

H.U.M.A.N MAINTENANCE

... by ed friedman

WHY WE LIKE IT: *Hodie mihi cras tibi.*

Human Maintenance

2462 words

It was as if all my body parts got together to give me a terrible surprise. Unlike major league baseball owners, body parts can't be taken to court for collusion. Turning fifty was much more dramatic than I ever expected. Up to that point I was oblivious to the idea of getting older. There were a few preliminary signs but somehow, they didn't faze me: the need for reading glasses at 45 didn't bother me since practically everyone I knew had been wearing glasses or contacts for some time; even my receding hair line was something I could ignore. It wasn't until I found myself in a friend's bathroom (with more mirrors than I find necessary), that I saw what I can only describe as a large hole in the back of my head. My head was still there (I know because I instinctively went to touch it) but there was this vacant spot where hair used to be. I kept touching the empty area as if my eyes were deceiving me but there was no avoiding the truth-I was well on my way to being bald. You may ask, how could you not have known? The truth is I stopped looking at the back of my head as a teenager after which I kept my hair either too long or too short to make a difference what the back looked like. Before that I checked out the back of

my head in hopes of forming a “d.a” (If you’re too young to know what that is, google the movies “Cry-Baby” or “Hairspray”). So, if I avoided the homes of my designed-challenged friends I wouldn’t have to look at the back of my head and could successfully evade the entire issue.

Ironically, or by nature’s vendetta, as I lost hair where I hoped to retain it, I found myself sprouting hair like a ChiaPet in places I had absolutely no interest in doing so. Seemingly overnight my ears, nose and eyebrows started to look like the Brazilian rain forest. One might say “the Lord giveth and the Lord taketh away”. I say how about the Lord just leaveth everything where the hell it is. I see no biological imperative for this phenomenon, and it benefits no one—except the folks that sell hair replacement methods and electronic nose hair clippers, a device which, I might add, was given to me by my loving partner. Now if we’re getting ready to go out, I’m likely to hear, “honey, you might want to check your ears and your nose”. My reply to the first time this question was asked (“no problem, they’re still there”) was met with the tilted head, and a silent “be good and take your medicine “look.

I can avoid facing the hairy thing I’m about to be if I just don’t put my glasses on. Reading glasses were a small but annoying concession to my age. What has occurred since is the realization that this is a progressive condition and the three for ten dollars Walgreens glasses have given way to a prescription for a pair that allow me to complete the Times crossword (OK, work on the Times crossword) and read the obituaries in the vain hope that I’ve outlived someone I actually know. These glasses also allow me to read advertisements for medications used to treat conditions I never heard of with side effects that are worse than the disease. The first cholesterol medication I was given had terrific results. However subsequent blood tests revealed that if I stayed on this regimen my liver would explode. Out with that medication and in

with a weight loss program which subsequently had the effect of reducing my cholesterol. So that's taken care of, right? Not so fast. Some years later, chest pains that wouldn't go away sent me to an emergency room. Now before I go any further, I should inject some background. My family history is a red flag for every doctor I see. My mother died at thirty-one with stomach cancer and my father died at fifty-three from a heart attack which followed two strokes.

Naturally, everybody wants to test me for everything so it was no surprise when the emergency room doctor said, "with your medical history (every doctor who talks to me begins with those four words) we should admit you for some testing". So now I'm lying in the emergency room, wired up like Clockwork Orange for about six hours when I was unplugged wheeled to a room and replugged. After being woken at regular intervals (to see if I was alive?), I was sent for an echocardiogram during which the person administering the test had an argument with one of the doctors. It was of no small concern to me that someone administering a test which would have life altering consequences would be distracted and pissed off. Therefore, given the choice of taking a stress test then or the following week, I took the latter option.

