not. For every missed tackle there is a great dodge by a running back or receiver.

Ten minutes into the game I hit the mute button and put Grover Washington Jr.’s greatest jazz hits on the cassette player. Ah, serenity, which is the name of the Stan Getz tape I play next.
Some nurses mull around my hospital room longer than needed because of the soothing music. My desire to control the spirit within my room is inspired by a prison scene in a Charlie Chaplain movie. After spanning a row of dangerous criminals, the camera zeroes in on Charlie Chaplain’s cell, which includes embroideries and a parakeet. Charlie makes the most out of his bad situation.

While lost in thought, the game’s momentum suddenly shifts in Pittsburgh’s favor. With only four minutes left in the game and the score Dallas 20, Pittsburgh 17, Pittsburgh’s offense starts with the ball on its own thirty yard line. What a groove I’m in. The final score will be exactly what I predicted when the Steelers score again. But then the Dallas Cowboys, clearly the better team, intercept the ball and score again.

The Marinol high wears off by the end of the game and I channel my energy into finishing the Firstar essay. A sympathetic nurse obtains temporary permission for me to use a computer at the nurses’ station, as long as I wear a surgical mask, to flesh out my final arguments. While typing away, a former Moonie friend from California calls my hospital room to wish me a long life. A new nurse bounces the call to the phone next to the nurses’ station computer.

A few minutes into our discussion a coughing fit ruins everything. “You’re not supposed to be talking, even if you are wearing a surgical mask,” a nurse scolds me. “Now hang up that phone and get back to bed. You need rest. I’m going to give you some Ibuprofen. Then don’t say a word to anyone, no matter what, for one hour. Do you hear me?”

“But ... (cough), I’m ... (cough, cough) ... supposed (cough, cough, cough, cough) ... to call Di (cough, cough, cough, cough, cough). She’ll think I’m sick,” I blurt out before the coughing fit begins again.

“You are sick,” the nurse reminds me.
I pick up a pen and write: “Can you please call Di for me and explain, otherwise she’ll get worried. She’s expecting me to call before she goes to bed. Tell her I messed up big time and can’t talk for an hour. Otherwise I’m in perfect health and there’s nothing to worry about.”

The nurse laughs and nods yes.

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“I get out of jail today, don’t I,” I remind Dr. Campbell during his early Monday morning visit to my hospital room.

“You don’t give up, do you,” he says while listening to my heart. “I hate to tell you this, but you need to spend another day in the hospital.”

“But I can’t sleep here,” I tell him. “I slept about two hours last night, and it wasn’t because I was busy celebrating the Super Bowl. The Steelers played lousy.”

“And you probably can’t sleep at home either,” he back talks. “So that’s not an issue.”

“But I’ve already arranged to meet a photographer at noon. A magazine editor wants to take my picture for an article I wrote about cancer and winter in Wisconsin. Tomorrow is the publication deadline. This is the only time they can squeeze me in. I’ll send you a signed copy when it gets published,” I joke.

“Sorry buddy, but your health comes first. You’re still low on the white blood cell count. And your red blood cell count is low too. And your heart is beating too fast. We need to take more chest X-rays for further analysis.”

“Dr. Campbell, don’t do this to me,” I plead. “I need to get out of here for a little while. Can’t we just work out some deal. My temperature is normal. How about if I leave at eleven o’clock and get back at two o’clock. Three hours of freedom. That’s all I ask. I’ve got to send an essay about Firstar Bank to the Wisconsin State Journal through the Internet too. You folks don’t have a modem here, at least not for patients. You’ve got to modernize this place. It’s all on this
disk,” which I wave in front of him. “I can send it from my Grainger Hall office. Please let me go.”

“No, that’s ridiculous. It’s freezing outside. It’s worse than freezing. I think we’re breaking the record today, minus 25 degrees. And we just got six more inches of snow. You don’t want to get sick again and spend another week in the hospital. You’re not well. You’re a sick person,” he too reminds me.

We haggle back and forth until he relents. “You can be really bull-headed,” he concludes. “How does Ted put up with you?”

“Ah, he loves me,” I tell Dr. Campbell. “He’s one of my biggest fans.”

“If you’re not back by one o’clock I’m never going to do another favor for you again,” he warns.

“One o’clock? I thought we agreed to two o’clock?” I point out.

“We didn’t agree. You just demanded. Make it one-thirty. I’m going to have the nurse call me as soon as you get back to verify,” he mutters over his shoulder on his way to save another dying patient.

I wrote the Wisconsin Academy of Sciences, Arts, & Letters essay during three sleepless nights two months ago. My 1990 initiation into Wisconsin winter included seventeen inches of snow falling on an early December day. It took me three years to stop monitoring the daily winter temperature. What difference did it matter if the weather was ten degrees above or below zero? I simply accepted that it’d be freezing from December through March.

Last winter, I missed the snow when it temporarily melted in mid-February due to a warm spell. Cancer has given me a deeper appreciation of every day and ironically this is the first Wisconsin winter where I really enjoy bitter cold weather. I titled the essay “On Wisconsin's Winter: Or Why I Decided Not to Move to California”.
Di meets me in the hospital lobby at eleven o’clock sharp. “This is stupid,” are her words of greeting.

“I know,” I confirm. “Dr. Campbell thinks the same thing.”

“Then why are you doing this?” she demands.

“I just gotta do what I gotta do. First I need you to take me to the UW photo lab so I can get my picture taken for the *Wisconsin Academy of Arts, Sciences, & Letters* essay. Initially the article was going to come out in the Spring issue. But due to some miracle, space became available in the Winter issue. The editors thought this made the most sense because the article is about Wisconsin winters. The photographer’s office is near Grainger Hall. Then I’ve got to get that Firstar essay into the public domain. Nobody’s writing about it or cares. I can email to the newspaper from my office.”

More than fifteen inches of snow had fallen on Madison while I’ve been sequestered in my hospital room. The magazine photographer meets me in the reception area and we journey to the distant corner of a nearby university parking lot, where the snow plows piled snow twenty feet high. I stand shivering in front of several huge snow piles, wearing my extra heavy white winter jacket and Bronx wool hat. “Perfect,” says the photographer, snapping the picture without me even posing.

Then Di drops me off at Grainger Hall. I run up to my office and log on to the computer. It is time for me to make one last public stand. I toss the hospital computer disk into the “C” drive, open the Firstar document, save it in ASCII format and hit the send key, magically sending what appears on my computer screen onto the computer screens at the *Wisconsin State Journal*.

“May Firstar CEO Roger Fitzsimonds change his mind about eliminating 2,500 jobs over the next 17 months,” I tell my empty office. All I’m asking is for managers to put employees on small brainstorming teams to determine how current redundant employees can add real value to a newly restructured company. If employees can’t figure that out, at least management tried. And,
if the employees are dismissed and the stock price increases, then a percentage of the stock increase should be allocated for additional services to aid those who contributed years of their lives for the company’s previous success.

When I step outside the office door to leave, Jim Frederick, our prestigious endowed Chair of Business Ethics, walks by. “What are you doing here?” he asks. “I’m on my way to teach your class. I heard you needed a substitute today.”

“It’s a complicated story,” I tell him, “and if I don’t meet Di on the street in a few minutes I’ll turn into a pumpkin. She has to get me back to the hospital by one-thirty. Hey, did you read the op-ed essay that appeared in Sunday’s Wisconsin State Journal criticizing my New Year’s resolution?” I ask.

“You know I don’t read the local newspapers,” Jim says as we rush toward the elevator. “What is he, a Milton Friedman wannabe? Is he afraid that being nice to workers might send a bad message to investors? You know what. You should invite him to speak in your class and do a debate.”

“That’s a great idea,” I say. “Speaking about class, why don’t I go with you and introduce you to my students. There’s something I want to tell them.” Jim eyes over my white t-shirt, sweat pants, sneakers, and hospital wrist-band dangling on my arm.

We walk into my classroom together. “Students,” I start off with, “pardon my hospital wardrobe, I should be in the hospital. Allen’s going to teach class today. I just want to say something before going back to the hospital. Remember last class someone asked what kept me going and I said I really loved students,” heads nod in agreement. “Well, there is one kind of student I don’t like. Last semester, some student wrote on his final evaluation that he hoped I would never get tenure. Obviously, that person was upset. Writing an anonymous comment like that when all is said and done is cowardly. Don’t hold on to your resentments that long. Tell me immediately instead of feeling bad all semester. Promise?” Many heads nod affirmatively.
“Here’s what,” I continue. “Let’s unionize. Elect a union representative who can convey grievances to me. Nah, I’ll just pick one for you. If you’re afraid to speak with me, go to Richard over there. Richard, raise your hand.” Richard does. “I can already tell that Richard is not a shy guy. Richard, I swear in front of everyone here that your grade will be based solely on the criteria in the syllabus, and not on discussing student grievances. Now I’ve got to get back to the hospital. And, oh yeah, let me introduce you to Allen. He’s a great guy. Allen,” I say looking over my shoulder, “they’re all yours.”

I step outside Grainger Hall, inhale the fresh wintry air, hop into the car, and Di drives me back to the hospital. “Anyone here know what time it is?” I announce when I get back to my room. “One twenty-seven,” a nurse tells me. “Make sure you tell that to Dr. Campbell.” Another nurse claps for a job well done.

The telephone rings soon after I settle back under my warm bed sheets. “Professor Collins, this is Terry Sivesind. Are you okay?” he asks.

“Yeah, I’m just having some chemo problems,” I tell him. “Got some cancer I’m trying to kick. Thanks for returning my call.”

“I was surprised to get your phone message yesterday,” Terry points out. “That’s a pretty quick response.”

“Well, your sarcasm got to me,” I immediately confess. “You know I do have experience in business.”

“I’m sorry,” he apologizes. “I assumed you were one of those academics with no real life experiences, just placing unreasonable demands on managers.”

“Nope, I speak from the front-lines,” I say. “But that’s neither here nor there. What do you think about being a guest speaker in my class? We can discuss our divergent perspectives in front of the MBA students. It’d be a great learning experience for them and for me.”

“I don’t know,” he interrupts. “That’s your home turf.”
“Not really. The semester just got started so most of the students are still trying to figure out if they like me or hate me. It takes time for me to wear on them. They’ll probably be much more sympathetic to your views. They’d enjoy watching me squirm in front of them.”

“All right,” Terry quickly agrees. “I’ve been meaning to visit Grainger Hall anyway. I’m an entrepreneur and I’ve an idea on how to bridge the Business School to biologists. Biologists are on the cutting edge of many new products, but they have no business sense.”

“I’m into building bridges,” I confirm. “That’s why I called you yesterday.”

Later in the afternoon the phone rings again. “Professor Collins, I just heard on your work answering machine that you were in the hospital. Are you okay?” an unfamiliar voice asks.

“Yes, I’m fine. I just changed that message earlier today. I should get released tomorrow.” Then I pause. “Who are you?”

“Oh, I’m a reporter with the Milwaukee Journal Sentinel,” he tells me. “I heard you on the radio a few days ago. You did a great job. Why do you think nobody else is speaking out against Firstar? Nobody is willing to speak with me on the record.”

