Losing Henry

A phone call can signal a momentous change—a birth, a death, a new job, a visit. The call I received while preparing dinner one Monday evening in 1985 marked the beginning of my loss of my husband, Henry. The date was 16 December, the ninth birthday of our son, Jonathan. We had celebrated that weekend, with a sleepover party for Jon's best friends and an outing to a Chinese restaurant with my in-laws. Because my mother-in-law, Jon, and all I have December birthdays, we enjoy a family tradition we call the "December birthday dinner," celebrated in the first half of the month before *our* big days drown in a sea of red, green, and tinsel.

The caller was Walter, a friend of Henry's since their days as teenage members of the Chinese Youth Fellowship. Walter was not only a friend but also Henry's primary care physician. Walter asked to speak to Henry, and I explained that he had not yet come home from work. Walter asked if I expected him soon, and I said, no, it would be a while. "Why?" Walter asked, "where is Henry—what is he doing?" "Pouring concrete," I said. Henry was in Takoma Park, replacing the crumbling and dangerous front steps of a small rental apartment building we had recently purchased as an investment.

Henry had called me at work that afternoon, saying he would go straight from the Naval Research Lab, where he was an engineer, to Hechinger's to buy cement, then to our rental property. The steps should be fixed before the weather got cold. Walter made exasperated sounds when he heard what Henry was doing. I heard the worry in Walter's voice and asked, firmly, "What is this about—can you tell me, or can I get your number and have Henry call you when he gets home?" This was 1985, before we had cell phones. Walter said he really needed to talk to Henry first. Alarmed, I pressed for information. Walter said, OK, I will tell you, but I want to be the one to provide this information to Henry. He had been in Walter's office a few days earlier, reporting coughing up blood. Walter ordered a chest X-ray, which showed that Henry had a tumor in his left lung. This was his second X-ray that year. The first was in February and did not indicate any problems, despite Henry's reporting of blood in his sputum way back then, nine months earlier. Walter explained that, before calling, he had compared the earlier X-ray to the new one, and the tumor was visible only in the new one. I asked if, by tumor, Walter meant cancer. He said, yes, and Henry would need a biopsy before we knew the type of cancer, the prognosis, and the best treatment.

Henry had once been a smoker, like many other teenagers in the 1950s, but he had long since quit. Later I read that lung cancer begins about 20 years before symptoms appear, meaning that Henry probably had lung cancer when we met 17 years earlier. We both were smokers then, but we quit not long after meeting. Walter provided his home number and said Henry should call that night, no matter how late. Walter said he should be the one to tell Henry he had cancer.

It was late when Henry arrived home, tired and hungry. I told him Walter had called and wanted Henry to call him back. Saying it was late, he said he'd return Walter's call the next day. No, I insisted, Walter wants you to call him tonight. Henry's eyes met mine, but I stilled my face. But my voice conveyed urgency, so he made the call. After the conversation, Henry was subdued but resolute. Shaking his head, he said, if this was cancer, he wanted surgery to get it out. He was strong and healthy and, whatever this thing was, he could beat it. I agreed, and I truly believed that Henry could, indeed, beat this disease.

The next day, Henry saw Walter in his office. Because it was so close to Christmas and lining up a surgeon that time of year was difficult, Walter had gone ahead and scheduled Henry for a surgery known as a mediastinotomy in which the surgeon would make a small incision in the middle of the chest to perform biopsy of the tumor and nearby lymph glands. A hospital pathologist would promptly analyze the tissue samples, while Henry was still sedated. If the tumor were operable, it would be removed that day. The surgery was scheduled at George Washington University Hospital for Christmas Eve. After the surgery, I could stay overnight with Henry on a cot in his room.

While Henry was at the doctor's office, my job was to tell family members about Henry's illness and surgery. I telephoned his parents in Washington, DC to ask if I could visit. A Tuesday morning visit was unusual. I worked in Rockville and, even when I had meetings downtown, it was not my habit to swing by my in-laws' home for a visit. We saw them on weekends, once or twice a month, and we had just seen them that weekend. At their home, I told them as gently as I could about the cancer. They were shocked but grateful that I told them in person rather than over the phone. They said they would help in any way they could and agreed to phone Henry's brother and two sisters to convey the troubling news.

I had my own large family to inform, starting with my parents, who were sympathetic but optimistic. At that early point, I provided Jon, age nine, and Colleen, age six, (shown in photos) only a short and sugar-coated version: Daddy is sick. He is seeing doctors who we hope will make him better. So that I could stay with Henry in the hospital, our next-door neighbors agreed that our children could spend Christmas Eve at their house. The next morning, our neighbors would bring all four kids, our two and theirs, to our house to enjoy the presents from Santa Claus, which included a foosball table for tabletop soccer.