The point of a stress test seems to be the answer to the question: How long can you jog on a treadmill at increasing speeds, with wires attached to you, before you scream or drop dead? I'm sure it was a bitter disappointment to the doctors that I didn't die and was too busy gasping for air to scream. The result of all the testing is that I've been prescribed high blood pressure, and cholesterol medication and, in case of chest pains, nitroglycerin. The comment, "you probably won't need this, it's just in case", didn't inspire confidence. Instead, I imagined myself in a 40's noir thriller where the wife can save her rich older husband or let him die by not giving him the nitro. Fortunately, my economic status exempts me from being a player in this scenario. The conclusion was that I should do something about my stress. Even though I was not suicidal or

psychotic I still qualified for a low-level anti-depressant, which, while not preventing the nighttime bathroom trips, allows me to fall back to sleep instead of spending the rest of the night worrying about why I can't fall back to sleep.

My current medications are successfully keeping my heart from exploding and will continue to work, according to my cardiologist. Never, in my life, did I think I would utter the words "my cardiologist". I always thought phrases like that only came from people on buses on the way home from Atlantic City. But in fact, I do have a cardiologist, and a nephrologist, urologist (more on that later) ophthalmologist a gastroenterologist, a psychiatrist, and an internist. This total has only recently exceeded the number of doctors I see for my teeth. My current team consists of a periodontist, endodontist, oral surgeon, and general dentist.

The truth is I spent the better part of my life not caring for my teeth. I had the occasional cavity and had a couple of teeth pulled but for the most part I was lucky (or so I thought). I didn't know what dental floss was. But in my late forties' things started hurting. So, I took the recommendation of a friend and went to a new dentist and was introduced into the wonderful world of root canals. To compound my problem (and as punishment for neglecting my teeth for so long) my dentist turned out to be not very efficient. Not learning my lesson, I asked someone else for recommendations, and visited Dr. X in the posh neighborhood of Manhattan's Upper East Side. Once inside however I thought I stepped into the basement of someone who lost a suit for malpractice. I did my best to ignore the trappings and chose to conclude that despite the address, the doctor was unpretentious. After a thorough work up, he concluded I needed massive work on my gums before he could even begin to work on the mess that had become my teeth. Of some concern to me beyond the months of pain I had to look forward to, was the cost. When Dr. X told me how much my good dental health would cost, I went into a state of shock. It was about

two thirds of what I had paid for my co-op. My conversation with Dr. X ended when he said, “Just think of this as if you’re buying a car”, to which I replied, “I think of this as the cost of my next 3 cars”.

My (then) girlfriend had been urging me to see her long-time dentist in suburban New Jersey. Still in shock I finally agreed to brave the flaming sword over the George Washington Bridge and see Dr. G for no other reason than to tell me if my choice really was to live in my current lifestyle with no teeth or to be homeless and have all my teeth. The bad news was Dr. X was right in his diagnosis-my teeth and gums were a mess and things would get worse. The not so bad news was not having a Park Avenue dentist would save me a lot of money. Not that it would be cheap by any means. I decided to try to keep whatever teeth I could. Thus, began another round of root canals and four gum surgeries before we could begin to visit the land of bridges and crowns. About three years and a Toyota Camry later I had healthy gums and teeth that would stay in my mouth. I dutifully have my teeth cleaned every three months and floss regularly. So now I’m all finished with gums and root canals and surgery, right? Wrong. After a few years of relative peace in my mouth war broke out again. Pain came out of nowhere, growths appeared on my gums and I was once again on the road to pain and destitution.

I was fortunately distracted by another set of medical miseries. Apparently, another byproduct of turning 50 for some men (and by some men I mean me) is the dreaded enlarged prostate. While not life threatening, the effect of an enlarged prostate is that the bladder doesn’t empty, hence a tremendous increase of trips to the bathroom. Eventually the 2 and 3 interruptions of sleep each night became if not tolerable, certainly expected. Where this really puts a crimp in your life is the knowledge that humiliation and wet pants are just a bad traffic jam away. Having once again ignored this problem in its early stages, the anxiety, and fear just exacerbated the problem (did I

