

A man and woman struggle when cancer takes center stage.

OUT OF THE INFERNO: A Husband's Passage Through Cancerland - Red Sky Anthology, Book 2

by Randy Evans, PhD

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Out of the Inferno

*A Husband's Passage
Through Cancerland*

RED SKY SERIES / BOOK 2

RANDY EVANS

Praise from Readers for “Out of the Inferno”

“What happens when cancer takes center stage? Randy Evans bares his soul and shares his and Laurene's story and the aftermath of that story in this very engaging book. He combines down home Texas culture with a running commentary on lessons learned, all within the context of a trip through hell (*Dante's Inferno*). But he continues on, out of hell, and into a new life. A powerful story.”

—Linda Yarger, Medical Librarian,
UNIVERSITY OF TEXAS MD ANDERSON
CANCER CENTER, and breast cancer survivor

“A beautifully written memoir filled with stunning stories, terrific insights, and first-hand advice. I laughed and wept, openly and honestly dozens of times.”

—Wade Rouse, bestselling memoirist
and author of *THE CHARM BRACELET* (*St. Martin's Press*), written under the pen name
Viola Shipman as a tribute to his grandmother.

“Hearing Evans’ public reading was emotional, there was not a dry eye in the room. Then everyone was laughing out loud. I was till misty-eyed reading the book. Hearing the honesty and imagining his challenge to recount that period with his family makes chapters that must be finished before putting the book down.”

—Dylan Valade, President, SUNGEM

“...a deeply moving memoir that chronicles his wife’s passing from breast cancer.”

—Al Sevenser, HUNGRY HOLLOW FILM STUDIOS, LLC

“OUT OF THE INFERNO struck close to home, almost too home, having lost my husband to cancer. He got it all: the shock of diagnosis, the hopeful efforts towards an elusive cure, and the acceptance of the inevitable finality of death. Read and feel. It will shake out your emotions and hang them up to air.”

—Anne Kelly, Freelance Writer, spouse caregiver

“With epigrams from Dante, Evans details the decade long struggle of his wife’s cancer. The memoir is an honest close-up of the grief Evans says triggered his return to writing. As well as the poignant and the painful, there is also the uplifting.”

—Glen Young, *PETOSKEY NEWS AND REVIEW*, teacher, writer

Out of the Inferno:
A Husband's Passage Through
Cancerland

Red Sky Anthology, Book 2

Randy Evans, PhD

*Includes research on how breast cancer survivors
manage quality of life*

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The first fifty pages of this book were excerpted in Red Sky Anthology: Reading Out Loud in Northern Michigan, First Edition, Red Sky Series, Book 1 (2016), Little Traverse Press.

Later chapters in this book refer to Randy Evans's research published in his doctoral dissertation, "The Zig-Zag Road: A Multi-Ethnic Study of Breast Cancer Survivor Quality of Life" (2007) ProQuest Information and Learning Company (UMI Number: 3214103)

Cover photograph by Mike Schlitt, Visions of Mike

In memory of Laurene (1947-2002) and for the brave
and courageous men and women who live and work
with chronic illness.

Other books by Randy Evans

Red Sky Anthology: Reading Aloud in Northern Michigan, Red Sky Series, Book 1—published January 15, 2016, Little Traverse Press/BookLocker.com
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Crooked River: Love, Adventure, and a Search for Belonging in Northern Michigan, Red Sky Series, Book 3—coming soon

The Lawnmower Club: How Leo Zitzelberger Lost and Found Paradise on Earth, Red Sky Series, Book 4—coming soon

1.

*Stopped mid-motion in the middle
Of what we call our life...*

Dante's Inferno, Canto I

On a rainy November day in central Texas, Neil Schmitt, my father-in-law, trudged wearily down a country road along Pecan Bayou. A tall, lean man, he bent his head against the rain. He wore a floppy hunting cap, thread-bare coveralls, and worn-out boots that he knew he couldn't afford to replace. After walking out to the road from the old tool shed that he used as a blind, he decided that he was done with hunting for good, just like that. Once Neil made up his mind to do something or not to do something, that was it. He quit smoking that way. He quit playing poker that way. And this cold, drizzly day, he decided to stop hunting.

In his seventies, I guess he had become tired of getting up before dawn to sit on a folding chair for hours waiting for a deer to show up, and also his reasons might have had something to do with unpleasant memories of the land. The days alone in the blind might have given him too much time to think about what had happened there during his boyhood—abandonment by his father, the long illness and death of his mother, and the struggles of subsistence living

in a tin and tar paper shack with a dirt floor. He carried his rifle close to his body, cradled in his arms. The strap of an Army-green canvas bag hung over his wide sloping shoulders like a sack of memories.

As Neil made his way down the wet black road towards Irene Brown's house, he stopped mid-stride, and walked to the gate at Jordan Springs Cemetery where Laura, his mother, lay buried. She had died of breast cancer in the 1940s. As the sole caregiver for his mother, her long illness and death had flattened Neil's teenaged life like a bulldozer.

He rested his gun on the cyclone fence, and stepped inside the grounds. He passed by the gravestones of long-dead, half-forgotten people whom he had known during his life in Brown County, Texas. On the far side of a hundred-year-old oak tree, he removed his shapeless cap, and stood over his mother's grave. The face of the gravestone never changed. For him, it must have been like looking at a memory that couldn't be weathered away by rain or bleached out by the hot Texas sun.

Cold rain dripped on his thin gray hair, and ran down his forehead and neck. He fastened his top button, and pulled his bare hands into his coat sleeves. The air smelled of wood smoke. After about five minutes, he tapped the toe of his boot gently on his mother's flat gravestone, and returned to the road. Dogs barked from the ranches. Windmills groaned.

Jack rabbits stood by the side of the road like marbled statues. Stella, his wife, and Irene Brown, the widow of Dennis, his best friend, waited down the road at Irene's house with hot coffee, ham and eggs, biscuits and gravy. Irene had stoked the kitchen fireplace with bone-dry mesquite. Struggling down a rainy country road towards people you love, warm food, hot coffee, and a bright fire made what Neil called a life. A cure for gray thoughts on a gray day.

After I married Neil's daughter, he gave me his scoped hunting rifle. Even though the stock had been beat up with use, the gun looked well-maintained. I could tell Neil was proud of his rifle.

"I've killed a lot of deer with this pump," Neil said. "I want you to have it, because my hunting days are over." He didn't feel the need to explain.

Other than shooting a twenty-two at scout camp when I was a young boy, I had never fired a rifle. It pleased Laurene to see her father give me one of his most prized possessions. She wanted us to love each other. After a while, we did.

I took the rifle home to Grand Rapids, and didn't give it another thought until a friend invited me to go hunting in Texas the following year. Laurene and I decided to fly down to Houston where she could stay with her parents while I hunted on a lease in the Texas Hill Country. Neil and Stella were always happy to

see their only daughter, and they seemed happy to see me, too. Stella had prepared chicken and dumplings for our evening meal. The steaming chicken broth smell made you want to gulp the thick air inside their tiny house. For dessert, Stella had baked a German Chocolate Cake, one of my favorites.

Neil's eyes lit up when I told him I had brought his deer rifle with me. As soon as we could be excused from the dinner table, we cleaned the gun together in the garage. The garage door was open, and a blue twilight descended on the neighborhood. On the broken-up sidewalk, people with their dogs walked slowly by and gently nodded in our direction. Neil moved his hands gently over the stock like he was touching the arm of an old friend. After we finished with the gun, he rubbed the back of his neck with a bandana, and gave me some hunting tips while he looked out the garage door to the street. He had a faraway look in his eyes. From his occasional sideways glances in my direction, I think he might have been bashful about giving me advice. Giving advice was something he rarely did. He had never had a father around to give him advice. And he never had a son. But there were a few things he wanted me to know. As the sun dropped further, he flipped on the overhead florescent light.

“First thing I want to say about hunting is empty or not, think your gun's loaded, and think everyone else's gun's loaded—safety off and ready to shoot. If

someone makes a mistake and points a gun barrel at you, drop to the dirt as quick as you can. You're gonna be better off embarrassed than dead. Second thing, never look at people through the scope—that's what eyes or binoculars are for. Third, when you scope a deer, the deer's gonna look much bigger than actual size. Make sure the antlers are outside the ears. Count the tines. People frown on shooting deer under eight points.