One of my first calls was to my stepson, Michael Ho. Mike, age 25, was a fourth-year medical student at Washington University in St. Louis. After several years in which he and Henry hadn't seen one another, as was Mike's choice starting at about

age nine, the birth of a little brother—our Jon—when was 16 (and had a driver's license) began a rapprochement that by 1985 had blossomed into a solid father-son relationship. Mike's reaction when I called him was "Oh, no, just when I was finally getting to know my Dad, I am losing him." I replied, "Not necessarily—your Dad could survive this." Mike insisted that, "No, this is lung cancer. There is no cure." I thought to myself, surely that is not so. Mike was a huge help to me during the next year, researching Henry's options and helping me to ask the right questions and obtain copies of medical records and images.

Henry was in high spirits when he was wheeled to the operating room. But after the mediastinotomy, Walter visited us in Henry's room with devastating news. Henry already knew what he was about to hear; the surgery had been too quick, and the incision was too small, for a tumorectory to have occurred. The cancer was inoperable: it had already spread from the lung to multiple lymph nodes. There was no point to surgical removal of the tumor—its spread throughout his body had begun. The pathologist diagnosed adenocarcinoma, a subtype of non-small cell lung cancer. Henry would need radiation treatments to shrink the tumor, and he might benefit from chemotherapy; we should consult a medical oncologist named Allen Mondzac, who worked closely with Walter.

Henry was crestfallen. He really wanted the tumor OUT, and that was not happening. Neither of us slept much that night. I was offered something to help, Haldol, a terrible choice. Sleep, when it came, was not peaceful.

Before I drove Henry home from the hospital the next day, the social worker helped me schedule radiation treatments at GW every day for two weeks. So that I could return to work, she also lined up American Cancer Society volunteers to drive Henry to these appointments.
Once home, however, Henry received a call from his ex-wife, Julie, Mike's mother. Henry was on his guard, because conversations with Julie in years past always degenerated into shouting and phone slamming. Weary of their acrimonious phone conversations, always about Mike's unexpected financial needs, a few years earlier I had advised Julie that, for the sake of my peaceful and happy home, Mike should speak directly to Henry about these needs. He was over 18 and beyond any required child support, but Henry would likely say yes to anything Mike personally requested. My approach worked. Years had passed without Henry having to interact with his ex-wife.

This call from Julie was different. She advised Henry against treatment at GW hospital. Rather, he should consult a lung cancer specialist at Johns Hopkins in Baltimore, and she provided the doctor's name and number. Touched by her kindness, and motivated to get the best care for Henry, we scheduled an appointment at Hopkins.

We were impressed. The oncologist described a clinical trial in which he was principal investigator. The experimental treatment was hoped to be the long-awaited breakthrough in treatments for lung cancer, and the trial application pending at NIH would soon move to FDA. The novel therapy involved use of radioisotopes tagged to monoclonal antibodies that would seek out, and selectively destroy, cancer cells. To be eligible for the clinical trial, Henry should first complete his two weeks of radiation treatments at Hopkins, rather than at GW.
As Mike had coached me to do, I asked if Henry would be scheduled for bone, liver, and lung scans, as he had not yet had any of these fundamental screening tests to determine if the cancer had spread. The doctor said, no, those tests would be done after Henry completed the radiation treatments and had after his first treatment in the trial. This answer puzzled me. Later Henry's son Mike, a fourth-year med student, articulated the problem later: "How can they treat a disease when they haven't diagnosed the disease?"

We were committed to Henry's radiation treatments at Hopkins, but I scheduled an appointment with Dr. Mondzac, the medical oncologist recommended by Walter, who had privileges at GWU Hospital. Mike was on by phone. Dr. M agreed that Henry needed bone, liver, and lung scans plus a repeat CAT scan. He arranged an immediate appointment for all these tests at a nearby imaging facility. The CAT scan at GW hospital before Henry's mediastinotomy had not revealed any cancer other than the primary lung tumor, but Henry's reports of spinal pain were worrisome. Dr. M ordered that the new CAT scan record images at smaller intervals, to increase the chances of detecting a metastasis.

The new CAT scan revealed metastases in several vertebrae. The largest was in the very spot where Henry had felt pain for some time. So, he had metastatic lung cancer for months before the cancer diagnosis. *This* is the insidiousness of lung cancer: it spreads beyond cure before you even know it is there. Dr. M wanted to discuss chemotherapy options. But because Henry was a candidate for the Hopkins trial, we needed to return there first, taking along copies of the medical images and reports.