“Power, plain and simple,” I surmise. “Firstar is a major financial donor in Madison and Milwaukee. They’ve won many friends, and rightly so, with their financial contributions, including my own employer. My kids and I greatly enjoy Firstar Eve every year, it’s a nice kid-friendly New Year’s Eve party. It’s the only time my kids have been on a horse-drawn wagon. Firstar doesn’t donate money to buy anyone off, but the end result is that nobody wants to criticize a major financial contributor. That’d be financial suicide. Who besides a professor at a public university is going to speak out? That’s why we have academic freedom. I should send you a copy of an op-ed essay I just sent to Harry Dieterle at the Wisconsin State Journal.”

“Could you do that for me,” he gratefully responds.

“Well, I think I have to ask Harry first,” I say. “I’m giving him the right of first refusal. I’ll ask him and then get back to you.”
“Nah, don’t waste your time,” he says. “Harry will say no.”

“In that case, just ask me a few questions and you can quote me in your article. Most of the essay is still floating around my brain.” And he does.

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After three hours of sleep I’m psyched to leave the hospital. My white blood cell count is a healthy 3,100. Five days in the hospital is four days too long. But Ted, who is back from wherever he had been, says no dice. My temperature’s at 101 degrees and I’m still coughing a lot. Ted’s also concerned about my insomnia, which is really wiping me out.

“You’re going to have to stay in the hospital until that fever goes down,” Ted warns me.

“No way,” I demand.

“Hey, I’m the doctor, not you,” Ted responds in an edgy tone of voice rather than his typical light-hearted, joking nature. “We need more chest X-rays to determine what’s going on with that cough of yours.” Ted pauses and looks toward Di, “He’s more edgy than usual, wouldn’t you say Dianne?”

“I think so,” Di chimes in from her chair next to the hospital bed.

“Thanks,” I sarcastically snap.

“You might have to stay here a few more days, even if the fever goes away,” Ted continues. “Something is happening to your lungs. You sound terrible. We need to explore them. After I look at the chest X-rays I might schedule you for a lung biopsy tomorrow. I’m getting really concerned about you Denis. I heard you’ve been giving people around here a hard time. That’s not like you.”

“Who told you that? Dr. Campbell?” I ask.

“No, the nurses. They say you’ve been hogging up their computers and behaving a little strange lately.”
“I had to finish my Firstar essay,” I reply defensively. “Nobody’s speaking up for the employees and I’m stuck in this hospital.”

“You see, that’s not like you. Is it Dianne?” Ted asks her again.

“He gets testy like that at home too,” Di reports.

“But is he getting worse?” Ted asks her, as if I’m not in the room.

“It’s hard to say, but now that you mention it, I think so,” she confirms.

“I’m afraid one of the chemo drugs is making him manic. He’s talking too much and too fast,” Ted points out.

“Here I am,” I interrupt, “having a good time, trying to be productive when stuck in a hospital, and you accuse me of being manic. Maybe I should just crawl up under my covers and moan like the other patients.”

“You see,” Ted jumps in, “you are testy.”

“Hey, if you really want to help then get me a sleeping pill that works. All they do is give me a headache.”

“I’m going to write you up a prescription for a Mickey Finn,” Ted says. “You know what that is, don’t you?”

“Some sort of Irish whiskey?” I ask.

“No,” Ted laughs, “a Mickey Finn is the drug they give people in movies to knock them out. Like in Humphrey Bogart movies, when they slip someone a Mickey. That’s a Mickey Finn.”

“So you’re going to knock me out, rob me, and dump me in a dark alley?”

“No,” Ted jokes. “I just want to knock you out and tape your mouth shut.”

After Ted and Di leave, I struggle to understand my own psychological state. Am I manic? I’m just excited about writing and teaching. What’s wrong with that? Why put a bad
label on it? Concerned, I walk into the hallway and flag down a nurse. “Did you tell Ted I was manic?” I ask the first nurse I see.

“No.”

“You’ve known me for a few days, do you think I’m manic?”

“I can’t say for sure,” she says, “but I can see how some people might think so.”

I go back to my room and call Jim to get his support. “Jim, Ted thinks I’m manic. You saw me on Monday. Would you say that I was normal or manic?”

“That’s a tough one,” Jim honestly assesses. “You showed up in class wearing hospital clothes. That’s odd, but maybe not out of character for you. But then again, you went off on a tangent about how students should criticize you. You even appointed a union steward. I must tell you, people around here are afraid you’re going to burn out. You should slow down given all the chemo you’ve had. You could still take the entire semester off. I could teach your class for you.”

“Never mind,” I say before hanging up. My head begins pounding. I can’t seem to stop saying every thought that goes through my mind. And I can’t stop myself from reacting to things going on around me. I need someone to tell me that everything is fine.

I telephone the editor of the Wisconsin Academy of Arts, Sciences, & Letters who is publishing the “On Wisconsin Winters” essay. “Oh I’m so glad you called,” Hope says when she hears my voice. “I’ve already seen the photos. They came out great. You look grand.”

“That’s not why I called Hope,” I interrupt. “Do I sound manic to you?”

“What?” she asks.

“Manic. My doctor and wife just accused me of being manic. I think a nurse did too, and so did Jim Frederick. Do you think so?”

“I don’t know,” she says. “It’s hard for me to tell by listening to you on the phone. If the doctor thinks so then you should believe him. Maybe one of your chemo drugs has that as a side effect.”
“Thanks,” I say curtly. I inhale deeply, try not to take it personally, and allow my thoughts to speak. “Can you do me a big favor and reread the last paragraph of my essay?”

“Sure.” She ruffles some papers. “Here it is. Do you want me to read the whole paragraph?”

“Yep, the whole paragraph. I wouldn’t ask you but I don’t have a copy handy.”

“Okay. Here goes,” she says. I quickly jot the words down as she reads them. “In the meantime, every day – particularly the cold ones – are a blessing. They are so fresh and have such great potential for expressing love and kindness. I want to live in this winter weather forever. My already good Madison friendships have deepened and some new friendships have miraculously evolved. The neighborhood has rallied in the best sense of the word community. In addition, it takes me three less minutes to get to my office, as my walking pace is a little quicker and focused during the most frigid days. That’s three more minutes of writing time, talking with people, and trying to solve community problems. So many more books and articles to write, students to teach, people to serve. On Wisconsin winters.”

“If it’s not too late, I want to make one minor editing change,” I request. “Right after the sentence that says so many books to write, and right before the last sentence that says on Wisconsin winters. I want to insert another sentence. Are you ready?”

“Ready.”

“I think I’m having a good time, semicolon, but others think I’m manic, period.”

“I like that,” she says. “But are you serious?”

“Of course I am. It’s an honest essay. Please insert that for me.”

“Denis,” Hope adds. “I was touched that at the end of the article you dedicated it to Ted Stoughton, Peter Campbell, and the sixth floor nursing staff.”

“Thanks, but they all think I’m manic so maybe I should delete it,” I joke.

“Oh, don’t be silly. What struck me is that you forgot to thank your wife.”
“But she’s not helping me much beyond taking care of the kids.”

“Oh don’t say that. She certainly is. She just may not be helping you in the way you want her to,” Hope scolds me. “With your permission I want to insert a final sentence in the dedication. How about the following. I also dedicate it, of course, to my loving wife.”

“If you insist,” I say, “if you insist.” After hanging up I quickly dial home.

“Thanks Di,” I shout into the phone. “I really appreciated all the support you gave me.”

“What are you talking about?” she asks.

“You know what I’m talking about. This morning. When Ted was in my room. He accused me of being manic and you agreed. Thanks. You’re such a trooper. Damn it, I’m under control,” I yell at her. “I’m not manic. I’m just trying to do the best I can under lousy circumstances. That means writing and doing things. It means teaching. It means getting away from people who are dying. I’m dying and I’m going nuts in here.”

“I’m sorry,” Di cries into the phone. “I let you down again.”

Her tears bring out my better self. I’ve been bullying doctors, nurses, and Di. It’s either my way or the highway. I built a fort around myself and, if wrong about anything, my entire protective layer would dissolve. If I’m wrong about what’s best for me, I could be wrong about surviving cancer and chemo, a thought I could not allow.

“You haven’t let me down honey,” I struggle saying. “Oops, sorry Di, Ted just walked in the door again. I gotta go.”

After hanging up I show Ted the notes from my conversation with Hope. “See that sentence over there,” I point to the page. “The paragraph is for an essay I wrote about cancer. I’ve added another sentence. It says: ‘I think I’m having a good time; but others think I’m manic.’ I’ll give you a copy when it gets published. That sentence is solely for you,” I tease him.

“You seem much better already,” Ted concludes. “You have to be able to laugh at yourself. I’ve got good news for you. Two lung specialists compared the latest X-rays with ones
we took a few months ago. From their perspective, your lung is getting better, not worse. It looks like you just have a terrible cold. We don’t have to perform any invasive surgery. You’re getting off lucky again. I won’t shove a tube through your nose to see what’s going on in your lung. I do want the lung specialist to do one more test on you, but they can do that for you as an outpatient.”

“Great,” I yell.

“I thought you’d like that. You’re free to leave as soon as your temperature gets below 100. With some good rest, do you hear me, that’s r-e-s-t,” he spells out, “that should happen by tomorrow morning.”

“What if it happens during the next hour? Can I go home?” I ask.

“Tomorrow morning, not right now. I want you in here one more night. Take it easy on yourself and tomorrow you’ll be gone. Trust me on this one.”

“Great,” I say, “just in time to teach Wednesday’s class.”

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After another sluggish sleep the nurse reports that my temperature has dipped to 99.5. I’m a free man. It’s a tremendous relief to pack my belongings into a crumbled up shopping bag. Di gives me a lift to the office and I prepare for the early afternoon class. “Hah, I bet you students thought you wouldn’t see me today,” I say upon entering the classroom.

As soon as class ends I telephone Di for a ride home. Exhausted, I immediately go to bed, not caring if a late afternoon nap will spoil my nighttime sleep because I’m not sleeping during the night anyway. I sleep from four to seven o’clock, play with the kids, read them bedtime stories, tuck them into their bunk beds, and join Seth in the upper bunk, a few inches from the ceiling. The bed bunks are a recent addition. We’re thinking that sharing a room will help Seth and Anna bond more deeply.
I sleep crunched up in his bed, momentarily waking only when Seth thrashes his forearm across my face or slams his legs on top of mine. At midnight I switch over to my bed, throw my arm around Di’s stomach, and pull her closer to me. I’m still touched by the tears she shed yesterday. But instead of sleeping, I wonder what Dr. Petriconi will tell us tomorrow afternoon about the bone marrow transplant.
CHAPTER SEVENTEEN

NOW I’M REALLY GOING TO DIE (February 1996)

Di picks me up outside Grainger Hall at three-thirty and we quietly drive to UW Hospital, on the other end of campus. I still can’t grasp the concept of a bone marrow transplant. After we fill out new medical forms, a nurse appears in the waiting room. “Dr. Pettriconi is running behind schedule,” she apologizes. “It might be another hour before he can speak with you.”

Di and I reenter our private worlds and skim magazines on a nearby coffee table. I mechanically flip through pages without remembering anything I read. Eventually I stop playing this game, set aside the *Time* magazine from several months ago, close my eyes, take several deep, conscious breaths, and meditate.