“Another thing about scopes. Look behind your target to make sure there's nothing there. If you shoot a rancher's livestock, or worse than a cow, his favorite dog, he's gonna get real upset. You have no idea how upset. Fact is, you might see him dig two holes in the ground—one for the dead animal, and one for you. I admit that's an extreme statement, but I'd save the thought. The last thing I want to say is to keep that scope away from your eyes. You've probably never heard of 'buck fever,' but that's what happens when a big buck jumps out in front of you. You put the scope up against your eyeball and pull the trigger. You don't want to do that. The old Remington kicks like a rodeo horse. I know this, because it happened to me.”

After a long pause, he added, “Now you needn't worry about getting a deer on your first hunt. Some people hunt their entire lives without getting a deer.”

We walked back into the house to play Double-Nine dominoes with Laurene and Stella. Neil looked apologetic, like he felt he had said too much.

Laurene and I wanted to do something else while we were in Texas. For six months, Laurene had been concerned about a change in her left breast. Her gynecologist confirmed that she could also feel a textural difference close to the chest wall. In May 1991, Laurene met with a Grand Rapids oncologist who said he could find no evidence of disease, but he told her that she could return in a few months if she had further concerns.

Laurene asked me if I could feel anything, but I couldn't. Nothing had appeared on a mammogram, and there had been no indications on a routine test the year before. The oncologist told Laurene not to worry. He told her that a preventative measure might be to change her diet—eat more plant-based foods, and give up chocolate. There may have been more to his advice, but I only remember the chocolate dictum. I happened to like chocolate.

I knew what would follow. That was the end of chocolate. Laurene made decisions like her father. The whole family had to stop eating chocolate, and any other food that Laurene deemed to be unhealthy. She stir-fried broccoli, and other vegetarian dishes. Organic carrots and celery replaced our favorite snack foods. Bars of real butter disappeared from our

refrigerator. She threw away the hoard that I had concealed behind the oatmeal in the pantry, leftover candy from Halloween.

Fruit bowls decorated the kitchen counter, inviting us to eat apples, bananas, pineapples, and grapes, rather than cookies and ice cream. Laurene purchased a blender that roared like a jet engine, as fruits and veggies were ingested, and then pulverized into green smoothies that glowed on the counter top like magical potions from a Harry Potter novel.

New cookbooks stood like scolding health foodies shouting out slogans from the kitchen book shelves—EAT KALE AND YOU CAN'T FAIL! SALADS AND BEETS ARE HEALTHY TREATS!

We stopped going out to dinner at fried food restaurants. I began to have nighttime food dreams about hot juicy burgers and crisp onion rings loaded with salt and hot fat; fish and chips slathered with malt vinegar. You know you're in trouble if you walk into a restaurant and see no catsup and mustard bottles standing around.

I took advantage of lunch in the middle of the work day to satisfy my unhealthy food cravings. I packed emergency Snickers Bars in my briefcase. When alone in the kitchen, I stuffed the jet engine with scoops of ice cream, and squeezed heavy crisscrosses of chocolate syrup on top, then added

whole milk and powdered malt. Flipping the switch for a few seconds at 200 miles per hour liquefied a shake with a whisper of sound.

Our daughters concocted eating strategies of their own—for example, the Lucky Charms pitch:

“Mom, Lucky Charms are high in zinc.”

“That’s interesting, Meredith, how do you know?”

“It says so on the box! See, Mom.”

“How much sugar?”

“14 grams.”

“That’s a lot of sugar, Meredith.”

“But Lucky Charms also contains *mayonnaise*.”

“You mean *manganese*.”

Laurene loved rules to, and when she made new rules, we all had to get in line. Further, Laurene believed that if you followed the rules, life would be fair to everyone and all would be well. Her parents had raised her to follow rules covering every aspect of daily living. Rather than ten commandments, hundreds existed.

Laurene told me that when she was a young girl, she would argue with Neil and Stella about changing the rules, but she would never break them on her own. She loved to argue, and since she was the only child, she argued most of the time with her parents, her father more than her mother. Neil once told her, "Laurene, if you argue with people like you argue with me, no one will ever like you."

Laurene made another appointment in August 1991, and again the doctor observed nothing. She returned in October, and finally the doctor noted a difference in her left breast. He said there was no cause for alarm. We wanted a second opinion, but at first, he first refused to write a letter. He looked up at us from the paperwork on his desk as if we were making a lot of trouble over nothing. When we pushed back, he reluctantly wrote a referral letter to MD Anderson in Houston. The last line of the letter read: "I don't feel this is a malignancy, but it should be biopsied to make sure."

To this day, the doctor's letter rests at the bottom of Laurene's permanent medical file at MD Anderson (PATIENT #114148). During the next ten years, I would often ferry her file from one appointment to the next to expedite appointments. After ten years, I had to move the records around the clinic in a wheelchair. The file had grown to three feet high, held together with binder clips and rubber bands; filled with blood work reports, doctor's clinic notes, radiologists'

reports, imaging results from CT, MRI, and PET scans, ECG's, medications and dosages, and lab notes showing weight, temperature, and blood pressure readings. Today scanners digitize many of the details and store them neatly in computer memory, rather than the dog-eared, ragged pile of paper that multiplied like an overgrown bush into a barely-containable jumble.

We made an appointment at MD Anderson for the Monday after my weekend hunt—November 6, 1991. On the sunny fall day before the appointment, Neil, Stella, and Laurene picked me up at a gas station where my hunting buddies had dropped me off near Johnson City in Blanco County, about fifty miles west of Austin, and just south of the limestone escarpments of the Pedernales River. The Pedernales was well known for its raging flash floods, but this day, the river flowed tranquilly towards Lake Travis.

Neil stuck his head out of the car window, and said, "Howdy...did you get your buck?"

His blue eyes brightened and he laughed with his entire body when I told him that I had taken two bucks with his rifle. He kept saying, "*Two bucks! Two bucks!*" I sat in the back seat of his blue Chevy Impala with Laurene, and apologized to everyone because I stunk from not bathing for three days. Laurene wanted to know about the red crescent wound beneath my purple right eye. Contrary to Neil's

warnings, when the first buck jumped out from behind a pile of brush, I had placed the scope against my eye and pulled the trigger. Just like that! Blood spewed all over my clothes and onto the ground. I thought, *did the deer in Texas shoot back?*

Neil talked freely in the car, something he rarely did. He jabbered about how he had been to Canada, and had hunted birds in South Dakota, but had never been to Michigan. With a twinkle in her eyes, Stella added that when the Canadian border guard had asked Neil for his country of origin, he replied TEXAS! Stella had been mortified. Neil questioned me about the weather in Michigan, and the hunting and fishing. He exhausted his knowledge of Michigan by telling about his general practitioner. "My doctor grew up in a town called Kalkaska, Michigan— 'three 'A's and three 'K's,'" he said slowly and repeated, "three 'A's and three 'K's—Kalkaska, Michigan. How 'bout that?"

I asked Neil why they had moved from Brownwood to Houston soon after Laurene's birth. "We wanted a better life. I didn't want to stay somewhere that was going nowhere. After the war, there were plenty of good-paying jobs in Houston. With Stella's teaching and my job with the city, we bought a house and paid for Laurene to go to college. I paid that house off in four years, because I couldn't stand the mortgage hanging over our heads. We could've been happy in Brownwood, but we did better

for ourselves in Houston. Until a while ago, we kept a small apartment in Brownwood for spending weekends with our old friends. We hunted on Saturday mornings, danced on Saturday nights, and drove home after church on Sundays. Laurene came along. I expect we made the best of two worlds.”

Neil entertained us with stories of Laurene’s childhood, and about his friends in Brownwood. He talked about his only trip to Europe. Dennis and Irene had traveled with them, and Dennis had teased Neil for bringing canned goods to Paris. Neil justified himself by saying that he didn’t know what the food would be like over there, so he had packed a few cans of red beans. On their honeymoon, Neil and Stella had invited Dennis and Irene to accompany them on a trip to “Old Mexico.” Over the five-hour drive, Neil, Stella, and Laurene gave me an extensive history of their family and friends, and the stories behind each of them. I could tell how absorbed this small family was in the lives of the people they loved.