The Hopkins doctor said Henry was now outside the protocol and could not participate in the trial. The bony metastases disqualified him. Yes, cancer spreads easily via the bloodstream from the highly vascular lungs to elsewhere in the body, and, yes, the very purpose of the radioisotope-tagged monoclonal antibody treatment is to detect and attack these distal mets. I pressed for an explanation of why, given these facts, Henry could not participate in the trial. The doctor explained that the protocol excluded patients with detectable mets. And, from a practical standpoint, Henry's mets were too big for this experimental therapy to have any chance of zapping them. And, most importantly to the clinical trial investigators, I think, including in the trial a patient with mets, especially good-sized ones, risked making their data look bad.
I asked if Henry could have the treatment, not as part of the clinical trial that would be offered for eventual FDA approval, but under a therapeutic IND (investigational new drug permit) or a

compassionate use IND. I was an FDA lawyer, so I knew about these options, but I couldn't force Hopkins to include Henry in their trial.

Although my FDA expertise failed to overcome the doctor's resistance to offering Henry the test product outside the trial, my FDA job was helpful in other ways. I got to know the FDA official in charge of clinical trials of biologicals, and he was willing to discuss with me the Hopkins clinical trial and others. He explained that new lung cancer therapies were not as researched as other cancer treatments, because the cancer community believes the priority is to persuade people to not smoke, so that they don't get lung cancer. It was disheartening to hear that there were few clinical trials, but at least I knew there weren't many options better than the ones we were exploring. At the FDA official's suggestion, I had Henry's pathology slides moved from GW to NIH, in case a trial came along that would be suitable for Henry.

I came away much less impressed with the Hopkins doctors than I had been initially. They were ready to treat without a proper diagnosis. That was bad medicine. I was irritated that we were in the middle of long daily drives from Potomac to Baltimore and back, with poor Henry grimacing each time the car went over an I-95 bump. He could instead have been chauffeured to GW and back for two weeks, along the easy and scenic Canal Road route, conversing with an empathetic volunteer driver guy.

Exclusion from the Hopkins trial was a third blow for Henry—the first had been the cancer and the second the fact they wouldn't surgically remove it. He had so hoped that this clinical trial would offer a cure, and now that door was shut. We soon began seeing Dr. M regularly for chemotherapy.

When I was able to get to work, I wasn't always at my desk. As Deputy Chief Counsel, I could be away from my office for an hour or so, without questions asked. I began spending time in the FDA medical library. My research on lung cancer and treatment options led me to an authoritative and enormous tome by NIH cancer experts, entitled *Cancer: Principles & Practice of Oncology* and nicknamed "The Cancer Bible." I checked it out and took it home. The book summarized the state of knowledge about cancer and the best treatment for each type. One night, after Henry and the kids had gone to bed, I was in our living room reading the book's chapter on lung cancer. I came to a sentence buried in a long paragraph that included the phrase, "when a disease is invariably and unrelentingly fatal, as is lung cancer..."

After re-reading, several times, those horrid words 'invariably,' and 'unrelentingly,' and 'fatal,' I was reeling. Mike was right. Henry was going to die, and soon. I cried and silently screamed. I careened around the living room, circling the still-open cancer book until I collapsed on the carpet in sobs. I felt horrible for Henry, whose days were numbered, and he didn't even know it, but I also felt self-pity. I had not signed up for this. When you decide to marry someone who will be the father of your children, he is not supposed to up and die and leave you with the whole job of raising children on your own. It's not fair. It wasn't fair to Henry, and it wasn't fair to me! For the rest of 1986, the year of Henry's cancer, I had a constant lump in my throat, something that always happens to me when someone I am close to is seriously ill.

That Henry had a serious illness was shocking to anyone who knew him. He had always been such an active, vital, and athletic guy. He loved running, swimming, fishing, tennis, and especially basketball. He coached both kids' soccer teams. Henry also loved to hunt, and each year he trekked to the Goshen area of southwestern Virginia, hiking to the top of a mountain so that he awoke, in his sleeping bag at the very start of deer hunting season. A month before Walter's fateful call, Henry had returned early from his annual hunting trip, saying that he could no longer climb the mountain. He was too winded and out of breath. Perhaps he shouldn't go hunting anymore. (Hooray, said my brain! I hated hunting and was no fan of the antlered head from an earlier trip, mounted over our family room fireplace.) It didn't register that Henry's fatigue was a health warning.

I later recalled another early sign of Henry's changed health status: he could not swim laps like before. We belonged to a swim club, and during the summer of 1985 Henry and I had agreed to take turns watching the kids, then eight and six, so the other could swim laps. I had built up to a mile a day, but after a few laps Henry was gasping and exhausted and gave up lap swimming. Also, Henry coughed a lot. It was never a hacking cough, but it was so predictable that, anytime we both were in the house and I was wondering where he was, I could tune my ears to the sound of Henry's cough. When I heard it, I would know where he was. All over the house, and in the pocket in every one of his articles of clothing, were blister packs of cherry-flavored, menthol cough drops. I had been nagging Henry that, with such a cough, he must have allergies and should see a doctor. Other signs were more subtle. When Henry's illness was advanced, I tried to remember when we were last intimate. I couldn't remember. Sometime that fall, with our busy schedules and Henry's then-undiagnosed fatigue and pains, that part of our marriage had ceased without my noticing.