mention that stress just increases the urgency?). My first trip to the urologist was educational: “no coffee, no caffeine, no chocolate” (Kill me now). Nevertheless, I was determined to see if a simple diet change would change my life. No such luck. The next step was medication. This was easy, I thought. “Let me tell you about the side effects”, Dr. F said. “You may experience a dry mouth, and...well...let’s just say you won’t be able to star in any porn movies”. This was the doctor’s delicate way of telling me that the medication would preclude the production of sperm at ejaculation. Since I had long retired from the porn business this wasn’t an issue. (Of course, I’m kidding). While the doctor was finished letting me down easy with respect to my future in the cinema, he also expressed the need to make sure I didn’t have bladder cancer. To do that, I would have to have a cystoscopy. This consists of inserting a tube into the penis, and since I was almost blacked out from the pain, I have no idea what the doctor was doing during this procedure. My only recollection is of him trying to give me instructions (mainly to keep me from hyperventilating and moving) during which he referred to me as “sir”. Now I’m all for civility and doctors respecting patients, but I was struck by the fact that here I was half naked and lying there with a tube up my penis and we weren’t even on a first name basis. I was sure there wouldn’t be a second date. When the agony finally ended, it didn’t. I had to survive two days of pain whenever I urinated, which was...well you get the idea. I continued the medication for some time during which the sum of benefits I received were, the side effects.

Also, in my early fifties my regular doctor uttered the familiar intro, “given your family history” and added “you should have a colonoscopy”. Being sufficiently scared and filling a void with no one digging around my mouth or my crotch I faced up to the inevitable. The good news about this procedure is that the patient is given an anesthetic, which for all intents and purposes renders one unconscious. Generally, there are no after-effects except little grogginess which goes away

when the anesthetic wears off. The bad news (you just knew there was going to be bad news, didn't you) is that in order for the doctors to ogle your insides, your insides have to be clear. That means you must spend the better part of the 24 hours before the procedure "emptying" everything inside you. To achieve this, you're given a hideous tasting concoction to drink at six-hour intervals, along with instructions to eat nothing except Jell-O (not the red kind) and drink only clear liquids. You will spend the next eighteen hours as a prisoner to your bathroom passing everything, including, it seems, all your internal organs. If the preparation sounds worse than the test you have a complete understanding of the colonoscopy.

All these measures make trivial the conditions with which I've been living for a long time. One is a bad lower back for which I see a chiropractor who mercifully sticks nothing into me and whose treatments are not at all invasive. Apparently if I keep my weight down and move around occasionally, I should be all right. But every once and a while I feel a twinge back there; or some pain from where I had the hernia surgery (at age fifty-one); or foot cramps, constipation, tooth pain, gas, allergic reaction, or just some pain that comes out of nowhere, lasts for thirty seconds then disappears. I remember telling the psychiatrist, "The biggest difference between being thirty and fifty-five is that when you're thirty you take your body for granted. You just don't question how it works or that someday it won't. Now every day it feels like I'm aware of a new body part and how it functions or doesn't." He replied, "If you're over fifty and you wake up and nothing hurts-you've died in your sleep".

For some reason I find this terribly comforting.

-Ed Friedman

AUTHOR'S NOTE: *This piece was inspired by my personal experience of at once being terrified of all things medical, and the unwavering determination not to have my fears contribute to a shortened life span. These fears are exacerbated by my parents dying at thirty-one and fifty-three. I've been wanting this to be published for some time. In the years subsequent to its writing, it has become even clearer to me that just keeping this body running, or to paraphrase Shakespeare, "whilst this machine is to him", is a full-time job. However, I do hope the humor in this comes through. I do find some of the absurdities of our health care system, funny. Okay, truthfully, I'm just looking for the humor in these situations to ease my terror. But seriously, aging is a privilege that gives us time to mark our existence here. If the price is fighting through fears and anxiety, I say, pay it.*

AUTHOR BIO: Ed's prose work has been published in The Bronx Memoir Project (Vols I and III) and on-line in Flash Fiction Magazine, The Haven, Submittable, Center for Creative Writing, and Crow's Feet. His short plays have been staged throughout the NY metropolitan area and around the country. Ed's anthology Short Play for Long Lives is published by Blue Moon Plays. His monologue Hannah appears in Best Women's Monologues of 2019. His monologues are also published in the anthologies of Mother/Daughter Monologues: MidLife Catharsis and Urgent Maturity, published by the International Centre for Women Playwrights.