Halfway back to Houston, we stopped for a barbecue lunch at Meyer’s Elgin Smokehouse in Elgin, Texas. The sign over the door read REAL TEXAS REAL GOOD. Another sign read WE HAVE THE CURE FOR NOBRISKETOSIS. In the middle of the round tables inside sat paper towel holders and large bottles of house-made barbecue sauce. The rough brick and wood walls displayed framed pictures of rodeo riders and oil rigs. Deer and antelope mounts

guarded the door frames. A meat case advertised JALAPEÑO AND CHEESE SMOKED PORK AND BEEF SAUSAGE. The restaurant menu on the wall listed nearly all of Laurene's forbidden foods in one large display behind the long counter. The menu sign described a range of combinations that excited me beyond description:

BAR-B-Q BEEF, BAR-B-Q SPARE RIBS, CHOPPED BAR-B-Q BEEF, BAR-B-Q GERMAN SAUSAGE, BAR-B-Q CHICKEN, CHICKEN FRIED STEAK, FRIED SHRIMP, BQ SAUCE, HOT ROLLS, RED BEANS, POTATO SALAD, GREEN BEANS, MASHED POTATOES, COLESLAW, CORN, CARROTS, BLACKBERRY, CHERRY, PEACH COBBLER, BANANA PUDDING, SWEET TEA, AND DR PEPPER.

At hunting camp, I had started each day two hours before first light with a long walk to a brush blind. In my backpack, I had two cans of Coke and two apples to last me until an hour after sundown. Under the large PLACE ORDER HERE sign, I ordered sliced beef with pickles, onions and jalapeños on white bread with extra barbecue sauce, beans, coleslaw, and sweetened ice tea. Behind the counter, a young man who held a long flat-nosed knife sliced a long slab of smoked beef ribboned with fat. (I'm not done telling you about this meal.) For dessert, I had blackberry cobbler topped with Bluebell Ice Cream. Laurene gave me a spoonful of her banana pudding.

I remember how happy we all were. No one talked about the appointment the following morning.

When Laurene objected to my extensive food order, Neil defended me: "I've been eating like this my entire life, and I'm doing just fine. Besides, Randy killed his first deer. This is a celebration!" Shooting your first deer in Texas is a big deal like in a lot of places, but I suppose in Texas it's a bigger deal like everything else there.

After lunch, Laurene and I traded seats with Neil and Stella. I took the wheel, and drove the rest of the way back to Houston. We traversed three of Texas' geographic regions: the rolling plains of Central Texas, the Hill Country around Austin, and as we approached Houston, the Gulf Coastal Plain. From the 610 Loop we could see the skyline and the urban core of Houston, our next day's destination. I reached for Laurene's hand. I began to worry:

What tests will they do?

How long before we see the results?

What if Laurene has cancer?

How will she react?

I need to find a pen and notepad.

She looks so healthy.

She's too young to have cancer.

She follows all the rules of healthy living.

She can't have cancer.

Please, God, don't let her have cancer.

It was half dark when we pulled into the driveway. Seed carriers from the neighbor's box elders helicoptered over the concrete. Neil's camper-topped red pickup rested at an odd angle outside the garage, sporting a flat tire.

"I need to sell that truck," he said. A week later, he sold his truck. Just like that.

"Daddy's getting older," Laurene said. "I can't believe he's decided to give up hunting. I can't believe he's selling his truck."

LESSON ONE

It doesn't matter how good you happen to be, or how well you follow the rules. Bad things can happen. There is no limit to how many bad things can happen.

2.

*Not an uncommon occurrence. It makes even
The well-intended scurry like an animal
Who sees a monster in the margin of his
nightmare.*

Dante's Inferno, Canto II

We had been in the hospital for less than two hours on the following Monday morning. Technicians and nurses had administered an ultrasound and fine-needle aspiration of the breast. After they numbed her breast with local anesthetic, Laurene said that she only felt pressure. Twenty minutes later, a nurse told us to make another appointment for the same day. Since it had taken weeks to schedule the tests, the short interval until the next appointment frightened us.

While Laurene was getting dressed, I chased the nurse down in the hallway. She wouldn't tell me what she knew, but I could tell from the way she turned her face away from me that this was not going to be a good day.

The hours before the afternoon appointment dragged. We drove back to Neil and Stella's house, and spread a blanket out in the backyard. I can't remember what we talked about, but it wasn't about

cancer. We might have talked about fire ants when one stung me, or about Neil's prolific okra garden with stalks that grew above the wood-slatted fence along the side of the house. At one point, Neil came into the backyard and trimmed some okra with his slender pocket knife. "For dinner," he said in a raspy voice. He walked back inside bent forward. I could tell he was worried. He looked like a walking question mark. When we re-entered the house, we found Stella attacking the kitchen floor with her broom, her arthritic hands wrapped around the broom handle like claws with the thumb of her left hand lower and pointed towards the floor.

Returning to MD Anderson in the afternoon, I dropped Laurene off at the entrance and drove off to park the car. I was driving Neil and Stella's car, so I looked for a wide space on the roof deck of the garage. When I approached the clinic building, I passed a dozen patients sitting outside smoking, hunched over men hooked up to IV stands like old chairs sitting next to floor lamps. A year later, the clinic would ban smoking on the premises, but I remember those emaciated men puffing away, and my thoughts at the time. *They had brought cancer on themselves. It was their fault. You'd think they'd have had enough sense to stop smoking.*

Created in 1941 as part of the The University of Texas System, MD Anderson sprawls across 25 buildings covering 14 million square feet on more

than seven acres, including an inpatient pavilion with 507 beds, five research buildings, three outpatient clinic buildings, two faculty office buildings, a proton radiation clinic building, and a patient-family hotel. Within the walls, 20,000-plus cancer fighters treat 150,000 patients per year. The outpatient clinics have the feel of a busy international airport with all ages and nationalities—Arab women wearing burqas and tunics, Hasidic Jewish men with long beards and skull caps. You can pick up accents from faraway regions, like all the species of birds in the world are chirping at once, each song entering the song of another.

Christmas cards created by children cancer patients through the Children's Art Project were for sale in the lobby, as well as sparkling Christopher Radko glass-blown tree ornaments. The clinic impressed me as an upbeat place of hope, a mix of disabled and able-bodied people moving around with purpose—four to five thousand visits a day. I passed through the vast clinic lobby and found the sign for the correct elevator (ELEVATOR B).

When I arrived at the radiation clinic waiting room, Laurene sat reading a book with great intensity. She always read when she wanted to get her mind off something. Her feet were tucked under the rest of her body like she always did when she was reading. The receptionist gave us a nod within fifteen minutes. At the time, I could not appreciate that fifteen minutes was lightning fast for a cancer appointment. On clinic

days, oncologists would often meet with fifteen or more patients. Some visits took a few minutes; others lasted up to an hour. It depended on what was happening with the patient. Good news. Bad news. No news.

A young radiologist in a white lab coat didn't hesitate to tell us what we had to hear. Laurene had cancer. For a moment, there was a shuddering quiet.

The doctor told us what he knew so far. The biopsy had revealed a high grade tumor (high grade refers to the aggressiveness of the tumor). The diagnosis was breast cancer (later on a pathologist who looked at the biopsy gave us a more specific diagnosis: invasive ductal carcinoma). The doctor told us that the staging, although tentative, was not the worst news we could have received, but not good news. I felt blood flushing my face and churning through my body. The tiny room seemed without air.

The TNM staging system (T=tumor, N=nodes, and M=metastasis), indicated stage 3 cancer (T3, N1, M0). At last, we knew more about what we were dealing with. T3 referred to the size of the tumor (1cm =.39 inches), and the doctor was guessing that the tumor in Laurene's left breast was more than 5 centimeters. I did the math—about two inches. N1 meant that positive lymph nodes were most likely present. M0 indicated that further testing would be required to make sure that the cancer had not

metastasized to other parts of the body, since the initial diagnosis had been based on a microscopic view of the breast cells aspirated by the biopsy.

My initial reaction was shock and anger. I felt like a star was coming apart before my eyes.

Damn that doctor in Grand Rapids! What he had failed to identify over a six-month period, MD Anderson had identified in a few minutes, or at least, in a few hours.