After Henry's diagnosis, I thought we should take a vacation—get away as a couple, or as a family—but Henry wasn't up to it. I felt a loss that we would never visit China together or take the kids on that family road trip across America. I investigated Club Med and other Caribbean resorts, but Henry said he couldn't do even a relaxing form of vacation. All his attention focused inward. During the 13 months of Henry's illness, we had exactly one fun trip with the family, a sunny day spent at Baltimore's Inner Harbor, where the kids ran around chasing sea gulls and we enjoyed a nice meal.

With the diagnosis, our seemingly perfect life was shattered. We were living the American dream: a nice house in a good neighborhood with decent schools, a so-called rich man's family of one son and one daughter, a calendar filled with their many activities, and teaching gigs one night a week at GWU, I in the law school and Henry the engineering school, that kept our big brains active. However grateful I was for our good fortune, our lives for the next 13 months were dominated by Henry's illness and treatments, and his farewell.

Importantly, we together took all the steps needed to obtain for Henry the best medical care and for me a secure future in which he would no longer be with me and the kids.

Henry and I saw a lawyer to write our wills, having at last figured out who would be our children's guardian if we both were to pass away. With Henry's diagnosis, we were unable to obtain additional life insurance for him (an application to raise the benefit amount sat, uncompleted, on his desk). The insurance he did have was a third of what it should have been; thank goodness for my education and my career. Working mother's guilt evaporated because, as a lawyer with a good government position, I could support my children. Henry also had a smaller life insurance policy, with a payout of $10,000. We changed the beneficiary to Mike, rather than me, so he'd have something from his Dad as I was to inherit everything else. Anticipating life as a single parent breadwinner, I took out a $500,000 term life insurance policy on my life.

Henry tried psychotherapy and group therapy. Seeing a psychiatrist felt like just one more doctor visit, when he already had so many, and he found the support group depressing, having to hear about other people's cancers when his own was bad enough. He was shaken by the appearance of the sallow, bald, and stooped patients with advanced cancer; he must have speculated that he soon would look like them. I tried without success to get the kids to counseling, during Henry's illness and after his death. I once consulted a psychiatric social worker. Her pragmatism helped: I overcame the guilt of hiring caregivers for Henry, while I continued to go to work to make a living, and she helped me decide to move their children from their wonderful private school to our neighborhood public school, which turned out to be equally wonderful.

In October 1986, Henry's thoughtful co-workers and I organized a lovely retirement luncheon for him at a Chinese restaurant in Alexandria. He worked as long as he could then, before his sick leave ran out, he retired so as to receive Civil Service disability payments. I can remember that I filled out the paperwork in August at the Rockville outdoor pool while the kids competed in the important All-Star Meet at the end of the summer season. Other paperwork involved haggling with medical billing offices and health insurance companies. I changed health insurance twice and hired a housekeeper once a week, requiring me to learn about social security and tax requirements for workers in your home.

Later we had a visiting nurse home health aide, at which point, to save money, I withdrew the kids from daycare as they could walk home from school rather than ride a bus to daycare at another school a mile away, where I would have to pick them up. The presence of Henry's health aide ensured their safety, and I thought it good for them to spend more time with their Dad. That idea was a mistake. In addition to the usual noisy scuffling between siblings, there was an unfortunate amount of friction between Henry and our rambunctious seven-year-old daughter. He wanted peace and quiet, and she recalls a day when he chased her around the house, threatening her with his cane, when she wouldn't settle down. Colleen recalls that she didn't like it when Henry derisively called our cat "Fleabag" instead of his name, Fiddle. When I arrived home from work, family members' nerves were frayed.

I mentioned earlier that, on the night of Walter's call, Henry was pouring concrete steps at our rental apartment building. Before the cancer diagnosis, Henry had decided that we should become wealthy, something that would never happen on our two government salaries. We owned several properties, all of which we sold during the first few months after Henry's diagnosis, when he decided his pursuit of wealth was wrong—and I insisted there was no way I'd ever have time to manage the properties on my own. For several years we had owned a townhouse in Gaithersburg that we were renting out to a nice elderly couple. On the very day Henry died, their son called to say the hot water heater had failed. I gave him my credit card number and told him to call Sears and buy the heater they were advertising in the paper that day, charging the purchase to my account. And I told the tenants' son that I couldn't be managing rental property. I would be wanting to sell the townhouse, preferably to his parents or him. And so I did. He bought it for his parents a few months later.