“Everything is going to be just fine. Everything is going to be just fine. Everything is going to be just fine,” I chant over and over again.

At five-thirty the only people left in our area of the hospital are a nurse, Dr. Pettriconi, Di, and myself. The lights are dim and a janitor mops the tiled floor with huge sweeping motions.

“I’m sorry for the delay,” Dr. Pettriconi apologizes while shaking our hands. His hands are warm, soft, and gentle. I immediately trust him. “I’ve had emergencies all day long.” I can’t even guess what his day must have been like. How many people did he blast today?

Dr. Pettriconi escorts us to a rear room with twenty unoccupied hospital beds lined up across from each other, four rows with five beds in each row. “It’s easier if we meet here instead of my office. Nobody will interrupt us here.”

“I’m sorry that you have to stay late and speak with us instead of going home to your family,” I apologize. I look over at Di and she already has tears in her eyes.
“I’m happy to be here for you. You look extremely weak Denis,” he tells me. “Hop on the bed and lie down. There’s no need for you to strain yourself sitting up.” I look too weak to sit up? That’s news to me. I assume I hide my exhaustion well. Di sits by my side while I give Dr. Petricconi a summary of my medical history.

Dr. Petricconi’s deep-set eyes look directly into mine. “It’s getting pretty late. I’m going to have to cut to the chase.” He brushes his curly brown hair with the palm of his hands. “You’re very sick. I reviewed the X-rays and files Ted sent me. You still have two relatively large chunks of cancer in your body. That’s not good. They survived a ton of chemo.”

“What are my odds of survival?” I interrupt.

“Hmm, it’s always difficult to provide that sort of information. We can only guess, but nobody knows for sure,” he cautions.

“What’s your guess?” I ask.

“If we don’t do the bone marrow transplant …” he starts saying before pausing. “You do know that the bone marrow transplant doesn’t save your life. It’s the chemo that you get before the bone marrow transplant that saves your life. We’ll be giving you anywhere between five to ten times the amount of chemo you’re getting right now. And you’ll be getting it more often. It’s not a pretty sight.” I grip Di’s hand as I hear her crying. “The bone marrow transplant is what we do to put you back together,” he continues, “because the heavy dosages of chemo will destroy all your bone marrow.”

“What are my odds of survival?” I ask again, staring directly into his eyes in hopes of pulling the answer out of his gut. I can handle whatever they do to me. I just want to know how likely I’ll re-experience life after he does it to me.

“If you don’t do the bone marrow transplant you’ll be dead within a year,” he reports.

“You don’t have to convince me about the need to do the bone marrow transplant,” I tell him. “I’m in. What are my odds following the transplant?”
“Somewhere around thirty percent,” he calmly offers.

“Thirty percent chance of dying or surviving?”

“Surviving,” he clarifies.

I don’t hear anything else Dr. Petriconi says for the next few minutes. After going through hell I have less than a one in three chance of survival. Dr. Campbell told me ninety percent a week or so ago. The odds are now greater that I’m going to die than live. And I won’t even know that I’m nearly dead because I’ll be unconscious when they do all this to me. I’ll close my eyes, he’ll do what he has to do, and then I might never open my eyes again. My thoughts are interrupted by Di’s sobs. Dr. Petriconi hands her a box of Kleenex. The more she tries to hold in her tears the more red her face gets.

“Di, don’t hold back. Let it go. Crying is good for you,” I console her.

“Do you have any questions?” Dr. Petriconi asks. I’ve heard little of what he’d been saying.

“Will I have a computer in my room?” I ask.

“No,” Dr. Petriconi quizzically responds.

“I’m a writer, I need to write,” I inform him. “Can I have a computer or a laptop while I’m quarantined?”

“No. You won’t want to do anything. All you’ll want to do is sleep, and that’ll be the best thing for you. Your immune system will be shot. We can’t take any risks with germs entering your system until the bone marrow develops.”

“But I need to write,” I push him.

“Absolutely not. Computers have germs on them. No computer. Any other questions?”

An hour has passed by the time Dr. Petriconi escorts us back into the vacant waiting room. At five-thirty I knew I was going to survive. At six-thirty I know I’ll probably die.
I’m oblivious to the below zero weather on the walk from the hospital to the car until Di points out that I haven’t put my hat or gloves on. It doesn’t seem to matter. On our way home we stop for dinner at a Korean restaurant. Di telephones the babysitter, explains that we are way behind schedule, and asks if she can stay with the kids for another hour while we eat. Di and I hold hands across the white table cloth, her eyes still quite moist.

“Well, there goes my summer vacation,” I joke. Di doesn’t respond. “I can’t believe they won’t let me have a computer,” I add. “What am I going to do the whole time?”

“Why are you so obsessed with the computer?” Di blurts out. “What about me? What about the kids? You have to do this!”

“Oh, you’ll be fine. We can get through anything. Dr. Pettriconi said I’d be out of the hospital by September. He wants me to enter June first. That’s ninety days. What am I going to do during those ninety days?”

“He said you’re not going to want to do anything. Weren’t you listening?” she snaps.

“Believe me, I’m going to have to do something. I need to talk him into letting me have a laptop. There must be some outlet I can plug into. I’m taking all these notes everyday about my cancer experience. That’ll be ninety days of experiences I can write about.”

The ability to write gives me hope. It means I survived the June chemo blasts. That’s the visual image I need to develop the belief that I’ll be one of the three people in ten who survive what I’m going to be subjected to.

We gulp the rice and vegetables down quickly and head home. At home I pick up the Wisconsin State Journal and turn to the obituaries. Many people died today, just like every day. I particularly feel sorry for the ones younger than me. After reading every obituary, I glance at Di and see her engrossed in the New Yorker. I let her remain in peace, say good night, kiss her, and go to bed.

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My first thoughts when the alarm goes off, even before my eyes open are, “You’re going to die. The odds of survival are only thirty percent, and he was probably being optimistic.”

“I am not going to die,” I scream back.

“You are too. Admit it. You only had a sixty-forty chance to begin with. Remember that. Now it’s thirty-seventy, at best,” a voice deep within tells me.

“Yeah, but someone has to be in the thirty group, and that’s me,” I counter.

“And someone has to be in the seventy percent that die group. That’s going to be you.”

“Is not!”

“Is too! You’re so selfish. If you’re in the seventy percent that fails then someone can take your spot in the thirty percent that survives. You’ve had a nice life. Your family will do fine. Pray for someone else to survive.”

Di had turned on the snooze control and continues to lie in bed, her back turned toward me.

“Are you awake?” I ask.

“Yeah,” she mumbles.

“Don’t tell any of this to my parents,” I tell her back. “They’ll freak out. There’s no need to worry them unnecessarily. Dr. Petriconi’s only guessing.”

“Then when are we going to tell them?” Di asks.

“In May, just before I check into the hospital.”

“Don’t you think we should tell them earlier so they can make plane and hotel reservations?”

“No. Wait until May. It’ll kill my mother. Promise me that.” I get out of bed without waiting for her response.

The kids look delicious at the breakfast table, so fresh and alive. I give Anna a huge hug before walking Seth to his school bus stop. Then it’s back to Meriter Hospital for a follow-up
blood test. Despite another below zero day, I’m sweating when I take my coat off in the 
Oncology Department waiting room. My temperature is a little high at 99.6, but my white blood 
cell count is a whopping 21,133, more than enough to fight off any infections or those rascally 
opportunistic viruses.

Back in my office I turn on the computer and start working on an annotated bibliography 
project, eliminating words from already constructed sentences. Today’s Friday and hardly any 
professors or students are around. I join the other offices in the hallway by closing my door so 
nobody will stop by and ask how I’m doing. I’d be tempted to tell the truth, which I doubt 
anyone wants to hear.

I skip lunch because of the same concern. Instead of eating, I turn off my lights and roll 
out the sleeping bag. Using my winter coat as a pillow, I puff it up and place my head on it. I 
don’t want to deal with my thoughts. I wish it were already June and the super duper chemo is 
blasting away my innards, destroying every cell in my body.

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The closer I get toward the time of my death the harder I try to make sense out of this 
weird world we live in. According to geologists, the earth is 4.5 billion years old. Dinosaurs 
roamed the earth 140 million years ago. What was God thinking at the time of the dinosaurs? 
Primitive man began roaming the earth 4 million years ago. What was God doing the 4.496 
billion years prior to the emergence of primitive human beings? Primitive people are not much to 
brag about, nor are many modern people.

Seth and I watch a National Geographic video that squeezes the earth’s history into one 
calendar year, with January 1 being the first day of the earth’s existence and midnight December 
31 the present moment. Each day on God’s calendar is equivalent to about twelve million years, 
an hour is equivalent to 500,000 years, a minute is 8,333 years, and a second is 139 years. Our 
long, drawn out lives are truly a fleeting moment, about half a second on God’s timetable.
Dinosaurs started roaming the earth around eight o’clock in the morning on December 19. The first primates appeared on December 25. Primitive people appeared eight hours ago. We’ve been barely conceived. As for Jesus, he walked by fourteen seconds ago. We just missed him.

“So in June I get blasted many times and then receive a bone marrow transplant,” I tell myself while laying in bed waiting for the alarm to sound. “Let’s say I don’t make it, where will I be when I regain consciousness on July 2nd?”

“Purgatory,” I reason. That’s what I remember being taught in Sunday School. After death our spirits or souls go to purgatory and await judgment as to whether we continue our travels in the direction of heaven or hell. Purgatory is a metaphysical resting station, articulated by medieval Catholic theologians, where our souls rest while the merits of our earthly actions are assessed.

“No silly,” I hear an internal voice interrupt, “where do you think you’ve been for the past forty years? The earth is purgatory!”

I’m taken aback. The thought makes some sense and my mind wanders. The earth is a huge spaceship that orbits the sun at a rate of 66,000 miles an hour while spinning on its axis at 1,000 miles an hour, a rather remarkable feat because we don’t get dizzy nor sense that the earth is moving. Our souls have been assigned to unite with a particular body born on earth, and then we are held accountable for improving the well-being of our soul by doing good things, or damaging the soul by doing bad things. We have the freedom to choose.

So purgatory is the place where we currently reside rather where we go after we die. Judgment Day occurs every day on earth through our conscience and feedback from others, including our parents, friends, peers, the media, and, in the worst case scenario, the justice system.

What all humans share in common at the time of birth on this earthly purgatory, besides an amazingly similar pattern of bodily parts, is the same metaphysical level of heart. We are all
born with an equal capacity to give and receive love. It doesn’t matter if born in the United States, Africa, or Asia; in New York City, Madison or San Francisco; in east, west, north, or south Madison; in 1996, 1956, 1492, or a contemporary of Jesus. We are born with the same level of heart and the same basic need – love me.

Our hearts then grow or wither based on how we choose to respond to our unique situations. We can accept or reject our parent’s love, disinterest, or hatred. We can accept or reject advice from friends, teachers, and other authority figures. All these decisions and actions define who we are and whether our hearts expand or contract over time. The most expansive hearts are heavenly, and the most restrictive hearts are hellish. No judgment is needed upon death, our hearts simply gravitate toward hearts similar to our own, much like what happens on earth. My out of body experience into spirit world back in August felt so embracing because we were of one heart.