I held Laurene's hand. Everything grew strange. I felt as though a monster had entered the room. I wanted to run away; scurry for cover. I didn't want to be there. This couldn't be happening. My eyes blurred. The objects in the room seemed out of scale. The room appeared overly small for such enormous news, a *roomette* rather than a room. We were sitting in this miniature-sized living room. The chairs and table seemed too small. The lamp looked too small for the table. The inspirational posters on the walls shouted messages that were out of place in this setting.

Unlike the smallish furniture, the posters appeared as large as billboards on a highway: CANCER IS A WORD NOT A SENTENCE, CANCER CANNOT EAT AWAY PEACE, LOVE IS BETTER THAN ANGER, MAMMOGRAPHY SAVES LIVES.

This must be the bad news room. Are we supposed to read the posters, and think that everything is okay? They have staged this to look like someone's living room. Living room. Ha! I don't like this room, and I don't like this doctor. His lab coat with his name embroidered on the front makes him look like a garage mechanic.

Other than my grandfather, cancer had never raised its ugly head in my immediate family. Cancer happened to acquaintances or strangers, but not to someone close. Not to my parents or my children or my wife. Our marriage had just begun four years earlier. What would happen to us? Our children? I slouched down in the tiny chair.

Look at Laurene! She's doing better than me. I'm leaning back and she's leaning forward. She's leaning into the news. Her face is bright and her eyes look like clear water over stones. She wants to know the new set of rules so she can challenge them. She's making the doctor sweat under his white lab coat. She's asking so many questions! Too many to be polite. If you ask the doctor too many questions, he won't like you.

Laurene responded like she was in GE business meeting. She didn't care to charm the doctor. She wanted to know as much as she could about the pathology report. How invasive was the cancer? What other tests would be performed? What did the blood

work show? How would we know if the cancer had spread beyond her chest? Where might it travel—to the other breast or somewhere else?

Her mind operated in think mode—no time for emotions. She wanted facts. The oncologist could only tell us that the cancer was locally advanced. He said, “It’s bad, but not as bad as it could be.” Laurene asked about staging. The doctor said that the pathologist had graded the cancer Stage IIB (the tumor was less than 5 centimeters with no evidence that the cancer had spread to auxiliary lymph nodes).

When the doctor started to leave, Laurene moved to block his exit. You could hear the ominous, fatalistic sound of metal hitting metal as she firmly shut the door. I inwardly laughed, because the doctor had no idea who he was dealing with. He had lost control of the meeting. Laurene had more questions. The doctor capitulated, and sat back down. Laurene sat back down. She smiled at the doctor with the natural charm of her father, the charm that had attracted to me when we had first dated.

The doctor took a deep breath. His face relaxed. He stopped sweating. His next patient would have to wait a bit longer. We discussed treatment options. When Laurene asked what we could do now, we were not expecting his answer. We thought that he might tell us about how we could be better informed, or learn about alternative cancer therapies. To our

surprise, he told us to make sure that our marriage rested on a solid foundation. Cancer strains marriages, he said. We assured him that we could handle cancer like we had dealt with other life challenges— like raising a blended family, balancing our work schedules, and caring for our parents.

I resented his comments. *Are you a psychologist? So one doctor tells us not to eat chocolate, and this one wants us to go to marriage counseling? I thought these guys were supposed to be scientists!*

Neither one of us wanted to accept cancer as a threat to our marriage. We had worked too hard to put ourselves together, and to build a blended family. Later, we understood his intentions. Later, we knew what he meant. Living with cancer could either bring us closer together, or blow us apart. But at the time, we both refused to even think about how cancer might affect our marriage. We had enough to worry about. The doctor was trying his best to help us focus on what we could do something about, and with respect to Laurene's prognosis, to walk the line between optimism and despair.

Laurene looked for other ways to benefit from the doctor's advice. She got it—cancer involved more than medical issues. Living with cancer involved substantial quality of life challenges. As we headed back to the lobby, she began to form mental action plans. Her first thoughts focused on me and the

family. She didn't want the disease to affect my work or the girls' school performance. She could quit her job and stay with her parents for treatments, if I could manage work and take care of the girls while she was away.

Laurene said that she was out of shape spiritually, and needed to do some work on her faith. She needed access to the latest new developments in breast oncology. She needed to join a support group, and maybe find a counselor. She wanted a new oncologist in Grand Rapids to backup her new doctors in Houston. We needed to revise our family budget without her income, and cut our expenses, and review our health care plans. Laurene knew that cancer was a big deal, before I did.

As we walked down the hallway towards ELEVATOR B, I could see her body change. Her blue almond-shaped eyes turned a shade darker. Her face muscles tensed with resolve. She was going to beat the cancer. "We can do this," she said. "You get the car. I'm going to buy Christmas ornaments for the girls." As I exited the building, I looked back at her. Her tall body bent over the display tables of ornaments. Her light brown hair hung over her face. She was a good-looking woman.

The lost souls still sat on the concrete wall as I walked out of the clinic to the parking garage. They resembled paper-thin zombies appearing and

disappearing in smoke clouds. One man tapped a cigarette from his pack of Camels. When he wrapped his thin fingers around the cigarette and lit up, the pulsing embers looked as if they measured out the residual life still inside his frail body.

The man reminded me of my grandfather who had smoked unfiltered Camels. He had started his smoking career at age 14 as a Pennsylvania coal miner. At some time in his life, he had had his forearm tattooed with the tobacco company's iconic one-humped camel. (The smoky clouds from the cancer patients smelled like my grandfather.) Then one day soon after I was born, he stopped smoking and swearing—just like Neil had stopped smoking and playing poker.

But my grandfather quit too late. He developed lung cancer in his seventies when I was in my thirties. We sat on his screen porch eating my grandmother's pickled relish on a slice of white bread while he talked to me about how the brakes in cars had improved during his lifetime. He referred to the moon landing. He gave me advice to live by. The advice I remember—bend your knees when you lift, don't shovel snow with the shovel handle pointed at your privates, keep your shoes shined, and never join a church with a building campaign.

That my loving grandfather was dying of a strange disease was about all I knew at the time. Other

than a great aunt who had died of breast cancer, there was no history of cancer in my family. I could only observe my grandfather's labored breathing as he lay in bed propped up by pillows. I was spared seeing his pain, and knew nothing of his fear and anxiety over the disease, but I first used the word "cancer" as the name for the disease that had killed my grandfather.

Would I lose Laurene like I had lost him, or could we beat this? How long would we need to deal with this unwanted intrusion into our busy lives? How could I take care of the kids and work while Laurene went through radiation and chemotherapy?

I didn't know much more about cancer at age forty-five than I had known from taking high school biology. I had no idea what caused cancer, how it spread from one site in the body to another, or how it could crowd out healthy cells, and, too often, kill people.

For weeks after Laurene's diagnosis, I listened to how people used the word "cancer" in everyday life. A newscaster on the TV said, "extreme groups are spreading like cancer." Another day, I heard "radical ideologies are metastasizing." "evil predator," "ruthless," "invasive," "intractable," and "mysterious" were the words used to portray cancer as an agent of death invested with magical powers. A life-threatening disease had inflated into a monster in my mind, one who was about to carry my wife away.

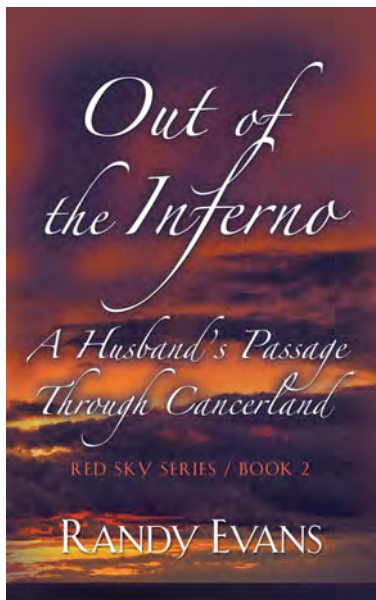
Out of the Inferno

Laurene didn't seem to feel the same way about cancer. If she harbored exaggerated fears similar to mine about the disease, she didn't share them with me. That we were beginning a long and difficult journey did not occur to me at the time. I had no clue that I was entering a stage of my life comparable to an all-consuming inferno. More than a bump in the road. A big deal.

A supreme interference. Uncharted territory.

LESSON TWO

People form crazy abstractions about cancer that we would never ascribe to the common cold or to the flu.



A man and woman struggle when cancer takes center stage.