Henry and several Chinese American friends had pooled resources to form a corporation and buy a midsize hotel in downtown Bethesda that now is called American Inn of Bethesda; the other investors bought us out. (Thank goodness—that hotel now has terrible reviews on the internet, indicating that whoever owns it is not undertaking needed repairs!). Henry and a friend had bought a small apartment building in Takoma Park as an investment; that friend was able to purchase our half interest. Lastly, we had just bought on our own the small apartment building with the crumbling steps; we sold it, too. All this property was in addition to our single-family home in Potomac and a couple of building lots on the Outer Banks of North Carolina that I hung onto for a few years. All our investments were leveraged, so we didn't garner much cash from selling them.

I continued to report to the office as FDA Deputy Chief Counsel but missed a lot of work, driving Henry or the kids as needed. When at work, I often was on the phone, usually on calls relating to Henry's medical care. I still managed to get my job done, and the few hours each day in which I could focus on that job were a wonderful respite from my personal life. At my first performance review, shortly after Henry died, my boss said, "Linda, I am sorry that your rating this year—for the first time—is not outstanding, but I could not *say* that your performance *was* outstanding." I said nothing but nodded. My rating was the least of my worries. I was rated "excellent," which was generous under the circumstances, but. I did have the feeling of being kicked when already down.

I will summarize Henry's treatments following the radiation:

1. A four-drug combination chemotherapy, delivered intravenously in the doctor's office, known as CAMP (cyclophosphamide, Adriamycin, methotrexate, and procarbazine); this brutal regimen was then the first-line treatment for NSC lung cancer and produced extreme nausea as well as hair loss and anorexia.
2. Cisplatin, administered in GW hospital due to its toxicity to kidneys.
3. Dexamethasone to reduce swelling in the brain, after the cancer spread there.
4. Implantation of an Ommaya reservoir under Henry's scalp so that medication could be delivered into Henry's cerebrospinal fluid.
5. Blood transfusions to counteract effects of the chemo.
6. Bone, brain, liver, and CAT scans to measure changes in tumor size.
7. Acyclovir for shingles, brought on by Henry's lowered immunity.
8. A huge quantity of extended-release morphine sulfate tablets for Henry's horrific pain from the bony mets all over his body.

The Giant pharmacist eyed me like I was a junkie because I was there so often to fill Henry's prescriptions for large quantities of high-dosage morphine. After telling an FDA friend about this problem, she offered to ask her sister-in-law, a drugstore pharmacist, if she might fill Henry's prescription. I accepted this kind offer. I was to meet the sister-in-law in front of her house and there I would hand her the prescription from Dr. M in exchange for the largest quantity of morphine that she could dispense in one transaction. It was a cold, dark winter night, and it felt like she and I were engaging in an illicit transaction, even though we weren't. Our society should minimize abuse of opioids but without depriving cancer patients the pain-relief drugs they need.

Feeding the family was a challenge because we four were on three different diets. Henry had nausea and no appetite. He couldn't force himself to eat. The technical terms are anorexia and cachexia (wasting of muscle). He was lactose-intolerant so products like Ensure made him sick. I kept trying different recipes for him that he might be able to eat. I had no success. Meanwhile, Jon and Colleen preferred kid food like hamburgers, pizza, chicken nuggets, and spaghetti. After a month of eating everyone else's leftovers, I had gained nine pounds and consulted a weight loss clinic, in panic. I had a sit-down meeting with the manager and explained my situation. I had no time or money to join, attend meetings, or buy special meals, but could they please just provide me a copy of their diet so I could follow it on my own. They did. The diet was really strict: the only beef permitted was beef heart, and the only starch permitted was Rya crisp bread! I followed this guidance, but I ignored the ridiculous advice to avoid tomatoes, carrots, and broccoli as too high in carbs. By the time Henry died, I was 40 years old and down to my high school weight. It wasn't a good look for me. In the photos, I appear gaunt.

At the FDA building, I continued to sign up for the lunchtime low-impact aerobics class and attended as often as I could. I also walked an hour each Saturday and Sunday. Once when I returned from a walk, it was dark, and Henry was crying. He had forgotten that I had gone for a walk and felt abandoned. He begged me please not to leave like that again. I said, "Henry, if I don't take care of myself, how can I take care of you? I was gone just for an hour, and I always come back. I need these walks." Henry said he was afraid I might fall down or be kidnapped, and who would take care of him? I promised to be careful—nothing bad would happen to me. I kept up my walks but not at night. I silently thanked that pragmatic therapist, who counseled me to take care of my own health and gave me the firmness I needed with my poor sick husband. I tried not to wait on Henry anytime he was able to wait on himself. I explained to him that I was not being mean: if he could get up for his own glass of water and could get to the bathroom unaided, whenever possible, then he would get a little exercise while I could preserve my strength and patience for times when he needed my help.[1]