This phenomenon reminds me of a public talk Timothy Leary gave in the mid-1970s at Montclair State College during my undergraduate days. At the time, Timothy Leary was selling tickets for spaceships. He promised to make sure those purchasing tickets ended up on a spaceship with people possessing similar moral sentiments. If people didn’t like the spaceship they were on, they could change spaceships by performing more or fewer good deeds than other people on their spaceship. People performing more good deeds would be transferred to a spaceship inhabited by people performing more good deeds. People performing fewer good deeds would be transferred to a spaceship inhabited by people performing fewer good deeds. The relocation decision was based on the moral choices and actions people make.

These insights are reinforced by reveries about an experience I had in 1980 when I worked a few days in the Original World Products warehouse, owned by the Unification Church, creating picture frames on a power table saw for fundraisers to sell. My mind wandered over a disagreement I had earlier with one of the managers when “Oww,” the table saw cut through the
lower knuckle of my left middle finger and upper knuckle of the neighboring pointer. The moment the saw hit bone is the clearest my mind has ever been. I looked down and saw the knuckle bones of both fingers sticking out, the top halves of both fingers having flipped backward and now held together by tiny pieces of skin. I immediately grabbed both fingers with my right hand and squeezed tight, refusing to let go until arriving in the Queens Hospital emergency room for fear that the upper halves of both fingers would fall to the ground.

The doctor sewed both fingers back together, resulting in permanently crossed fingers because chunks of bones were missing from both knuckles. The middle finger leans crookedly to the right and the pointer crookedly to the left, thus overlapping each other. “You have to stay overnight,” the doctor informed me, “but it’s Saturday night and there are no empty rooms. You can either stay on a bed in a hallway or share a room with someone who may die tonight.”

“Like in the death ward?” I asked.

“Yes, the death ward,” he smiled.

“I’m game,” I volunteered, curious about what it’s like for people just prior to death. I found out later that evening. Around midnight my roommate began banging on the wall near his bed and chanted “I don’t want to die. I don’t want to die. I don’t want to die.” The chant was picked up by others in nearby rooms.

I jumped out of bed to offer my death ward roommate some comfort but he ignored me and continued chanting “I don’t want to die” the entire night. He survived the night.

When the sun rose I walked over to his bed and asked about his life. He had lived a bad life, he told me, and regretted having hurt many people with his words and actions. I offered to find him a priest to forgive him of his sins, but he didn’t think God could ever forgive him. I spoke with a few others who had joined his chant and they shared similar stories, having committed unpardonable sins that haunted them at the hour of their death. Their hearts shrunk
while on earth. “Please speak with a priest,” I told them. But they didn’t want to, preferring to enter the spiritual realms condemning the lives they had lived.

My heart is fine. I’m ready to die. I don’t want to, but I can accept it.

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Sunday’s Wisconsin State Journal contains my Firstar op-ed essay. The editor titled it “Firstar urged to use humane layoff strategies.” Its appearance in the Sunday, rather than a weekday, edition guarantees wide readership throughout the state. May something good come out of it, even if I will not be alive to see it.

After Monday’s class I walk to the hospital for a Gallium Screen Test Ted ordered during last week’s hospitalization. Its primary purpose is to check for pneumonia. A secondary purpose is to gather more information on the cancerous cells reproducing in me. A lab technician will inject fluid into my arm that "lights-up" any pneumonia or Hodgkin’s lymphoma. I’m to report first thing Tuesday, Wednesday, and Thursday mornings.

I can’t sleep Monday night. Mickey Finns have better success in movies. A wide range of thoughts go through my mind. I surrender at three o’clock and put my racing mind to good use by reading downstairs. I’ll catch up on my sleep after I die.

While shampooing my scalp a clump of hair appears in my hands. What tiny bit of hair I have is falling out again. I’m decaying.

Mechanically, I wander over to Meriter for the first Gallium scan, which takes two hours. I undress and cover myself with a flimsy blue and white stripped hospital gown. A friendly bearded technician escorts me to a huge white spacey looking machine. I hop up on a flat platform and lay down. The technician wraps my arms to the side of my body so they can’t move. Then centimeter by centimeter the platform transports my body through a series of X-rays. I fall asleep a few minutes into the process and don’t wake up until everything is completed.
On my walk back to the office I think about things I might want to do before I die. I’d love to revisit San Francisco and Honolulu, my two favorite cities. Fantasizing about lying on a Hawaiian beach sends shivers down my spine on another frigid Wisconsin day. My next thoughts are about writing. I’m mastering the process of writing op-ed essays on controversial issues. Maybe I can write one a week until zapped and give a helping hand to working class people, where my roots are.

By the time I get back to the office, I’ve outlined another op-ed essay on the Firstar layoffs, this time aimed for the Milwaukee Journal Sentinel, published in the backyard of Firstar’s corporate headquarters. I telephone the Milwaukee Journal Sentinel’s editorial page editor and she expresses interest in publishing an essay similar to the one that appeared in the Wisconsin State Journal, but it has to have a slightly different twist.

“The first essay was based on compassionate logic,” I tell her, “and I don’t think it did a thing. Maybe greed-based shame will work this time.”

I take an elevator to the Business School library on the second floor, gather a list of Firstar’s largest stockholders, and calculate how much money they made by laying off employees if they sold their stock right now. Firstar’s stock price closed at $40 the day prior to the announced downsizing plans. On February 6th, two weeks later, Firstar’s stock price closed at $44.50, a 10.6% increase, more than double that of the Standard & Poor’s 500 Index during the same time period. As Firstar’s executives knew would happen, the likelihood of a hostile takeover has been reduced because it’s now much more costly to buy the bank.

According to public documents, Firstar has 8.4 million shares of stock. Firstar Corp. Thrift & Sharing, the company's employee benefit plan, owns over 6.34 million shares. With the stock rising $4.50 per share since the downsizing announcement, the employee benefit plan has made a paper profit of over $28.5 million in less than two weeks. Not bad. It would be nice if some of these profits went into an account for the families of laid-off employees.
Other major stock owner beneficiaries include outside board director C. Paul Johnson ($3.8 million paper profit), George M. Chester ($1.35 million), Hal C. Kuehl ($566,712), Gerald M. Thorne ($495,000), and Firstar Chief Executive Officer Roger Fitzsimonds ($260,217). I weave this new information around the previous story and fax it to the *Milwaukee Journal Sentinel* editor. She will publish the essay within the next three weeks.

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Day two of the Gallium scan. This time, before falling asleep, I ask the technician to turn off the blaring lights and play some new age music. An hour later, as my body starts to slowly pass through the scanner, Tina Turner bellows out "What's Love Got to Do With It," jolting me out of my sleep. I reactively lift my head to see what’s going on and bang my forehead on the machine. I don’t know where I am until I notice my arms wrapped around my stomach.

“I’m sorry,” the technician says, “I only have one new age CD. I thought you would also like Tina Turner.”
CHAPTER EIGHTEEN
CANCER GO BYE-BYE (February 1996)

Life is a blind roller coaster ride, slowly climbing huge hills and zipping down big valleys, swerving right, and then left. You don’t know in advance when the changes in direction will occur. That’s why it’s best to focus on things you can control and continually perform high quality work as an individual and member of a family, community, and organization.

Third and final day of the Gallium scan. Once again, I immediately fall asleep to the X-ray machine’s humming. “You should make a CD of this machine’s humming,” I tell the technician, “and sell it to insomniacs. It gets better results than Mickey Finns.”

At two o’clock, while editing an annotated bibliography, my phone rings. “Denis,” Ted yells into my ear. “I’ve great news for you. No more cancer.”

“What?” I bewilderingly ask.

“I’m looking at the Gallium X-rays right now. Nothing lit-up! You don’t have any more Hodgkin’s lymphoma.”

“But I thought we were testing for pneumonia?”

“Yeah, we tested for that too. You don’t have pneumonia either.”

I catch my breath, trying to take it all in. “So I don’t have any cancer? You mean I’m not going to die?”

“Nope,” he reports, “you’re going to live to be an old man my friend.”

“But how could that be? Dr. Petriconi was sure that ...”

“We were wrong,” Ted interrupts. “I was wrong.”

“But what about that golf ball and quarter? You both said I had two cancer areas, one the size of a golf ball and the other the size of a quarter.”
“Nothing lit-up. The golf ball and quarter must be scar tissue,” he excitedly tells me.

“They’ll probably show up on CAT-scans for the rest of your life. You’re officially in remission. Congratulations. We’ll put the bone marrow operation on hold.”

“No blasting me?”

“Nope.”

“And no more chemo?”

“Ah,” Ted pauses, “you’re not getting off that easy. I want to do two more cycles, just like we planned. View it as a clean up, to get rid of any microscopic remains the X-rays didn’t pick up. I’m proud of you Denis.”

“Thanks Ted.” I’m dumbfounded. “Thanks for saving my life.”

I sit dumbfounded at my desk after hanging up, too stunned to do anything. Just like that I’m cured of cancer. An hour ago I thought I only had a thirty percent chance of living beyond June. Seven days ago I heard death knocking on my door. Now the cancer has disappeared. It doesn’t exist anymore. How can that be?

I don’t know what to do next. I should tell Di, but the news needs to sink in better. After a momentary pause I open my op-ed file on the computer, and complete the Firstar essay I started two days ago.

Now I’m ready to manage the good news. I decide to experiment by calling my mother and father first and see what questions they ask. My mother is ecstatic and starts crying. For the first time I give her an honest assessment of how bleak the scenario had been. After hanging up, I dial home.

“Di, guess what?” I ask.

“What?” she asks in return.

“No more cancer.”

“What!” she exclaims.
“Yep, Ted just called to let me know. Nothing lit-up during the Gallium scan. All that’s left in me is some dead scar tissue. Can you believe it.”

She can’t and proceeds to ask questions about the reliability of the Gallium scan. “Got me. Ask Ted. I’m sure he’d be happy to speak with you.”

I’m psychologically exhausted. I unravel my sleeping bag and don’t set the alarm clock. I wake up in a rather dark office and look at my watch, five o’clock. Had my phone conversation with Ted really taken place earlier today, or was it just a dream? I look at the yellow legal pad on my desk and reread my notes. Yep, I’m in remission. No bone marrow transplant, just two more months of chemo.

Though exhausted, I walk home in the below zero weather instead of taking the bus. I want to enjoy breathing the frigid air.

Anna is the first to greet me at the door. She charges at me when I bend down to take off my boots. “Cancer go bye-bye,” she squeals, “cancer go bye-bye!”

I give her a big smooch on both cheeks and forehead. Next, Seth knocks me over with his running hug. He laughs as I wrestle him to the ground and tickle him.

Di’s in the kitchen, preparing dinner. We give each other a long hug and pat each other on the back for a job well done. “The walk home wiped me out. I want to sleep half an hour before eating dinner.”

“Cancer go bye-bye,” I hear Anna repeating to her brother as I pull my tired body up the stairs and into the bedroom.

A yank on my head wakes me up. “Mom told me your hair is falling out again,” Seth giggles. “I wanted to see how much I can pull out with one grab.” He shows me the short pieces of hair in the palm of his hand. Anna laughs with delight.
“Yep, go ahead Anna, you can do so too.” Anna smacks the sides of my head and grabs a chunk of hair. Then it’s my turn. I drag my fingers through my hair and also come up with a sizable clump. I’ll be bald again in a day or two.