OUT OF THE INFERNO: A Husband's Passage Through Cancerland - Red Sky Anthology, Book 2

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Out of the Inferno

*A Husband's Passage
Through Cancerland*

RED SKY SERIES / BOOK 2

RANDY EVANS

Praise from Readers for “Out of the Inferno”

“What happens when cancer takes center stage? Randy Evans bares his soul and shares his and Laurene's story and the aftermath of that story in this very engaging book. He combines down home Texas culture with a running commentary on lessons learned, all within the context of a trip through hell (*Dante's Inferno*). But he continues on, out of hell, and into a new life. A powerful story.”

—Linda Yarger, Medical Librarian,
UNIVERSITY OF TEXAS MD ANDERSON
CANCER CENTER, and breast cancer survivor

“A beautifully written memoir filled with stunning stories, terrific insights, and first-hand advice. I laughed and wept, openly and honestly dozens of times.”

—Wade Rouse, bestselling memoirist
and author of *THE CHARM BRACELET* (*St. Martin's Press*), written under the pen name
Viola Shipman as a tribute to his grandmother.

“Hearing Evans’ public reading was emotional, there was not a dry eye in the room. Then everyone was laughing out loud. I was till misty-eyed reading the book. Hearing the honesty and imagining his challenge to recount that period with his family makes chapters that must be finished before putting the book down.”

—Dylan Valade, President, SUNGEM

“...a deeply moving memoir that chronicles his wife’s passing from breast cancer.”

—Al Sevenser, HUNGRY HOLLOW FILM STUDIOS, LLC

“OUT OF THE INFERNO struck close to home, almost too home, having lost my husband to cancer. He got it all: the shock of diagnosis, the hopeful efforts towards an elusive cure, and the acceptance of the inevitable finality of death. Read and feel. It will shake out your emotions and hang them up to air.”

—Anne Kelly, Freelance Writer, spouse caregiver

“With epigrams from Dante, Evans details the decade long struggle of his wife’s cancer. The memoir is an honest close-up of the grief Evans says triggered his return to writing. As well as the poignant and the painful, there is also the uplifting.”

—Glen Young, *PETOSKEY NEWS AND REVIEW*, teacher, writer

Out of the Inferno:

A Husband's Passage Through Cancerland

Red Sky Anthology, Book 2

Randy Evans, PhD

*Includes research on how breast cancer survivors
manage quality of life*

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Dante Alighieri Inferno epigraphs from a contemporary translation by Mary Jo Bang (Graywolf Press, 2012)

The first fifty pages of this book were excerpted in Red Sky Anthology: Reading Out Loud in Northern Michigan, First Edition, Red Sky Series, Book 1 (2016), Little Traverse Press.

Later chapters in this book refer to Randy Evans's research published in his doctoral dissertation, "The Zig-Zag Road: A Multi-Ethnic Study of Breast Cancer Survivor Quality of Life" (2007) ProQuest Information and Learning Company (UMI Number: 3214103)

Cover photograph by Mike Schlitt, Visions of Mike

In memory of Laurene (1947-2002) and for the brave
and courageous men and women who live and work
with chronic illness.

Other books by Randy Evans

Red Sky Anthology: Reading Aloud in Northern Michigan, Red Sky Series, Book 1—published January 15, 2016, Little Traverse Press/BookLocker.com
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Available at BookLocker.com or from your favorite online or neighborhood bookstore.

Crooked River: Love, Adventure, and a Search for Belonging in Northern Michigan, Red Sky Series, Book 3—coming soon

The Lawnmower Club: How Leo Zitzelberger Lost and Found Paradise on Earth, Red Sky Series, Book 4—coming soon

1.

*Stopped mid-motion in the middle
Of what we call our life...*

Dante's Inferno, Canto I

On a rainy November day in central Texas, Neil Schmitt, my father-in-law, trudged wearily down a country road along Pecan Bayou. A tall, lean man, he bent his head against the rain. He wore a floppy hunting cap, thread-bare coveralls, and worn-out boots that he knew he couldn't afford to replace. After walking out to the road from the old tool shed that he used as a blind, he decided that he was done with hunting for good, just like that. Once Neil made up his mind to do something or not to do something, that was it. He quit smoking that way. He quit playing poker that way. And this cold, drizzly day, he decided to stop hunting.

In his seventies, I guess he had become tired of getting up before dawn to sit on a folding chair for hours waiting for a deer to show up, and also his reasons might have had something to do with unpleasant memories of the land. The days alone in the blind might have given him too much time to think about what had happened there during his boyhood—abandonment by his father, the long illness and death of his mother, and the struggles of subsistence living

in a tin and tar paper shack with a dirt floor. He carried his rifle close to his body, cradled in his arms. The strap of an Army-green canvas bag hung over his wide sloping shoulders like a sack of memories.

As Neil made his way down the wet black road towards Irene Brown's house, he stopped mid-stride, and walked to the gate at Jordan Springs Cemetery where Laura, his mother, lay buried. She had died of breast cancer in the 1940s. As the sole caregiver for his mother, her long illness and death had flattened Neil's teenaged life like a bulldozer.

He rested his gun on the cyclone fence, and stepped inside the grounds. He passed by the gravestones of long-dead, half-forgotten people whom he had known during his life in Brown County, Texas. On the far side of a hundred-year-old oak tree, he removed his shapeless cap, and stood over his mother's grave. The face of the gravestone never changed. For him, it must have been like looking at a memory that couldn't be weathered away by rain or bleached out by the hot Texas sun.

Cold rain dripped on his thin gray hair, and ran down his forehead and neck. He fastened his top button, and pulled his bare hands into his coat sleeves. The air smelled of wood smoke. After about five minutes, he tapped the toe of his boot gently on his mother's flat gravestone, and returned to the road. Dogs barked from the ranches. Windmills groaned.

Jack rabbits stood by the side of the road like marbled statues. Stella, his wife, and Irene Brown, the widow of Dennis, his best friend, waited down the road at Irene's house with hot coffee, ham and eggs, biscuits and gravy. Irene had stoked the kitchen fireplace with bone-dry mesquite. Struggling down a rainy country road towards people you love, warm food, hot coffee, and a bright fire made what Neil called a life. A cure for gray thoughts on a gray day.

After I married Neil's daughter, he gave me his scoped hunting rifle. Even though the stock had been beat up with use, the gun looked well-maintained. I could tell Neil was proud of his rifle.

"I've killed a lot of deer with this pump," Neil said. "I want you to have it, because my hunting days are over." He didn't feel the need to explain.

Other than shooting a twenty-two at scout camp when I was a young boy, I had never fired a rifle. It pleased Laurene to see her father give me one of his most prized possessions. She wanted us to love each other. After a while, we did.

I took the rifle home to Grand Rapids, and didn't give it another thought until a friend invited me to go hunting in Texas the following year. Laurene and I decided to fly down to Houston where she could stay with her parents while I hunted on a lease in the Texas Hill Country. Neil and Stella were always happy to

see their only daughter, and they seemed happy to see me, too. Stella had prepared chicken and dumplings for our evening meal. The steaming chicken broth smell made you want to gulp the thick air inside their tiny house. For dessert, Stella had baked a German Chocolate Cake, one of my favorites.

Neil's eyes lit up when I told him I had brought his deer rifle with me. As soon as we could be excused from the dinner table, we cleaned the gun together in the garage. The garage door was open, and a blue twilight descended on the neighborhood. On the broken-up sidewalk, people with their dogs walked slowly by and gently nodded in our direction. Neil moved his hands gently over the stock like he was touching the arm of an old friend. After we finished with the gun, he rubbed the back of his neck with a bandana, and gave me some hunting tips while he looked out the garage door to the street. He had a faraway look in his eyes. From his occasional sideways glances in my direction, I think he might have been bashful about giving me advice. Giving advice was something he rarely did. He had never had a father around to give him advice. And he never had a son. But there were a few things he wanted me to know. As the sun dropped further, he flipped on the overhead florescent light.

“First thing I want to say about hunting is empty or not, think your gun's loaded, and think everyone else's gun's loaded—safety off and ready to shoot. If

someone makes a mistake and points a gun barrel at you, drop to the dirt as quick as you can. You're gonna be better off embarrassed than dead. Second thing, never look at people through the scope—that's what eyes or binoculars are for. Third, when you scope a deer, the deer's gonna look much bigger than actual size. Make sure the antlers are outside the ears. Count the tines. People frown on shooting deer under eight points.