It was difficult for me to have knowledge of the hopelessness of Henry's situation and to be unable to discuss it with him honestly. We came closest to candor one day when I was driving him home on Canal Road after an appointment with Dr. M. We had heard about the considerable risks, requiring hospitalization, associated with the cisplatin treatment Henry was about to receive. I became concerned that Henry lacked capacity to give informed consent, if he thought it

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[1] While dealing with all these medical, financial, and emotional issues, for much of 1986 I was the defendant in a spurious lawsuit. Two months before Henry's diagnosis, my sister, living in Annapolis, had given birth. I left work early to visit her and my new niece. While waiting at an intersection for the left-turn light to turn green, a young guy in a red sports car rear-ended my big Chevy Caprice. We examined our vehicles and exchanged information. My car was undamaged. The front of his little car was all smooshed in. No one was injured. He said he knew that it was his fault and guessed he had a bill to pay. I advised him to pay out of pocket to fix his car rather than involving his insurance company. As a male driver under 25 with a red sports car, he might see his insurance rates go up if he made a claim to his insurance company. Yet a couple of months later, I was sued by that turkey! He was represented by a lawyer whose white-collar crimes caused him to be under house arrest except to go to court, his doctors, or the local synagogue. I was well-represented by State Farm, and I told their attorney that, no matter what, State Farm should not pay any money to settle the case. The plaintiff's rear ending of my car plainly was his own fault. I reiterated, "I am a lawyer, and I am not afraid to get up on a witness stand and testify." Asked to prepare a written statement, I made careful to use the term "rear-ended" as often as possible. The case ultimately was dismissed, with prejudice, with no money paid to the plaintiff or his sleazy lawyer. Though this outcome was entirely predictable, I was bitter that I had to deal with this stupid case, while managing a myriad of medical, financial, and emotional issues.

possible that the treatment might cure him. I began the discussion with, “Henry, I am wondering if you understand the, ah, limited potential for this new treatment to help you. I worry that you have these treatments with all these side effects, and I am not sure you understand that…” Henry cut me off. “Linda, I understand that there is no cure, and it is possible that none of these things I am trying will work. I just want to be with you, Jonathan, and Colleen. If I stay alive as long as possible, we will have more time together. And maybe if I stay alive long enough, someone will discover a treatment that works.” Henry understood the situation.

In fact, none of the chemo did any good. Each scan showed that Henry’s cancer continued to grow and spread. After Henry’s miserable ordeals with these treatments, I swore silently that, if I ever got lung cancer, I would just go for the radiation and skip the chemo. However, in the 35 years since Henry’s diagnosis, there have been significant advances in lung cancer treatments such as paclitaxel, immunotherapy, and targeted therapy that improve patient life expectancies and allow for a pleasanter quality of life during treatment than Henry experienced. Also, more lung cancer cases are caught early, due to growing acceptance of screening smokers and former smokers with CAT scans and MRIs, to find tumors when they are small and operable.

In November 1986, I sent family and friends a holiday letter that described Henry’s illness, including his treatments and his loss of height and weight. Anyone could infer that Henry hadn’t much time left. After reading the letter, my mother called me, in tears. She at last grasped that there was no cure for Henry—a person doesn’t go from 180 pounds to 85 pounds and survive.

My parents drove from Kentucky that Christmas in a new 1987 Mercury Sable—more about that later—transporting in its trunk the electric train set that Santa had brought me when I was three. My first memory was when, on Christmas Eve 1949, I as awakened by sounds of my father assembling the Lionel train under the Christmas tree of my family’s first house. So, 37 years later, my father was again at work on that train, first constructing a platform table for it in my basement on which my Mom painted roads and lawns. Then my Dad fastened down the tracks while my crafty mother fabricated trees and bushes from pinecones and twigs, to line the streets of our little community. I located a Lionel train hobby store where I purchased a station, stores, houses, and signs, to complement the old Lionel buildings that had been in the box with the train. The resulting community, with the vintage Lionel train, was charming.

My father thought the 8-by-4-foot train setup took up a lot of space in my basement, so on each corner he mounted a pulley and ropes to four hooks in the rafters of the basement's unfinished ceiling. With Dad's ingenious invention, I could by pulling a single rope hoist the train setup to the basement's ceiling. My father was doing all this physical labor just eight months after a heart attack that destroyed a large portion of his heart. Only seven months after laboring to build a platform for my electric train, Dad passed away due to congestive heart failure while visiting us again the summer after Henry died. Dad died on 4 July 1987, not six even months after Henry.