Unfortunately, Di and I can’t celebrate immediately because she’s running late for another Board meeting. I put the kids into their bunk beds at eight o’clock. They refuse to settle down. I join Seth in the top bunk to introduce some peace and serenity into their room.

Di arrives home at eight-thirty and finds both kids wide awake, though contained, in their bunks. I’m sound asleep between Seth and the bedroom wall. Di tries waking me up but I’m too exhausted to move. “Let me sleep more,” I groggily respond. Di wakes me up again at ten o’clock. I climb over Seth, strategically jump to the floor, and land between Seth’s carefully constructed Playmobile setups. I have my best sleep in more than a month, not waking up until the alarm goes off.

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My first thoughts upon waking up are, “I don’t have cancer anymore.” With each passing moment that sentiment feels truer. Even seeing large clumps of hair in the bathtub after showering doesn’t dampen my enthusiasm.

It quickly becomes another typical morning. I struggle to get Seth dressed, fed, and out the door so he doesn’t miss the school bus. Then off to the hospital for a lung and heart test. When I arrive, tears have frozen on the black woolen scarf wrapped around my face.

"Boxing With Cancer: A Matter of Life and Death," appears in the Wisconsin State Journal. I read the op-ed essay with mixed emotions. The author, myself, is dying of cancer. But I’m cancer free. I feel ambiguous when I listen to three phone messages on my answering machine, thanking me for the essay and assuring me that I will beat the cancer, which I’ve already done.

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An anti-climactic first day of the seventh chemo cycle. I don’t want to go through this anymore. The nurse jabs the needle through the tender skin covering the catheter port and it is more painful than ever. I’m cancer free, why should I continue to put myself through this agony? Is the gain worth the pain?

Since I’m cured of cancer, Ted is now concerned with potential negative side-effects caused by the chemo poisons. The technician spreads jell over my chest and wires me to an ultrasound machine. Magically, my heart appears on the screen, pounding away. How can that happen all day long every day without me even aware it’s happening?

***

At ten o’clock, while verifying the e-mail addresses for authors in the annotated bibliography, there is a knock at my door.

“Denis, can I come in?” the Business School Dean. Before I can answer, he walks into my office, conspicuously closing the door behind him. Damian Pulito makes himself comfortable on the maroon chair next to my computer.

“Sure, what can I do for you?” I ask.

Damian stares at the floor and says “It’s about your Firstar article. It’s caused some problems.”

“Good, they deserve some problems.”

“No, not them, us,” he corrects. “It’s causing us some problems. We have to understand each other on this issue. First, I had to send a letter to the CEO of Firstar informing him that your views are your own, they’re not the views of the Business School. I explained to him that we’re a free-thinking Business School. I can’t control what professors think or say or write. I think the debate on whether the purpose of a business is to make a profit or employ people is a good debate for the faculty to have.”
“Not so fast,” I interrupt. “I never said the purpose of a business is to employ people. All I said is that once you employ people you have certain obligations to them, one of which is not to toss them in a garbage can after you use them up.”

“I’m sorry, I didn’t mean to misquote you ...”

“And who is having a debate? If there’s one going on with the faculty nobody’s invited me to it,” I point out.

“That’s the second issue. Two Finance professors are writing a letter to the editor in response to your op-ed. They sent me a copy before mailing it out. I told them it was much too harsh. I had them tone the letter down and write it in a more collegial manner.”

“Who wrote the letter?” I ask.

“It doesn’t matter.” Damian avoids looking at my eyes.

“Yes it does. I want to congratulate them. Good for them. Let them have their say. But they could also talk to me directly if they want to. My door is always open, except for now,” I tease him.

“Next time, do me a big favor,” Damian continues. “Don’t mention any companies by name, particularly if they’re a big donor. You could just say there are some general problems with layoffs, and speak about them generally, and make the same point. You don’t have to mention any particular firm by name.”

“No way,” I respond. “What Firstar did is wrong, plain and simple. Somebody has to hold them accountable. 2,500 employees are losing their jobs.” Unexpectedly, Damian suddenly jerks himself out of the chair and starts walking toward my door, signaling that our dialogue has ended. I want to say more.

“By the way,” I tease again, this time talking to the back of his expensive suit jacket, “I’ve another op-ed essay coming out soon about Firstar in the Milwaukee Journal Sentinel.” I
can see a smirk on Damian’s face when he turns around to close the door on his way out. “And leave my door open please,” I shout as the door clicks shut.

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At lunch I sit across from Hans, one of the two Finance professors I suspect of co-authoring the letter Damian mentioned. “So, did you get your letter to the editor out yet?” I ask.

“Nah,” he answers, in a deep Belgian accent. “We might not send it out.”

“Why not?” I inquire.

“I recently read a book by Walter Lippmann,” he explains. “It was published in 1914. He made many of the same arguments you made.”

“It’s sad that eighty years later the same arguments still have to be made,” I add. “There are many parallels between the Progressive Era and what’s happening today. Too bad World War I derailed the progressive agenda.”

“But Lippman said it better than you,” Hans digs in.

“He had several hundred pages in a book to do so. I only had about nine hundred words to play around with,” I point out.

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My first academic conference since cancer survival, this one about how to motivate more professors to adopt service-learning projects as a teaching methodology. I board a morning Northwest Airlines flight bound to Phoenix with a changeover in Minneapolis. Before taking off, the pilot comes out of the cockpit, walks down the aisle, and directs “Everyone off the plane!” All two hundred passengers have to unboard and be re-routed on another flight because the airplane’s public address system isn’t working.

“Is it ethical to ruin everyone’s travel plans because the public address system isn’t working?” I ask the pilot.

“PA systems are essential,” he responds.
“Come on, the stewardess could just talk loud,” I jokingly counter. “It’s only a half hour flight to Minneapolis. You don’t really think anyone would mind.”

“Yeah, we probably could do it,” he says, “but it’s an FAA regulation. No talkie no flyie. Those damn government regulators.”

There’s a mad rush for the phones when everyone deboards. “I’ve got time to kill,” I hear a well-dressed gentleman speak into a telephone. “Got any good stocks to sell me?” I had to stop and listen. Will this man be motivated by profit or social concerns? “You want me to sell X and buy Y ... But I like X ... And I don’t know anything about Y ... Must I decide right now? ... I do? ... It’ll make good money right away you say ... I guess I have no choice. Sell X and buy Y.” Another well thought out stock purchase decision.

Instead of arriving in Phoenix in early afternoon to enjoy the warm sunshine, I eventually arrive at nine o’clock at night, exhausted and ready to call it a day. I join sixty professors still meeting in a conference room, finishing up a “getting to know you” evening session. Some people’s eyes light up when they realize it is me hiding under my bald scalp.

“Everyone,” a dear colleague announces, “please stand up and give this scholar an ovation.”

“Thank you,” I say while deeply bowing at the waist. “And, despite my looks, I’m now cancer free. I’m officially in remission.” The applause increases exponentially.

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It’s still freezing in Madison when I get back and I regret not spending more time outside in the sun during my two days in Phoenix. Today is day eight of the seventh cycle and the Neupogen factory is manufacturing white blood cells like crazy. Ted wants me to keep injecting every day until day fourteen of the cycle no matter how high the numbers. I can crack my back by simply swirling my shoulders forward, which the kids get a kick out of at the breakfast table. “Do it again dad!” they both squeal.
The workday begins with the buzz of seeing my Milwaukee Journal Sentinel op-ed essay. “Firstar Should Rethink Layoffs,” the headline blares. I xerox copies and personally distribute them into faculty mailboxes. It’ll give the Finance professors, particularly our Firstar Chair of Finance and the Business School Dean, something to ponder again. I’ve done what I could do. It’s now up to someone else to pick up the baton and run with it.

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My entire body is at war. It’s no longer Sherman’s march through Georgia, it’s an all-out nuclear war. Most troublesome is my inability to control my farts. I can do ten in a row, though I usually get control after the fifth or sixth one. I don’t mind much when this happens at home or in my office, but lately it’s been happening in public. The series of farts started two days ago, and they really stink. Seth and Anna think the noise and foul smells are hilarious, though Di doesn’t share that view.

My bones feel extremely weak and everything tastes like metal. It doesn’t matter that much because I don’t have an appetite. Paradoxically, the less I eat the more my stomach expands. Stomach gasses are developing from either the chemo or Neupogen. “Can I pop your tummy with a pin?” Seth asks. Anna sticks a fork into my belly.

Anna has been camping out lately at the top of the stairs. After getting ready for school, I gingerly step around her obstacle course. My new wool socks slip on the polished wooden stairs and I bang my rear down a flight of twelve stairs until I reach the shoe rack at the bottom. Seth runs to the rescue and helps me limp over to the couch. He runs upstairs and gets me another pillow to place under my agonizing rear. Anna, wanting to help in some way, runs down the stairs with a thermometer in hand. “Let me take your temperature Daddy,” she insists.

More tests in the hospital. “Your white blood cells are at 8,000, pretty good for the fifteen day of the chemo cycle,” Ted tells me. The Neupogen pain appears to be worth it. “But God, you
stink,” Ted declares. “Your bloated stomach and farts are probably caused by the Vincristine. We might eliminate that from your final chemo cycle.”

Ted renews my Marinol prescription after teasing that “you’re becoming a real pothead.” Marinol is the only pain reliever, besides hanging out with Seth and Anna, that works. Marinol attacks the pain and the mind, directing it toward euphoric states of consciousness. I’m taking five Marinol pills a week, one Friday night, two on Saturday, and two on Sunday. During the week I try to sleep off the pain rather than let my mind explore other possible worlds.

The Sunday *New York Times* has an article about marijuana houses in San Francisco for cancer and AIDS patients. For the time being, San Francisco cops humanely turn the other cheek. Clientele can purchase marijuana at a reasonable price and share the drug in a communal atmosphere.

I’m envious. I’d love to have an honest discussion with other cancer patients under the soothing waves of a marijuana high. According to the article, medicinal marijuana benefits include regained appetite, a desire to be social and communal, and sublimation of pain.

Some politicians oppose the flagrant violation of the law. “Hey, I bet this politician never had cancer,” I tell Di while reading the article. Let dying people have some pain relief.

My stomach feels like it weighs two hundred pounds and the nonstop farts are wearing me out. Seth directs me to lay on the floor without a shirt on. He climbs on top of the couch, stands erect, and drops a Playmobile soldier on my stomach. It bounces a good four or five inches back toward him. We’re reliving history. He cracks up laughing and does it a few more times. Anna wants to try the same thing with one of her Barbie dolls. She cries when Barbie hits my stomach and rolls over to the floor instead of bouncing up. Seth comforts her, “here, use my Playmobile guys.”

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It’s off to the hospital after lunch for more blood tests. All the numbers look good. However, one of the nurses expresses concern about the three new bruises on my left leg and the two muscle pulls in my right leg.

“Take it easy for two weeks, will you,” she insists. “It’s time to care for your body. It’s taken a lot of punishment.”