“Another thing about scopes. Look behind your target to make sure there's nothing there. If you shoot a rancher's livestock, or worse than a cow, his favorite dog, he's gonna get real upset. You have no idea how upset. Fact is, you might see him dig two holes in the ground—one for the dead animal, and one for you. I admit that's an extreme statement, but I'd save the thought. The last thing I want to say is to keep that scope away from your eyes. You've probably never heard of 'buck fever,' but that's what happens when a big buck jumps out in front of you. You put the scope up against your eyeball and pull the trigger. You don't want to do that. The old Remington kicks like a rodeo horse. I know this, because it happened to me.”

After a long pause, he added, “Now you needn't worry about getting a deer on your first hunt. Some people hunt their entire lives without getting a deer.”

We walked back into the house to play Double-Nine dominoes with Laurene and Stella. Neil looked apologetic, like he felt he had said too much.

Laurene and I wanted to do something else while we were in Texas. For six months, Laurene had been concerned about a change in her left breast. Her gynecologist confirmed that she could also feel a textural difference close to the chest wall. In May 1991, Laurene met with a Grand Rapids oncologist who said he could find no evidence of disease, but he told her that she could return in a few months if she had further concerns.

Laurene asked me if I could feel anything, but I couldn't. Nothing had appeared on a mammogram, and there had been no indications on a routine test the year before. The oncologist told Laurene not to worry. He told her that a preventative measure might be to change her diet—eat more plant-based foods, and give up chocolate. There may have been more to his advice, but I only remember the chocolate dictum. I happened to like chocolate.

I knew what would follow. That was the end of chocolate. Laurene made decisions like her father. The whole family had to stop eating chocolate, and any other food that Laurene deemed to be unhealthy. She stir-fried broccoli, and other vegetarian dishes. Organic carrots and celery replaced our favorite snack foods. Bars of real butter disappeared from our

refrigerator. She threw away the hoard that I had concealed behind the oatmeal in the pantry, leftover candy from Halloween.

Fruit bowls decorated the kitchen counter, inviting us to eat apples, bananas, pineapples, and grapes, rather than cookies and ice cream. Laurene purchased a blender that roared like a jet engine, as fruits and veggies were ingested, and then pulverized into green smoothies that glowed on the counter top like magical potions from a Harry Potter novel.

New cookbooks stood like scolding health foodies shouting out slogans from the kitchen book shelves—EAT KALE AND YOU CAN'T FAIL! SALADS AND BEETS ARE HEALTHY TREATS!

We stopped going out to dinner at fried food restaurants. I began to have nighttime food dreams about hot juicy burgers and crisp onion rings loaded with salt and hot fat; fish and chips slathered with malt vinegar. You know you're in trouble if you walk into a restaurant and see no catsup and mustard bottles standing around.

I took advantage of lunch in the middle of the work day to satisfy my unhealthy food cravings. I packed emergency Snickers Bars in my briefcase. When alone in the kitchen, I stuffed the jet engine with scoops of ice cream, and squeezed heavy crisscrosses of chocolate syrup on top, then added

whole milk and powdered malt. Flipping the switch for a few seconds at 200 miles per hour liquefied a shake with a whisper of sound.

Our daughters concocted eating strategies of their own—for example, the Lucky Charms pitch:

“Mom, Lucky Charms are high in zinc.”

“That’s interesting, Meredith, how do you know?”

“It says so on the box! See, Mom.”

“How much sugar?”

“14 grams.”

“That’s a lot of sugar, Meredith.”

“But Lucky Charms also contains *mayonnaise*.”

“You mean *manganese*.”

Laurene loved rules to, and when she made new rules, we all had to get in line. Further, Laurene believed that if you followed the rules, life would be fair to everyone and all would be well. Her parents had raised her to follow rules covering every aspect of daily living. Rather than ten commandments, hundreds existed.

Laurene told me that when she was a young girl, she would argue with Neil and Stella about changing the rules, but she would never break them on her own. She loved to argue, and since she was the only child, she argued most of the time with her parents, her father more than her mother. Neil once told her, "Laurene, if you argue with people like you argue with me, no one will ever like you."

Laurene made another appointment in August 1991, and again the doctor observed nothing. She returned in October, and finally the doctor noted a difference in her left breast. He said there was no cause for alarm. We wanted a second opinion, but at first, he first refused to write a letter. He looked up at us from the paperwork on his desk as if we were making a lot of trouble over nothing. When we pushed back, he reluctantly wrote a referral letter to MD Anderson in Houston. The last line of the letter read: "I don't feel this is a malignancy, but it should be biopsied to make sure."

To this day, the doctor's letter rests at the bottom of Laurene's permanent medical file at MD Anderson (PATIENT #114148). During the next ten years, I would often ferry her file from one appointment to the next to expedite appointments. After ten years, I had to move the records around the clinic in a wheelchair. The file had grown to three feet high, held together with binder clips and rubber bands; filled with blood work reports, doctor's clinic notes, radiologists'

reports, imaging results from CT, MRI, and PET scans, ECG's, medications and dosages, and lab notes showing weight, temperature, and blood pressure readings. Today scanners digitize many of the details and store them neatly in computer memory, rather than the dog-eared, ragged pile of paper that multiplied like an overgrown bush into a barely-containable jumble.

We made an appointment at MD Anderson for the Monday after my weekend hunt—November 6, 1991. On the sunny fall day before the appointment, Neil, Stella, and Laurene picked me up at a gas station where my hunting buddies had dropped me off near Johnson City in Blanco County, about fifty miles west of Austin, and just south of the limestone escarpments of the Pedernales River. The Pedernales was well known for its raging flash floods, but this day, the river flowed tranquilly towards Lake Travis.

Neil stuck his head out of the car window, and said, "Howdy...did you get your buck?"

His blue eyes brightened and he laughed with his entire body when I told him that I had taken two bucks with his rifle. He kept saying, "*Two bucks! Two bucks!*" I sat in the back seat of his blue Chevy Impala with Laurene, and apologized to everyone because I stunk from not bathing for three days. Laurene wanted to know about the red crescent wound beneath my purple right eye. Contrary to Neil's

warnings, when the first buck jumped out from behind a pile of brush, I had placed the scope against my eye and pulled the trigger. Just like that! Blood spewed all over my clothes and onto the ground. I thought, *did the deer in Texas shoot back?*

Neil talked freely in the car, something he rarely did. He jabbered about how he had been to Canada, and had hunted birds in South Dakota, but had never been to Michigan. With a twinkle in her eyes, Stella added that when the Canadian border guard had asked Neil for his country of origin, he replied TEXAS! Stella had been mortified. Neil questioned me about the weather in Michigan, and the hunting and fishing. He exhausted his knowledge of Michigan by telling about his general practitioner. "My doctor grew up in a town called Kalkaska, Michigan— 'three 'A's and three 'K's,'" he said slowly and repeated, "three 'A's and three 'K's—Kalkaska, Michigan. How 'bout that?"

I asked Neil why they had moved from Brownwood to Houston soon after Laurene's birth. "We wanted a better life. I didn't want to stay somewhere that was going nowhere. After the war, there were plenty of good-paying jobs in Houston. With Stella's teaching and my job with the city, we bought a house and paid for Laurene to go to college. I paid that house off in four years, because I couldn't stand the mortgage hanging over our heads. We could've been happy in Brownwood, but we did better

for ourselves in Houston. Until a while ago, we kept a small apartment in Brownwood for spending weekends with our old friends. We hunted on Saturday mornings, danced on Saturday nights, and drove home after church on Sundays. Laurene came along. I expect we made the best of two worlds.”

Neil entertained us with stories of Laurene’s childhood, and about his friends in Brownwood. He talked about his only trip to Europe. Dennis and Irene had traveled with them, and Dennis had teased Neil for bringing canned goods to Paris. Neil justified himself by saying that he didn’t know what the food would be like over there, so he had packed a few cans of red beans. On their honeymoon, Neil and Stella had invited Dennis and Irene to accompany them on a trip to “Old Mexico.” Over the five-hour drive, Neil, Stella, and Laurene gave me an extensive history of their family and friends, and the stories behind each of them. I could tell how absorbed this small family was in the lives of the people they loved.