The family electric train project delighted the kids and brought Henry much joy in his last weeks. My Christmas letter led to visits by Henry's many friends, including ones from his youth and others from places he'd worked. Most first learned of his illness from my letter. Henry enjoyed leading guests to the basement so they could marvel at the electric train setup—a good way for guys to avoid awkward conversations. Creating a setup for my old electric train set had seemed a wacky idea when my father insisted on doing this, but what a gift of joy it was for Henry and the rest of us. To deliver the electric train set to our house, my parents drove a brand new 1987 Mercury Sable. My Dad had insisted that I needed a new car. To him, our 1979 purchase of a Chevy instead of a Ford was almost as bad as voting Republican, so we definitely needed a new Ford. (What would Dad—a World War II vet—think about these Japanese cars we now drive?) I had no time to shop for a car, but Dad said that, so long as I paid for it, he would pick it out and get me a good deal in Kentucky and drive it to Maryland. At the end of the visit, he and Mom could fly home. I was grateful, and the beautiful new silver Mercury Sable provided Henry a more comfortable ride when he needed to go out. Also, I would no longer be in trouble with carpool Moms who had complained about the Chevy's malfunctioning seat belts in the back seat.

The last photo of Henry was taken by my brother Ray on New Year's at my in-laws' home in Washington. This was the last photo of Henry and the last time he left the house; he passed away 19 days later. *On the floor were my father-in-law Lien-Yu Ho, Colleen, and my brother's daughters Sarah and Julianna. On the couch were my sister-in-law Terry holding son James (20 months old), my mother-in-law Yin Hwa Ho, Linda, Henry, and Jonathan.*

After New Year's, I contacted Montgomery Hospice and Henry became their patient, receiving care in our home. I appreciated MHI's holistic approach. I was asked about any needs *I* might have, which was both new and comforting. With MHI's help, we rented a hospital bed that was set up in the dining room, so Henry could be on the first floor. He had for months been sleeping in the living room on a Lazy Boy lounge chair after our bed became uncomfortable. The vertebrae in his neck had become so curved that he hurt when he tried to sleep on a flat mattress. The 24/7 hospice home health aide insisted that Henry move from the chair to the bed. I can still hear Henry's cries of pain, even with a large dose of morphine, when his neck cracked, made to lie flat after so many months in a curved position. (Now I wonder: was that really necessary?)

Soon Henry entered a coma-like state and had the heavy breathing that those of us who've visited a lot of hospice patients know so well. I called my stepson Mike, by then doing a residency in Cincinnati, saying that, if he wanted to visit his Dad one last time he should come home right away. Mike was skeptical: how could his Dad be close to death with such a strong heart? When Mike arrived, he grasped that, because Henry could no longer eat or sip water, it would be just a few days before he would pass away. Many people die the way Henry did, a fact that may not be well explained during four years of medical school.

Henry died on 19 January 1987, a couple of weeks before his 50th birthday. Jon was ten and Colleen seven. The children suffered a huge loss. My Pollyannaish spin on Henry's illness at the time of his diagnosis had given way to a more sober discussion a couple of months before his death. Jon was old enough to understand what I was saying when I explained that Daddy was not going to get better and would soon die. He wept. I provided a similar explanation to Colleen, but she changed the subject and clearly did not understand what I was trying to tell her. I tried again, but there is a big difference between what a ten-year-old can understand and what a seven-year-old can understand. Unfortunately, the seven-year-old believes himself or herself to be the cause of everything that happens in the universe, including bad things that happen to a parent. Without question, Colleen feared she had caused his death, by not obeying his requests for peace and quiet when he was so ill. Despite my insistence that she in no way brought on her Dad's death, it was years before she accepted this fact, and she substituted, for guilt, anger that he had smoked and had risked his life in that way. Later she just plain old missed him, cherishing the few good memories she had of him before his illness. Without doubt, loss of her father played a large part in Colleen's mental health challenges. There is evidence of mood disorders in both my family and Henry's, but most experts believe that it is a combination of heredity and life experience, both nature and nurture, that brings about debilitating mental illness. Colleen's life journey has to date been one of encountering and seeking to overcome challenges. That is another story.

The present story is about Henry, and my loss of Henry, so I will share some perspectives from him as he was facing death. Soon after the diagnosis, he told me that he had been focused on the wrong things. The only important things in life are health and family. Money is unimportant, and he had wasted valuable time pursuing it. Henry's wisdom, born in disease, has stayed with me. Later in his year of living with cancer, Henry said that cancer was a learning experience! This was a shocking idea, but so typical of Henry. All his life he had been on a campaign of self-actualization and self-improvement. I have told Jon and Colleen many times that one of Henry's distinct characteristics was his belief that he could master any subject. If he wanted to improve his chess game, he would buy books, study them, and play better. If he wanted to learn tennis, he would study what was in a book and get out there and apply what he had read. If Henry needed to pass both a French test and German test to qualify for his Ph.D. program, no problem—he just studied, crammed, and conjugated verbs until he passed both tests. All the things he knew about how to fix a car, or broken things around the house, came from his belief that he could study up on the subject and then do it. Certainly, his father, a Confucian scholar, knew nothing about fixing cars and houses; he relied on Henry on such matters. Henry had a real can-do attitude and was never content to stop trying to be better.