“Thanks Mom,” I say before going back to my office to do more work. Who would have completed the survey a scholar sent me over email if I went home? Who would have spoken with three MBA students about their mid-term exams that are due tomorrow, the two students needing to discuss an ethical dilemma they were currently facing, and the doctoral student whose dissertation committee I sit on? Who would have sent copies of my latest participatory management article to the thirty scholars requesting it? Who would have organized for my upcoming week-long visit to Hampton University, a historically black university, and an academic conference in Santa Fe?

These activities get my mind off the pain throbbing throughout my body. That’s what matters most to me right now.
CHAPTER NINETEEN
WELCOME BACK TO ACADEMIA (March-April 1996)

My airplane leaves for Hampton, Virginia in early afternoon with a stopover in Detroit. “Look at all the young African-American kids getting on the plane,” I think at the Detroit airport before noticing that many of them are wearing Hampton University shirts. This is my audience for the next five days returning to school after spring break.

The University of Wisconsin-Madison Business School recently created an affirmative action partnership with Hampton University, a historically black university. Last year a Hampton University professor taught two operations management classes in Grainger Hall for an entire semester. This year it’s our turn to return the favor. Nobody on our faculty wanted to spend an entire semester at Hampton, so I volunteered to do one week during our spring break.

Hampton is one of many teaching universities trying to mimic top-tier research universities by requiring that their professors conduct research and apply for grants. Yet, whereas University of Wisconsin professors teach two courses – 6 credits – a semester, Hampton University professors teach four, double our load. Stress levels must be high, or the school really doesn’t expect any publications, because writing takes time, as does teaching.

Lee, my Hampton University management professor host, initially booked a room for me at the Radisson Hotel, a few blocks from campus. “Don’t you have any rooms on campus?” I asked Lee. “I want to fully immerse myself in your campus culture.” Hesitantly, Lee switched my arrangements to the Alumni House on campus.


“Good observation Professor Collins,” Lee chides. “Only a handful of the Business School faculty are. Hampton’s seeking accreditation for its Business School. One criterion is that
a large percentage of the faculty has terminal degrees in their field of expertise, meaning a doctorate in Business. But there are few African-American doctoral students and most of them accept job offers from top-tier research universities with aggressive Affirmative Action programs that pay much more than we do. Previously, Hampton’s faculty consisted of many African-Americans with MBAs and relevant job experience. But many of them were recently fired to meet accreditation standards. Out the door went all the loyal black faculty role models. Now we’re mostly staffed by white Ph.Ds like me. The few blacks on the faculty, besides the Dean, are from Africa. They don’t count as affirmative action blacks at other schools.”

The Alumni House is a cold, unfriendly, stale, vacant building with small sleeping quarters. The heat finally comes on around midnight, announcing itself through ancient rattling radiator pipes that wake me out of a deep slumber. The pipes rattle for another hour before I finally fall asleep again.

Lee meets me outside the Alumni House and escorts me to breakfast. “So how soon until I book you at the Radisson Professor Collins,” he says instead of hello. “It’s within walking distance to campus.”

“It’d be great if you can do it before lunch. And no more Professor Collins. Please call me Denis.”

“Sorry,” Lee responds, “but that’s against our new rules. Our new Dean wants to develop more faculty respect on campus. He’s instructed students and faculty to address us using our professorial title. He’s a stickler about it.”

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Hampton’s Business School, like other academic departments on campus, lacks financial resources. What appear to be attractive buildings from the outside are crumbling within. Maintenance issues are ignored.
The Hampton faculty suffer from an inferiority complex. Not only are they treated poorly by administrators making unreasonable research publication demands, but by their peers at other universities because they are merely teachers, not researchers.

“Professor Collins,” an African professor greets me. “I’m impressed by your publications list. I, on the other hand, have none. I will have some soon.”

I know he’s lying. “There’s no need to apologize to me. You have to teach eight classes a year. You have no time to write.”

“Ah, please tell that to the Dean,” he tells me.

“I will,” I promise.

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My chore for the week is lecturing in ten classes and conducting two faculty seminars. In my first class we explore the “Terminating a Friend” ethical dilemma I did with my Executive MBA students. Forty of the forty-three Hampton students claim they would violate confidentiality and tell their friend about the upcoming layoff. Unfortunately, the discussion is subdued.

“Okay, be honest with me, I’m an ethics professor,” I tell the students. “How many of you actually read the one page case?”

Three hands rise. “You’re not going to learn much unless you try,” I tell them. “I’ll give you a break today because it’s the first day after spring break. But you have to read the next assignment prior to coming to class. Do you hear me?” Several students nod affirmatively, but most seem annoyed that a visiting professor would make such a demand on them. “Please don’t treat me like a substitute teacher,” I tell them, addressing the issue heads-on, “I want all of us to have a good learning experience. That includes me. You have much to teach me. You can’t do so if you just sit there feeling guilty or ignorant for not having done the homework assignment.”
After the morning class, I sit on a bench and enjoy the fresh spring day. Everyone I see is African-American. It’s an odd sensation. Nobody looks like me. How difficult it must be in Madison for the few African-Americans.

I walk to the faculty and staff cafeteria and grab a salad from the buffet. I notice a sea of black men and women chatting at tables. It’s a foreign landscape. I drift toward an open seat and start up a conversation with the guy on my left. I pause and notice he’s the only white guy in the dining hall, and a janitor. The race magnet yanked me toward my kind. I feel terrible for making the decision where to sit based on racial comfort. “I’m sorry,” I lie to the white janitor, “some friends over there are calling me.” I relocate and introduce myself to a table full of African-American professors.

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I teach the “Terminating a Friend” dilemma in a different class on Wednesday afternoon. This time no student is willing to honor corporate confidentiality. “Why should I pimp for corporate America?” a student answers to the approval of her classmates.

“Come on, doesn’t anyone here feel some loyalty to the company? You’ve been sworn to confidentiality. Doesn’t that count for anything?” I ask.

“Nope,” another woman shouts from the back of the room. “They treat us like garbage. We don’t owe them a damn thing!” Some classmates applaud.

“With all this downsizing going on,” a male student adds, “they act like they don’t owe us anything. Why should we do them any favors?”

“Because it’s wrong to break your promises,” I suggest.

“Nobody keeps their promises. Why should I be the sucker,” he states. It wasn’t a question.

“Let’s assume that you’re the boss,” I propose. “Would you want your employees to keep their promises?”
“Yeah,” he says, slouching in his chair, no longer looking me in the eyes.

“So right or wrong depends on your role in society. If you’re the boss then people working for you should keep their promises, but if you’re not the boss you wouldn’t think twice about breaking a promise. Is that what you’re saying?”

He doesn’t answer my question. I sit on top of the desk cross-legged until someone feels uncomfortable enough to say something. “Hey, the white folks have treated us like shit for years,” a guy sitting next to the student who wasn’t going to answer my question chimes in. “They make all the rules. Why should we listen to them? It’s time for us to make the rules, and that’s a dumb ass rule if you ask me. If my brother’s gonna get laid off, I’m gonna tell him no matter what.”

I explain how the egoistic ethic he’s applying causes social problems.

“You gotta do to the man before the man does to you,” he insists, a reversal of the Golden Rule. “Look at Clinton, he lies all the time. And Reagan and Bush, they didn’t care about us. All they care about are rich white folks. Man, I’m telling you, you have to be stupid to let those white managers tell you what to do. They’re making all this money while dumping people out on the streets. Who are they to tell me what’s right or wrong!” Many students nod in agreement.

Between classes I explore downtown Hampton. It’s a ghost town. A beautiful waterfront shopping district built for upper middle-class people is vacant. Many stores have no customers, like a scene out of The Twilight Zone. One shop sells specialty food from Great Britain, obviously not appealing to the tastes of local residents or students. The new sparkling space center, built to attract tourists, is devoid of customers.

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Mid-week I conduct my second faculty seminar, this one on doing joint research with University of Wisconsin professors. Two weeks prior to coming to Hampton I distributed a survey to all Business School professors in Grainger Hall, asking who was willing to do joint
research with Hampton University professors. Doing so could add a diversity dimension to anyone’s database, with Hampton University professors providing access to black businesspeople and students. Only two of the more than one hundred UW Business School faculty responded.

The idea’s reception at Hampton University is equally cold. Every faculty member is now required to conduct research, but only three express an interest. I write down their names and telephone numbers, and promise to contact the appropriate professor in Madison when I get back.

Then a tall, frail white professor approaches me after all the other faculty members leave. “I’m sorry for getting personal, but there’s something I have to ask you,” he says. “Are you undergoing chemotherapy?”

“Yeah,” I respond while rubbing my scalp, “this bald look isn’t natural. I usually have hair up there.” I hadn’t thought much about cancer since arriving in Hampton, my mind being side-tracked by new racial stimuli.

“May I ask what kind of cancer you have?” he asks, staring intensely into my eyes.

“Hodgkin’s lymphoma.”

“I knew it!” he shouts with glee. “Consider yourself lucky. Let me shake your hand. If you’re going to get cancer, that’s a good one to get. That’s what I have too. I was diagnosed twelve years ago with Stage IV cancer. They told me I was going to die and here I am still kicking. Those doctors don’t know what they’re talking about.”

We share cancer war stories and quickly become buddies. “I hope you don’t mind some free advice,” he says without waiting for a response. “You’ve got to keep your spirits up. That’s probably the best cure for cancer. If you think you’re going to die then you’ve lost the battle. Positive thoughts, constant positive thoughts. That’s what I do. Avoid negative people. All they do is suck the blood out of your spirit. Walk away from them. Ignore them. Don’t listen to them.
Tell them to get lost. And don’t try explaining to people what you’re experiencing because they’ll never understand. I tell you it’s a waste of your precious energy.”

He pauses for a moment and observes the wedding ring on my left hand. “Do you love your wife?” he asks.

“Yes,” I say, taken aback by his question. “She’s having a tough time. But I think we’re getting better. She’s normally stressed out.”

“Well that’s too bad,” he jumps in. “Sorry for interrupting but I didn’t want to give you any negative thoughts. Just like I said earlier. Avoid negativity. You need to love her. That’s what you have to do. Then she’ll love you back. And eat nutritious food. There are too many bad chemicals in our food.”

“My comfort food is pastina,” I tell him.

“What’s that?”

“Pastina. A kind of Italian macaroni,” I explain. “Tiny little stars. Ronzoni makes it. They don’t sell it in Madison but you can buy it in New Jersey supermarkets. My mother sends me a few boxes every other month. Anytime I feel down or depressed I cook a pot of pastina and feel much better.” We give each other a bear hug and go our separate ways.

At night is the grand opening of the play 40 Acres and a Mule. Following the Civil War, the U.S. government reneged on its promise to give each slave forty acres and a mule for slavery compensation. Just before the show begins I look around at the well-dressed people in the nearly sold-out auditorium. I do a double-take when my eyes land on the only other white person in the audience. I’ve quickly become oblivious to my race and forgot that I’m white. I feel at home in the black community. When surrounded by blacks, I feel black, at least until I see another white person and am reminded of my racial identity.

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My last day at Hampton. After teaching my final two classes Lee gives me a lift back to the hotel. “I’m really grateful you came,” Lee says. “Your presence provided a moral boost to the faculty. The other professors are talking about you. They’re proud that someone from the University of Wisconsin, undergoing chemotherapy no less, would spend a week with us.”

