

“For God will give the angels charge over you,
to guard you in all your ways.” AMEN!

If you have been in my office
then you know there is
an overflowing bookshelf.

I wish that I can say I’ve read all
the books on my office shelf but the truth is
most of them are resource texts or
books I’ve started but have yet to finish.

On the lower section there is
the “to read next” stack.

Some in that stack are the books that
some of you have bought for me and
others are ones that

I have come across in my studies or
just *had to have* and others are ones
that sounded so interesting on NPR
that I ordered it but haven’t yet read.

Not sure if this makes a person famous or infamous?

But one thing is for sure:
it is so hard to finish a beloved book. (Pause)

I hope that you'll endure me to share with you
a bit of chapter one from a book that is on
my "purchase next" list.

The title came across my studies for
today's lesson and I quickly looked it up
to read the excerpt that I will share with you.

The title is "No Cure for Being Human"
by Kate Bowler.

I think it sets the stage for the theme running
through our Bible Scriptures assigned for today.

I just couldn't clip or shorten it
so it will serve as the bulk of today's sermon:

Kate Bowler writes:

I was in bed in the surgical wing of
Duke University Hospital when the doctor
popped his head in the door and
smiled apologetically before flicking on
the fluorescent lights.

It was 4:00 a.m., the end of my second
night in the hospital, but no one in
a hospital sleeps in the conventional sense.

There are only intervals of sleep without rest,
interrupted by unfamiliar voices.

What's your date of birth?

On a scale from one to ten,
how would you rate your pain?

To this day, if you wake me up from a nap,
I will immediately tell you my birthday.

I opened my eyes and saw a boyish face.

The doctor wore a white coat too large
for his frame and his eyes were bleary
either from a day that had only begun or
from a night that had gone on too long.

“Six, sixteen, 1980. June 16.”

“Right,” the doctor said, then paused.

“So . . . you're thirty-five.”

I nodded, and my eyes began to water.

I brushed the tears away quickly.

Not the right moment for that now, thank you.

“If you keep replenishing my fluids,
I’ll just keep crying,” I explained.

“Maybe keep me in a stage of light
dehydration for the next few days.”

The doctor suppressed a laugh and
began to riffle through my case history.

“The patient has a history of
abdominal pain after meals.

Significant weight loss.
Nausea and vomiting.

No ultrasound evidence of gallstones or cholecystitis,
but results of hepatobiliary scan
led to a surgical consult to remove
the patient’s gallbladder . . .
then you got a CT scan.”

“No,” I corrected.

“I yelled at a surgeon for the first time in my life
and said that I was not leaving his office
without a scan.

Then they ordered a scan.”

This had been the biggest showdown of my life,
the doleful surgeon with his arms folded and
me loudly demanding some kind of treatment.

It had been five months,
and I had lost thirty pounds.

I was doubled over with the pain.

“I can’t bear this much longer,” I had said, again
and again as doctors benignly shuffled me along.

The young doctor glanced up at me
and then turned back to his notes.

“The scan revealed that the liver has
multiple focal lesions; the largest are seen
within the caudate and

right hepatic lobe in addition to
several scattered subcentimeter lesions,
some are noted within the periphery of
the liver and some are subcapsular.

The large left transverse colon mass was

what created the functional obstruction for you,
hence the pain.”

He looked up at me quickly.

“And then there are local regional lymph nodes
that are worrisome for early
peritoneal carcinomatosis.”

The heart monitor beeped softly.

I cleared my throat nervously.

“Um, so, this is my first real conversation
since the diagnosis.

I mean, I know I had surgery, obviously.”

Flustered, I tried to start again.

“The day before yesterday, a doctor’s assistant
called me on the phone at work to tell me
that I had Stage Four cancer.

But I don’t know what these terms mean
except that it sounds like I am a
spaghetti bowl of cancer.

People keep saying ‘lesions,’ ” I said.

“I haven’t had a chance to google it.
What are lesions exactly?”

“Tumors. We’re talking about tumors.”

“Ohhhhh,” I said, embarrassed by
another flood of tears.

“Right. And are there more than
four stages of cancer?”

“No.”

“Okay, so I have the . . . most.

The most cancer,” I finished lamely.

The doctor stood there for a minute,
raking his hands through his hair, whatever
plans he had for
this conversation deteriorating.

He lowered himself onto the chair beside
the bed but remained bolt upright as if
to remind us both that he

could leave at any time.
The room was warm and stale.