Halfway back to Houston, we stopped for a barbecue lunch at Meyer’s Elgin Smokehouse in Elgin, Texas. The sign over the door read REAL TEXAS REAL GOOD. Another sign read WE HAVE THE CURE FOR NOBRISKETOSIS. In the middle of the round tables inside sat paper towel holders and large bottles of house-made barbecue sauce. The rough brick and wood walls displayed framed pictures of rodeo riders and oil rigs. Deer and antelope mounts

guarded the door frames. A meat case advertised JALAPEÑO AND CHEESE SMOKED PORK AND BEEF SAUSAGE. The restaurant menu on the wall listed nearly all of Laurene's forbidden foods in one large display behind the long counter. The menu sign described a range of combinations that excited me beyond description:

BAR-B-Q BEEF, BAR-B-Q SPARE RIBS, CHOPPED BAR-B-Q BEEF, BAR-B-Q GERMAN SAUSAGE, BAR-B-Q CHICKEN, CHICKEN FRIED STEAK, FRIED SHRIMP, BQ SAUCE, HOT ROLLS, RED BEANS, POTATO SALAD, GREEN BEANS, MASHED POTATOES, COLESLAW, CORN, CARROTS, BLACKBERRY, CHERRY, PEACH COBBLER, BANANA PUDDING, SWEET TEA, AND DR PEPPER.

At hunting camp, I had started each day two hours before first light with a long walk to a brush blind. In my backpack, I had two cans of Coke and two apples to last me until an hour after sundown. Under the large PLACE ORDER HERE sign, I ordered sliced beef with pickles, onions and jalapeños on white bread with extra barbecue sauce, beans, coleslaw, and sweetened ice tea. Behind the counter, a young man who held a long flat-nosed knife sliced a long slab of smoked beef ribboned with fat. (I'm not done telling you about this meal.) For dessert, I had blackberry cobbler topped with Bluebell Ice Cream. Laurene gave me a spoonful of her banana pudding.

I remember how happy we all were. No one talked about the appointment the following morning.

When Laurene objected to my extensive food order, Neil defended me: "I've been eating like this my entire life, and I'm doing just fine. Besides, Randy killed his first deer. This is a celebration!" Shooting your first deer in Texas is a big deal like in a lot of places, but I suppose in Texas it's a bigger deal like everything else there.

After lunch, Laurene and I traded seats with Neil and Stella. I took the wheel, and drove the rest of the way back to Houston. We traversed three of Texas' geographic regions: the rolling plains of Central Texas, the Hill Country around Austin, and as we approached Houston, the Gulf Coastal Plain. From the 610 Loop we could see the skyline and the urban core of Houston, our next day's destination. I reached for Laurene's hand. I began to worry:

What tests will they do?

How long before we see the results?

What if Laurene has cancer?

How will she react?

I need to find a pen and notepad.

She looks so healthy.

She's too young to have cancer.

She follows all the rules of healthy living.

She can't have cancer.

Please, God, don't let her have cancer.

It was half dark when we pulled into the driveway. Seed carriers from the neighbor's box elders helicoptered over the concrete. Neil's camper-topped red pickup rested at an odd angle outside the garage, sporting a flat tire.

"I need to sell that truck," he said. A week later, he sold his truck. Just like that.

"Daddy's getting older," Laurene said. "I can't believe he's decided to give up hunting. I can't believe he's selling his truck."

LESSON ONE

It doesn't matter how good you happen to be, or how well you follow the rules. Bad things can happen. There is no limit to how many bad things can happen.

2.

*Not an uncommon occurrence. It makes even
The well-intended scurry like an animal
Who sees a monster in the margin of his
nightmare.*

Dante's Inferno, Canto II

We had been in the hospital for less than two hours on the following Monday morning. Technicians and nurses had administered an ultrasound and fine-needle aspiration of the breast. After they numbed her breast with local anesthetic, Laurene said that she only felt pressure. Twenty minutes later, a nurse told us to make another appointment for the same day. Since it had taken weeks to schedule the tests, the short interval until the next appointment frightened us.

While Laurene was getting dressed, I chased the nurse down in the hallway. She wouldn't tell me what she knew, but I could tell from the way she turned her face away from me that this was not going to be a good day.

The hours before the afternoon appointment dragged. We drove back to Neil and Stella's house, and spread a blanket out in the backyard. I can't remember what we talked about, but it wasn't about

cancer. We might have talked about fire ants when one stung me, or about Neil's prolific okra garden with stalks that grew above the wood-slatted fence along the side of the house. At one point, Neil came into the backyard and trimmed some okra with his slender pocket knife. "For dinner," he said in a raspy voice. He walked back inside bent forward. I could tell he was worried. He looked like a walking question mark. When we re-entered the house, we found Stella attacking the kitchen floor with her broom, her arthritic hands wrapped around the broom handle like claws with the thumb of her left hand lower and pointed towards the floor.

Returning to MD Anderson in the afternoon, I dropped Laurene off at the entrance and drove off to park the car. I was driving Neil and Stella's car, so I looked for a wide space on the roof deck of the garage. When I approached the clinic building, I passed a dozen patients sitting outside smoking, hunched over men hooked up to IV stands like old chairs sitting next to floor lamps. A year later, the clinic would ban smoking on the premises, but I remember those emaciated men puffing away, and my thoughts at the time. *They had brought cancer on themselves. It was their fault. You'd think they'd have had enough sense to stop smoking.*

Created in 1941 as part of the The University of Texas System, MD Anderson sprawls across 25 buildings covering 14 million square feet on more

than seven acres, including an inpatient pavilion with 507 beds, five research buildings, three outpatient clinic buildings, two faculty office buildings, a proton radiation clinic building, and a patient-family hotel. Within the walls, 20,000-plus cancer fighters treat 150,000 patients per year. The outpatient clinics have the feel of a busy international airport with all ages and nationalities—Arab women wearing burqas and tunics, Hasidic Jewish men with long beards and skull caps. You can pick up accents from faraway regions, like all the species of birds in the world are chirping at once, each song entering the song of another.

Christmas cards created by children cancer patients through the Children's Art Project were for sale in the lobby, as well as sparkling Christopher Radko glass-blown tree ornaments. The clinic impressed me as an upbeat place of hope, a mix of disabled and able-bodied people moving around with purpose—four to five thousand visits a day. I passed through the vast clinic lobby and found the sign for the correct elevator (ELEVATOR B).

When I arrived at the radiation clinic waiting room, Laurene sat reading a book with great intensity. She always read when she wanted to get her mind off something. Her feet were tucked under the rest of her body like she always did when she was reading. The receptionist gave us a nod within fifteen minutes. At the time, I could not appreciate that fifteen minutes was lightning fast for a cancer appointment. On clinic

days, oncologists would often meet with fifteen or more patients. Some visits took a few minutes; others lasted up to an hour. It depended on what was happening with the patient. Good news. Bad news. No news.

A young radiologist in a white lab coat didn't hesitate to tell us what we had to hear. Laurene had cancer. For a moment, there was a shuddering quiet.

The doctor told us what he knew so far. The biopsy had revealed a high grade tumor (high grade refers to the aggressiveness of the tumor). The diagnosis was breast cancer (later on a pathologist who looked at the biopsy gave us a more specific diagnosis: invasive ductal carcinoma). The doctor told us that the staging, although tentative, was not the worst news we could have received, but not good news. I felt blood flushing my face and churning through my body. The tiny room seemed without air.

The TNM staging system (T=tumor, N=nodes, and M=metastasis), indicated stage 3 cancer (T3, N1, M0). At last, we knew more about what we were dealing with. T3 referred to the size of the tumor (1cm =.39 inches), and the doctor was guessing that the tumor in Laurene's left breast was more than 5 centimeters. I did the math—about two inches. N1 meant that positive lymph nodes were most likely present. M0 indicated that further testing would be required to make sure that the cancer had not

metastasized to other parts of the body, since the initial diagnosis had been based on a microscopic view of the breast cells aspirated by the biopsy.

My initial reaction was shock and anger. I felt like a star was coming apart before my eyes.

Damn that doctor in Grand Rapids! What he had failed to identify over a six-month period, MD Anderson had identified in a few minutes, or at least, in a few hours.