“Lee, you’re going to make me gag,” I tell him while sticking an index finger down my throat. “What you say makes me sad, not happy.”

“But that’s how it is around here,” he continues. “It’s reverse slavery. The black administrators tell the white professors what to do. Then you show up and do your thing. Many people here are envious of you.”

“And they don’t do likewise because...?”

“Because they are not you. You also helped us a great deal with the students. You probably don’t even realize that do you. Do you?”

“No,” I say. “How?”

“The students take a look around, see all these white business professors and think they have to put us down because they’d rather have black professors. They think we’re taking teaching jobs away from black professors. A student once told me ‘Hey, if you’re such a good professor how come you’re teaching here?’ Said that right to my face. Having someone coming from a Big Ten research university adds prestige to the faculty.”

I take a taxi to the airport, get on the plane, and try reading some short stories about growing up black that I purchased at the Hampton University bookstore. But I keep nodding out.

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When I arrive back in cold Madison the Business School Dean reports that my tenure case will be heard tomorrow afternoon by the Subcommittee to the Executive Committee, six senior tenured faculty. Following their approval, my tenure case will be forwarded on April 1st to the Executive Committee, all fifty-five tenured faculty in the School of Business. They will listen
to the recommendations of my departmental committee and the Subcommittee to the Executive Committee, and then have two days to cast their ballots for or against tenure. If approved, my tenure case will be forwarded to the Social Studies Divisional Committee, twelve tenured faculty members representing other schools on campus, for its approval.

“The Divisional Committee will be voting on your case on April twenty-first,” Damian says.

“Thanks for the vote of confidence,” I chime in. “You’re assuming I’ll have no problems in the Business School.”

“Of course not,” he states. “You’re a sure thing.”

“That’s what everyone’s been telling me,” I assure him. “It’ll be nice when it’s done.”

“You deserve it after all you’ve been through,” he continues. “We’re looking forward to welcoming you to the club.”

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I wake up at four o’clock, my hands shaking from the chills. The t-shirt I wear to bed is soaked with sweat. Day one of the eighth and final cycle couldn’t come a moment too soon. This is it. I’m heading down the home stretch.

After getting in the unoccupied Grainger Hall elevator I collapse my body against the wall and start banging the back of my head against the rear wall to discharge some of my personal frustration. Idiotically, I’m leaving tomorrow for Santa Fe, New Mexico for the annual International Association for Business and Society conference. This is way too much travel right now, but I want to say hello to colleagues I haven’t seen since I collapsed in the Czech Republic back in July. It’s poetic that International Association for Business and Society conferences will serve as bookends for my cancer experience.

“You look terrible,” Ted says upon greeting me in his hospital office.

“Thanks buddy, and the same to you,” I tease back.
“No, I’m serious. You look a wreck. What’s going on?”

I read the list of bodily grievances I jotted down on a scrap of paper when killing time in the waiting room.

“I think we better hold off on chemo for today,” Ted concludes. “Maybe you’ve had enough. But I really want to get one more cycle into your system. Your white blood cell count is an adequate 3,000. But I don’t want to take any chances because you’re leaving tomorrow for Santa Fe. I’d rather perform some tests to make sure that the negative side-effects aren’t killing you.”

“Bad choice of words, my friend.”

“No, I mean it. I’m still giving you some powerful poisons.”

“So what gives?” I ask. “My entire body hurts, my hands been cramping up, and my feet are cramping again. My stomach feels like I swallowed a fork. All these aches are similar to when I came back from Europe, before I knew I had cancer.”

“My guess is that the Adriamycin is doing a number on your heart. The Vincristine toxins are probably causing your legs and bowel problems. The Bleomycin could be messing up your lungs. Or maybe you just have a low grade catheter infection. You’ve been complaining for quite a while about the area where it’s sewn into your body. I’m going to send you up to X-ray to collect more info about your body.”

The chest X-ray doesn’t reveal anything obvious, though there might be a little extra fluid in my chest. Ted writes some new prescriptions and schedules me for a muga scan next week to assess my heart. I had one performed prior to the first round of chemo and Ted wants to compare the results.

“At least you’re cancer free,” Ted reaffirms.

“You bet, but I hope I can enjoy it. I don’t want to end up like a vegetable for the rest of my life.”
“There’s nothing for you to worry about,” Ted insists while scratching his head.

“Then why are you scratching your head?” I ask. “I don’t take that as a good sign. You’ve been scratching your head a little more than usual today.”

“Oh, that’s just a bad habit,” Ted points out. “Enjoy yourself in the sun. I wish I were going.”

When I get back to the office I read an email from Marty Bassett, my tenure committee chairperson, with good news about yesterday’s tenure vote. The Subcommittee to the Executive Committee rated my tenure case an “enthusiastic, unanimous 5-1 decision.”

A unanimous decision sounds great, but how can it be unanimous if the vote is 5-1? I send Marty a reply stating that if I were reviewing a journal article I’d point out the contradiction between having an “enthusiastic unanimous vote” and a “5-1 decision.”

Ray doesn’t reply prior to departure. I call another professor to get a better understanding of the tenure vote.

“Oh, it’s simple,” she insists. “Everyone on the six person committee decides whether the tenure case deserves a six-to-zero vote, five-to-one vote, four-to-two vote, three-three vote, two-to-four vote, one-to-five vote, or zero-to-six vote. One by one each committee member says what a reasonable outcome should be given the material before them. So nobody votes whether they personally believe you should be tenured. Instead, they vote on what they think the entire committee should conclude. Their goal is to be unanimous. This way they can show a united front when it’s time to present your case to the entire tenured faculty for a vote.”

“Let me get this right,” I say. “Nobody wants to be held personally accountable for his or her own vote? Instead, they’re guessing at what the committee would vote if each person independently cast his own secret ballot?”

“I guess that’s sort of true,” she responds. “I never thought of it that way.”
“It’s personal accountability avoidance. Which of the six subcommittee members do you think they assumed would vote against me?” I ask.

“No, it doesn’t work that way,” she reiterates. “Nobody voted against you. Nobody ever gets a six-to-zero vote in favor of tenure. And not many faculty going up for tenure get five-to-one votes either. You should be proud of yourself. The next step should be easy.”

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During breakfast I have severe pains in my throat while swallowing a bagel with cream cheese. I call Ted when I get to the office. “You probably have strep,” he deduces. “It’s making the rounds in Madison.” This also explains the nighttime chills and fever. He calls in another prescription and makes me promise to pick it up before leaving for Santa Fe.

After several delays, including a canceled flight, my plane arrives in Albuquerque late at night. I take a one hour shuttle ride to Santa Fe. I should have looked at a weather forecast. The weather is freezing and I didn’t bring any winter clothes. I assumed it’d be nice and warm, like my trips to Phoenix and Hampton. Santa Fe is tucked in among snow-capped mountains, more than 7,000 feet above sea level.

At midnight the hotel receptionist maps out the path to my room on the other side of the complex. This requires going outside twice into the frigid night air and walking around a long building. Despite my cancer sob story, the receptionist claims no closer rooms are available. As I walk through the labyrinth, colleagues stare at my bald head and I feel them thinking, “Is that bald-headed guy Denis?”

In the morning, I co-facilitate a session about the future of the field of Business Ethics. “Denis, it’s ironic you’re facilitating this session,” a senior colleague says while I re-arrange the room seating to prepare for small group discussions. “You survived cancer, and when you get tenured next month, we’ll have another business ethics beachhead at a research university. Much
political blood has been shed to get business ethics professors tenured in business schools. You’ll show it’s possible for an activist scholar to get tenured in business ethics too.”

Business ethics has had a bloody history in Business Schools because of a clash of academic cultures. As a topic, business ethics issues have been around since the first trade between two people – what is a fair exchange, does the buyer fully understand product problems?

But teaching business ethics in a School of Business is a modern phenomenon. Early European and American colleges, such as Harvard, focused on liberal arts and theology, training the sons of wealthy people to be ministers. Business was added to the college curriculum in the 1880s at the height of the Industrial Revolution, in response to the need for well-educated business managers.

Business ethics didn’t become a field of academic study until the tumultuous 1960s, when business schools struggled to understand the anti-corporation consumer movement and the broader social, political, legal, and ethical environments in which they operated. Business ethics courses were primarily offered in Philosophy Departments, taught by philosophy professors comfortable conducting ethical analysis. Unfortunately, few philosophy professors understand the inner workings of business, and were unable to grasp the organizational pressures to behave unethically. Business Schools complained philosophers were too abstract for their students. Philosophers countered that business schools professors were merely bean counters, and business students would be better off in a trade school, not a university.

During the 1970s, the Business School accrediting agency stepped into the fray and required Business Schools to either offer a separate business ethics course or integrate ethics throughout the curriculum. A few progressive schools required a business ethics course to prepare their students to excel in management. But most business school professors did not believe the course was rigorous or meaningful enough to replace a more practical course in the
business school’s core curriculum. As a result, many business schools offered an elective business ethics course. This typically meant preaching to the choir as those who needed to understand business ethics the most would only take the course if required to do so.

The culture clash remains because most business ethics professors are trained in the humanities, with doctorates in ethics, whereas other Business School professors are trained in the social sciences. The cultural differences are accentuated in the type of publications required for tenure. Humanities-based professors publish philosophical articles that lead to the publication of a book for tenure review. Social science-based professors conduct large database research studies that entail high levels of complicated mathematical manipulations. Thus, business ethics professors are not welcomed to the club and few obtain tenure in business schools. I’m the beginning of a new breed of business ethics professor, with academic degrees in both business and philosophy, and comfortable teaching and writing in both academic arenas.

Currently, about one-third of accredited business schools require a business ethics class, another one-third offer it as an elective, and another one-third don’t offer the class. This last group claims that ethics is integrated throughout the business school curriculum, which is wishful thinking.

There is significant disagreement among the conference session attendees whether the field of business ethics is in decline, will remain at the status quo, or flourish in the future. I hope it flourishes, but given business school battles for scarce curriculum space and the tenure rate for business ethics professors, I’ll be happy if the status quo remains the same.

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I have the Catholic Church and Father Michael to thank for my business ethics missionary zeal. As a child, I obediently attended St. Joseph’s Church in East Rutherford, New Jersey. Father Michael, was a kind, handsome, and saintly priest wearing his Franciscan brown robe and sandals. He disappeared from my life in the 1970s, only to reappear on September 11,
2001, his body carried on what appeared to be a white bed sheet by members of the New York City Fire Department. Father Michael had been killed by a falling boulder from the crumbling World Trade Center tower while giving the last rite to someone else.

Father Michael drilled into us during Sunday school that the purpose of life is to build heaven on earth, just as Jesus prays in the Our Father – thy kingdom come, thy will be done, on earth as it is in heaven. For this to happen, we must all overcome our sins aided by weekly or bi-monthly confessions.

Confessions at St. Joseph’s were heard on Saturday afternoons from three to five o’clock. Back in 1964, although I didn’t think I committed any sins the previous week worth reporting, my mother insisted that I tag along with my older sister, who hadn’t been to confession in two weeks. Doreen and I kneel down and make the sign of the cross when we enter the dark medieval church. We stand in line behind a few people waiting their turn in the confessional. I think long and hard about what sins to confess, but can’t think of any. Father Michael will be proud of me!