A silence folded over us, giving me a
moment to look at him more carefully now,

his mussy hair and anxious expression,
wrinkled coat and brand-new sneakers.

He is too young for this.

God, we are both too young for this.

“I’d like to ask you some questions, if you don’t mind.”

“By all means.”

“I’d like to know what my odds are.

Of living.

I’d like to know if I will live.

No one has mentioned that.”

I kept my voice invitational.

I will not shoot this messenger.

This is a friendly exchange

between interested peers.

He paused.

“I only know how to answer that by telling you
the median survival rate for people
who share your diagnosis.”

“Okay.”

“Based on the information we have
about people with Stage Four colon cancer,
the survival rate is fourteen percent,”
he said and began to scan the room

as if looking for a window to climb out of.

“A fourteen percent chance of survival,”
I repeated in a neutral voice.

My head felt suddenly heavy as if I were
pushing the words up a steep hill.

Fourteen percent.
Fourteen percent.

We lapsed into another silence.

The doctor shifted in his seat.

He rose to leave, but I reached out,
abruptly, to stop him.

“Hey!” I said too loudly.

“I mean, hey.”

Startled, he looked down.

My hand was closed tightly around
his arm like a collar.

“It’s just . . .” I started again.

“You’d better be holding my hand if
you’re going to say stuff like that.”

He sat back down and
carefully took my hand.

I closed my eyes and thought of the last time
I was here, in this hospital, holding
someone’s reluctant hand.

It was a maternity nurse.

And I could not be reasoned with.

“Short inhale! Long exhale!” she had shouted.

“Are you laughing or yelling?” A bit of both.

But [that day] I was waiting for something
absolutely wonderful to happen.

I opened my eyes.

“Okay.” I said, letting him go. He stood to leave.

“Wait! Wait. Before you go.

What does survival mean in this context?”

He paused, his expression softening.

“Two years,” he said.

I don’t know what he saw, but
he took my hand again.

“Okay,” I said at last. “Okay then.”

Because I was counting.

[The doctor left]

Two years. 730 days.

This new definition of living is glued together
by a series of numbers.

I would be thirty-seven years old.

I would celebrate my fifteen-year
wedding anniversary.

Zach would turn three.

I rummage around the things that
the nurses had left within reach—

a styrofoam cup of apple juice,
peanut butter crackers, an untouched bowl of
Jell-o cubes—until yes, there.

My phone. I pull up the calendar and
the calculator for some quick math:

two Christmases, two summers, and 104 Thursdays.

I sink back into the bed with a long exhale.

That is not enough time to do anything that matters.

Only small terrible choices now.

Just then, Toban tiptoes into my hospital room
holding a coffee so protectively that I already
know the kind of night he has endured.

I stuff the phone under my blankets and smile.

Seeing me awake, he smiles back, a little nervously.

A newly forming habit.

“Did I miss anything?” he asks,
coming around to the side of my bed to press
his cool palm against my sticky forehead.

He frowns.

“No,” I reply quickly.

“There’s nothing definite, I mean.”

He settles into the chair and leans back,
closing his eyes.

I study him for a long moment.

My husband has only ever had three

facial expressions on his stupidly handsome face:
brooding, sleepy, and what I call
“trampoline face” which is

the self-satisfied look of a grown man about
to do a flip on a trampoline and hoping
everyone will stop what they’re doing
to applaud.

But now I can see we’re adding another.

Careworn.

So, what does this have to do
with our lessons today?

Is it that just before this absurd request
from James and John in our gospel,

Jesus told the followers that he was going
to the place where he’d be mocked,
spit upon, flogged and killed?

Is it that with those words still hanging in the air,
they asked for places of distinction and honor?

That the careworn Jesus about to be called on
to suffer had to put up with such requests?

I would say so, but also a point is to
be aware of my own temptations
to have power and
to know how easy it is for humans
to sell-out to tyranny instead of
following Christ.

Was Jesus giving a polite “no” when
he replied that “they do not know
what they are asking?”

Probably, but Jesus would
have a man on his right and left
when he came into his glory.

They’d be on their own crosses
to his right and left.

James and John did not know
what they were asking.

Yet, servants do some-*thing*...
we are called to do some-*thing*, too,
even when we don’t have all the answers.

For today, it is enough let ourselves be served,
find our place as pilgrims on a journey
to help each other, and to have
a Christ-light, too.

Holding hands with those who have empty ones.

AMEN!