I held Laurene's hand. Everything grew strange. I felt as though a monster had entered the room. I wanted to run away; scurry for cover. I didn't want to be there. This couldn't be happening. My eyes blurred. The objects in the room seemed out of scale. The room appeared overly small for such enormous news, a *roomette* rather than a room. We were sitting in this miniature-sized living room. The chairs and table seemed too small. The lamp looked too small for the table. The inspirational posters on the walls shouted messages that were out of place in this setting.

Unlike the smallish furniture, the posters appeared as large as billboards on a highway: CANCER IS A WORD NOT A SENTENCE, CANCER CANNOT EAT AWAY PEACE, LOVE IS BETTER THAN ANGER, MAMMOGRAPHY SAVES LIVES.

This must be the bad news room. Are we supposed to read the posters, and think that everything is okay? They have staged this to look like someone's living room. Living room. Ha! I don't like this room, and I don't like this doctor. His lab coat with his name embroidered on the front makes him look like a garage mechanic.

Other than my grandfather, cancer had never raised its ugly head in my immediate family. Cancer happened to acquaintances or strangers, but not to someone close. Not to my parents or my children or my wife. Our marriage had just begun four years earlier. What would happen to us? Our children? I slouched down in the tiny chair.

Look at Laurene! She's doing better than me. I'm leaning back and she's leaning forward. She's leaning into the news. Her face is bright and her eyes look like clear water over stones. She wants to know the new set of rules so she can challenge them. She's making the doctor sweat under his white lab coat. She's asking so many questions! Too many to be polite. If you ask the doctor too many questions, he won't like you.

Laurene responded like she was in GE business meeting. She didn't care to charm the doctor. She wanted to know as much as she could about the pathology report. How invasive was the cancer? What other tests would be performed? What did the blood

work show? How would we know if the cancer had spread beyond her chest? Where might it travel—to the other breast or somewhere else?

Her mind operated in think mode—no time for emotions. She wanted facts. The oncologist could only tell us that the cancer was locally advanced. He said, “It’s bad, but not as bad as it could be.” Laurene asked about staging. The doctor said that the pathologist had graded the cancer Stage IIB (the tumor was less than 5 centimeters with no evidence that the cancer had spread to auxiliary lymph nodes).

When the doctor started to leave, Laurene moved to block his exit. You could hear the ominous, fatalistic sound of metal hitting metal as she firmly shut the door. I inwardly laughed, because the doctor had no idea who he was dealing with. He had lost control of the meeting. Laurene had more questions. The doctor capitulated, and sat back down. Laurene sat back down. She smiled at the doctor with the natural charm of her father, the charm that had attracted to me when we had first dated.

The doctor took a deep breath. His face relaxed. He stopped sweating. His next patient would have to wait a bit longer. We discussed treatment options. When Laurene asked what we could do now, we were not expecting his answer. We thought that he might tell us about how we could be better informed, or learn about alternative cancer therapies. To our

surprise, he told us to make sure that our marriage rested on a solid foundation. Cancer strains marriages, he said. We assured him that we could handle cancer like we had dealt with other life challenges— like raising a blended family, balancing our work schedules, and caring for our parents.

I resented his comments. *Are you a psychologist? So one doctor tells us not to eat chocolate, and this one wants us to go to marriage counseling? I thought these guys were supposed to be scientists!*

Neither one of us wanted to accept cancer as a threat to our marriage. We had worked too hard to put ourselves together, and to build a blended family. Later, we understood his intentions. Later, we knew what he meant. Living with cancer could either bring us closer together, or blow us apart. But at the time, we both refused to even think about how cancer might affect our marriage. We had enough to worry about. The doctor was trying his best to help us focus on what we could do something about, and with respect to Laurene's prognosis, to walk the line between optimism and despair.

Laurene looked for other ways to benefit from the doctor's advice. She got it—cancer involved more than medical issues. Living with cancer involved substantial quality of life challenges. As we headed back to the lobby, she began to form mental action plans. Her first thoughts focused on me and the

family. She didn't want the disease to affect my work or the girls' school performance. She could quit her job and stay with her parents for treatments, if I could manage work and take care of the girls while she was away.

Laurene said that she was out of shape spiritually, and needed to do some work on her faith. She needed access to the latest new developments in breast oncology. She needed to join a support group, and maybe find a counselor. She wanted a new oncologist in Grand Rapids to backup her new doctors in Houston. We needed to revise our family budget without her income, and cut our expenses, and review our health care plans. Laurene knew that cancer was a big deal, before I did.

As we walked down the hallway towards ELEVATOR B, I could see her body change. Her blue almond-shaped eyes turned a shade darker. Her face muscles tensed with resolve. She was going to beat the cancer. "We can do this," she said. "You get the car. I'm going to buy Christmas ornaments for the girls." As I exited the building, I looked back at her. Her tall body bent over the display tables of ornaments. Her light brown hair hung over her face. She was a good-looking woman.

The lost souls still sat on the concrete wall as I walked out of the clinic to the parking garage. They resembled paper-thin zombies appearing and

disappearing in smoke clouds. One man tapped a cigarette from his pack of Camels. When he wrapped his thin fingers around the cigarette and lit up, the pulsing embers looked as if they measured out the residual life still inside his frail body.

The man reminded me of my grandfather who had smoked unfiltered Camels. He had started his smoking career at age 14 as a Pennsylvania coal miner. At some time in his life, he had had his forearm tattooed with the tobacco company's iconic one-humped camel. (The smoky clouds from the cancer patients smelled like my grandfather.) Then one day soon after I was born, he stopped smoking and swearing—just like Neil had stopped smoking and playing poker.

But my grandfather quit too late. He developed lung cancer in his seventies when I was in my thirties. We sat on his screen porch eating my grandmother's pickled relish on a slice of white bread while he talked to me about how the brakes in cars had improved during his lifetime. He referred to the moon landing. He gave me advice to live by. The advice I remember—bend your knees when you lift, don't shovel snow with the shovel handle pointed at your privates, keep your shoes shined, and never join a church with a building campaign.

That my loving grandfather was dying of a strange disease was about all I knew at the time. Other

than a great aunt who had died of breast cancer, there was no history of cancer in my family. I could only observe my grandfather's labored breathing as he lay in bed propped up by pillows. I was spared seeing his pain, and knew nothing of his fear and anxiety over the disease, but I first used the word "cancer" as the name for the disease that had killed my grandfather.

Would I lose Laurene like I had lost him, or could we beat this? How long would we need to deal with this unwanted intrusion into our busy lives? How could I take care of the kids and work while Laurene went through radiation and chemotherapy?

I didn't know much more about cancer at age forty-five than I had known from taking high school biology. I had no idea what caused cancer, how it spread from one site in the body to another, or how it could crowd out healthy cells, and, too often, kill people.

For weeks after Laurene's diagnosis, I listened to how people used the word "cancer" in everyday life. A newscaster on the TV said, "extreme groups are spreading like cancer." Another day, I heard "radical ideologies are metastasizing." "evil predator," "ruthless," "invasive," "intractable," and "mysterious" were the words used to portray cancer as an agent of death invested with magical powers. A life-threatening disease had inflated into a monster in my mind, one who was about to carry my wife away.

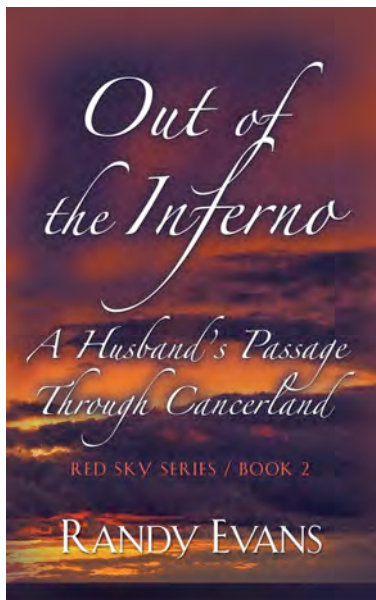
Out of the Inferno

Laurene didn't seem to feel the same way about cancer. If she harbored exaggerated fears similar to mine about the disease, she didn't share them with me. That we were beginning a long and difficult journey did not occur to me at the time. I had no clue that I was entering a stage of my life comparable to an all-consuming inferno. More than a bump in the road. A big deal.

A supreme interference. Uncharted territory.

LESSON TWO

People form crazy abstractions about cancer that we would never ascribe to the common cold or to the flu.



A man and woman struggle when cancer takes center stage.

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