When it’s my turn, I proudly push aside the dark red felt curtain, and kneel down on the cushioned, squeaky kneeling pad. The priest slides open the inner confessional window, allowing him to see me though I can’t see anything but a small ray of light shining through tiny holes in a dark bumpy plastic surface. The moment I joyfully awaited has finally arrived.

“Bless me Father for I have sinned, it has been only one week since my last confession and I have no sins,” I report.

“What! No sins!” came the immediate harsh priestly response of Father Patrick. Father Michael is apparently in the confessional on the eastside of church, not the westside.

“Yes Father, I haven’t sinned during the past week. I went to confession last week and told my sins. I didn’t do anything this week except go to school and play basketball. My mother made me come today because my sister was going.”

“You haven’t lied to your mother?” he shockingly asks.
“No, not this past week,” I meekly reply.

“You must have lied to your father or sisters or friends,” the priest says, obviously upset. “You’re an active boy. Boys lie. Don’t tell me you went the whole week without lying.”

“I don’t think I lied,” is the best I can offer.

“How about cursing, did you curse on the playground?”

“No, my parents don’t like me to curse.”

“Well, what about fighting. You play sports. You must have had a fight.”

“No.”

“Not even with your sister? Don’t lie to me son,” booms Father Patrick, the Wizard of Oz. “Go to the altar and say twenty Hail Mary’s and twenty Our Fathers. Ask God to forgive you for lying to me. Next time don’t lie to me in confession. In the name of the Father, and of the Son, and of the Holy Ghost, amen.” Father Patrick slams the confessional window shut.

My knees ache as I stand up and see the deep impressions left on the kneeling pad. With each false accusation I dug my knees deeper. I pull back the dark curtain and see the people waiting to enter the confessional staring at me. Doreen snickers.

I pray the extraordinarily long penance, which typically consists of only three Hail Mary’s and three Our Fathers, in front of a statue of Mary holding baby Jesus, while wondering why the priest punished me for living a saintly week. Why did God, speaking through the priest, wrongly insist that I sinned? Why does the priest think going one week without sin is impossible for someone to do?

Sure enough, as soon as we arrive home, Doreen squeals to our mother that the priest yelled at me so loud everyone in the church heard. I’m sent to my room and forbidden to watch the late afternoon college football game on ABC’s Wide World of Sports. The thrill of victory, the agony of defeat.
Two weeks later I re-enter the confessional. “Bless me Father for I have sinned. It has been two weeks since my last confession and I have three sins. I cursed, I lied to my sister, and I lied to my parents,” I lie.

“You should stop cursing and lying,” Father Michael responds, “you can do better than that Denis. Go to the altar and ask God’s forgiveness by saying three Hail Marys and three Our Fathers.”

I lie several more times about committing sins I never commit, and then stop going to confession. I hated the no-win situation. Clearly God does not want me to sin. But God is not in charge, the priests are. The only way I can receive the body and blood of Christ is by lying about having committed three sins I never committed. It made more sense for me to confess my sins directly to God while kneeling in a church pew, but that meant lying to my parents about having a priest hear my confession.

I slide down the slippery slope and eventually join friends skipping mass altogether and hanging out at a nearby soda fountain store instead. We stop by St. Joseph’s after mass ends and pick up the weekly announcement bulletin as parental proof for attending church. After Doreen squeals about my playing hooky from church, I just stay home and sleep late. By high school I become an ardent atheist, convinced that the daily catalogue of injustices reported in the New York Daily News and Bergen Record proved God didn’t exist.

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I’m the keynote luncheon speaker at the downtown rotary meeting when I arrive back in Madison. Oddly, Madison has one of the largest rotary affiliates in the world. More than 300 business people meet every Wednesday lunch to network, sing quirky songs, and hear a speaker. I educate them about my student projects and say some nice words about the School of Business.

Afterwards, a Rotarian drops me off at Meriter Hospital for a MUGA scan, used for diagnosing heart diseases. Emotionally drained from the talk, I’m only too happy to obey the lab
technicians, who take blood out of my body, mix it with some radioactive materials, and then inject the blood back into my body. I lay on a flat table while they take pictures of the radioactive substance lighting up parts of my heart.

The muga scan results are normal, my heart is fine. Next, we’ll do another pulmonary function test to see how the lungs are doing. Based on these results, Ted will determine if I should undergo the eighth and final round of chemo. He wants to get the poisons back in for one last march through my body, but only if he can be sure they won’t cause damage elsewhere in my body. I see the light at the end of the tunnel.

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At four o’clock on April Fool’s Day we have a brief faculty meeting. When it ends, I leave and only tenured faculty remain to discuss the merits of my tenure case. Two tenured faculty shake my hand as I leave in anticipation of the favorable vote. Marty, the chair of my tenure committee, explains to everyone why the tenure committee and the Subcommittee of the Executive Committee unanimously approved me for tenure. Anyone with doubts is encouraged to speak up so those who support the tenure case can respond to their concerns. All ballots must be cast within forty-eight hours of Marty’s presentation.

When I get home Marty calls. “I’m sorry to bother you at home,” Marty says, “but the faculty meeting just ended and someone wants a copy of your gainsharing book manuscript to be included with your other materials.”

“That’s silly,” I respond. “My tenure case is based on my refereed journal articles. Someone actually wants to read the entire book manuscript? It’s all in a Word document. Cornell University Press hasn’t sent me the page proofs yet.”

“I thought it was a silly request too,” Marty consoles me. “But it won’t hurt to include it.”

“Who wants to see it?” I ask.

“I’m not permitted to say, but it’s someone from the Management Department.”
“Maybe I’ll just print every fifth page and see if anyone really notices,” I joke. Three hours later I put the entire document in the Dean’s mailbox so he can include it with the rest of my tenure materials.

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“All right everybody, settle down in your seats,” I tell the thirty-five MBA students at the start of today’s Business Ethics class. Some students stop chatting with their neighbors, some set aside the student newspapers which can be read in a few minutes, and others too busy to eat in the cafeteria finish inhaling their lunches.

I uncross my legs from their lotus position and hop off the table in the front of the modern, tiered, high-tech classroom. Jack Kevorkian, doctor death, is in the news again for helping another terminally ill person commit suicide. I want my students to process the ethics of his situation.

“Assume you’re a member of the Wisconsin state legislature,” I announce. “Should the state of Wisconsin legalize assisted suicides? Let’s see the hands, Yes or No? Don’t hesitate, the medical establishment is one of the largest businesses in the nation, so this is a business ethics topic.”

The vote is a lop-sided thirty Yes and five No. Dr. Kevorkian has hit a raw nerve. The five No-voters are adamant – no person has the right to kill another person, particularly a doctor who has taken the Hippocratic Oath never to harm a patient.

One of them points out the potential hypocrisy of classmates supporting assisted suicides who just last week opposed the death penalty in another discussion. This accusation inspires a woman to tell about aiding her husband’s premature death after doctors told family members that his debilitating disease was incurable. Another student, who has barely spoken all semester, tells us about the joys his terminally ill grandmother experiences every day despite her severe pain and debilitating disease. He refuses to exercise his legal authority to end her life prematurely.
With these two conflicting stories weighing on their minds, a student yells out, “Professor Collins, if your cancer got worse instead of better, would you have wanted a doctor to pull the plug and stop your agony?”

“You know the rules of debate,” I slyly admonish. “The professor keeps his mouth shut during debates. I don’t want to pollute your discussion with what I think is the correct answer.”

A loud groan is followed by another student comment. “You’ve always been honest with us about your cancer experience. We saw the chemo mess up your body. And we saw you get sick from the chemo, and ...”

“I know.”

“And you told us about the time the doctors said that the chemo wasn’t working and you might die this summer,” interrupts another student.

“I know. I did so for the purposes of education. This way you’ll be better prepared to care for someone you love if he or she gets cancer.”

“Professor Collins,” he continues, “you’ve told us many times that we can learn best by reflecting on personal experiences. If you knew you were going to die from cancer and you were in total pain, wouldn’t you want to take some pill that might take you out of your misery? Would you want your kids to see you needlessly suffer an extra few days or weeks?”

“All right.” I notice students leaning forward, sitting on the edge of their chairs, waiting for me to take up their challenge.

“Let’s start with the concept of death. We falsely assume that death is something to be feared. Death should be embraced, not feared. Death is merely a transition to something else. If you’ve lived an ethical life, there is nothing to fear about that transition.” I pause and breathe deeply.

“Now let’s assume my doctor got his patient files mixed up. My cancer cells are still foolishly reproducing themselves. Two months from now I’m admitted to the hospital,
bombarded with unheard of amounts of chemotherapy and receive a bone marrow transplant. It doesn’t work. I’m all skin and bones. None of my body parts work right. I can’t eat. I can’t control my bowels.” Some students groan, others laugh.

“My only hope for survival,” I continue, “is a new, miraculous life-support machine. I don’t want it. No thank you. If it’s already plugged in please conserve energy and unplug it for me. This wouldn’t be killing me. It would be letting me be who I am, a dying patient. I welcome the opportunity to die. I don’t want to be kept alive at all costs. I want to die with dignity. Just allow me a few minutes to videotape some advice for my five and two-year-old kids to watch on their eighteenth birthdays.”

“But two months ago you sounded like you thought you were going to die,” a student interjects. “And then a miracle happened. If a doctor helped you commit suicide then you wouldn’t be alive today.”

I hadn’t thought of that. I look up at the clock on the back wall. It’s two-seventeen. “Hey, class ended two minutes ago,” I point out. There’s movement for the first time since the beginning of my monologue. Some students turn around to verify the time. “Sorry for keeping you late. I’ll end the next class two minutes early. Class dismissed. See you on Monday.” A tremendous buzz of conversation fills the air. I gather my notes and wander out of the classroom.

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When I get back to my office I feel anxious about the tenure vote. Wanting to keep my mind occupied by more relaxing issues, I jot down some ideas for an upcoming service-learning workshop I’m conducting for faculty.

At four o’clock, the Business School Dean knocks on my already wide-open office door. I swivel around on my blue computer chair with the black arm rests to face him.

“Can I come in?” he asks while entering my office.
Damian shuts the door behind him before I say “sure.” He sits in one of the two maroon chairs for students, nervously pulls at his tie and suit jacket, and stares at me. His presence makes me uncomfortable. He’s a slick, in your face, public relations type person, constantly selling the school to others. I reach over, turn off the soothing jazz music coming from the cassette player on my computer desk, and hit F10 on the keyboard to save what I just typed into the computer.

Damian rubs his graying hair and readjusts his chubby tummy, the result of too many fund-raising banquets. “I have some really bad news. It’s shocking news. We just counted the votes for your tenure case. You were turned down; forty Yes votes, eight No votes, and three Abstentions. You didn’t make the eighty percent approval mark. We can’t send your tenure materials to the divisional level.”

“I didn’t get tenure?” I’m shocked. I push up the eyeglasses sliding down my nose, and readjust my feet. With both hands I rub the oil gathered on my forehead and pull at the few strands of beard hairs that have survived the chemotherapy treatments. I write the vote totals on a sheet of yellow-lined paper to make sure I give Di accurate information for when she asks.

“How can that be?” I ask.