As another example, one evening a couple of years before we knew about the cancer, the phone rang at home. It was Henry, calling from GW University. He had completed his PhD program back in 1975 but wanted to take a class to keep getting better in his field. I said, Henry, you ought to be teaching classes, not taking classes! That is what I am doing, I said, with my law school teaching. When you prepare to teach a class, you learn the subject better than you ever did when you were a student. Henry hadn't been happy when, in 1983, I took over a food and drug law class at GW that was one night a week during fall semester. Our children were small, and he thought the teaching on top of my full-time job would take me away too much. Actually, my teaching gig as an adjunct law professor 15 nights out of a year had caused no problems.
After my suggestion that Henry likewise teach a class, he approached the professor who had been his PhD advisor. The advisor was delighted that Henry was interested in an adjunct professor assignment. Soon Henry was teaching one night a week in the GW school of engineering and sublimating his drive for self-improvement into teaching and mentoring a new generation of students.

Anyway, about cancer as a learning experience for a man whose whole life was a learning experience: the wife of Henry's best friend at work visited to discuss with him her breast cancer experience and to give him a book she had found helpful. The author claimed that people who get cancer are those who are under a lot of stress, often caused by their upbringing. I thought this blame-the-parents point of view singularly unhelpful, as Henry formed the opinion that he got cancer not from smoking but due to errors made by his parents. Actually, the current thinking is indeed that childhood misfortune can predispose an individual to health problems in adulthood. Henry told me that he and his old-fashioned Chinese father had many arguments during Henry's rebellious years as an Americanized teenager. During the weeks in which Henry blamed his parents for cancer, he felt such anger toward them that he could not speak with them during their visits. Instead, he sat sullenly, seething inside, while they tried to make conversation. They attributed his silence and grumpy demeanor to pain.

Not long after adopting the blame-the-parents attitude,[2] Henry needed a day visit in GW Hospital for a blood transfusion as an antidote to chemotherapy. This day turned out to be so bad, it was good, in terms of a learning opportunity. I had an important meeting, so I asked Henry's parents if they could spend the day with Henry at the hospital while he received the transfusion. I could pick him up afterward. Henry's parents agreed to do this. As there was no room for Henry on the cancer floor, Henry had been placed in a standard room, with nurses who turned out to be less kind and attentive than the oncology nurses. Midway through the treatment, Henry's IV tube detached and the sack of blood for transfusion emptied on the hospital floor. Henry's Dad pressed the button for help, and then went to the nurse's station when there was no answer. When the nurse said Henry had received enough blood already, Mr. Ho made a scene until a replacement bag of blood was brought for his son. Henry was grateful for the advocacy and saw the hot, angry tears in his Dad's eyes that proved how much his father loved him.

Whatever may have been their shortcomings, Henry's parents meant well and deserved forgiveness for the errors they made when he and his siblings were young. Henry telephoned his sister Barbara. "Forgive them," Henry told Barbara. "Mom and Dad did the best they could. It does you no good to continue blaming them. Let it go. Forgive them and be happy." Regardless of whether his parents bore any responsibility for Henry's cancer, which seems completely unlikely, it was unproductive to be angry. This is why Henry called cancer a learning experience.

Henry died on January 19, 1987. He was cremated. As a metaphor for a life that included China and the USA, his father divided Henry's ashes so that they returned to earth in three locations. A portion was interred in lot 140 in the Rock Creek Cemetery in DC, next to the graves of his parents.

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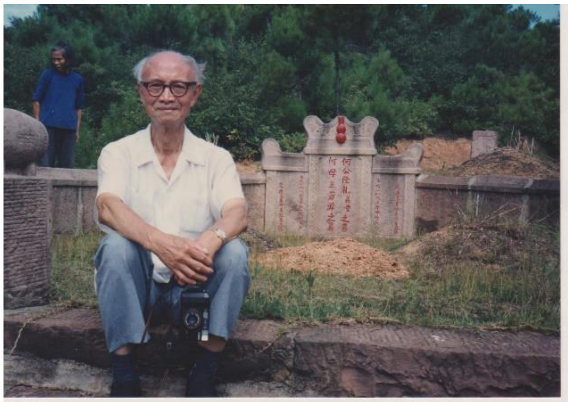
[2] A thoughtful review article is posted on the NIH website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6036632/ Occasionally Henry blamed his cancer on fibers from large bundles of insulation that for years since his purchase sat in our basement awaiting his tackling the unpleasant chore of installation. This was from a former smoker. Linda did not argue with Henry's pet theory about what caused the cancer but quietly hired someone to install the insulation.

A second portion was sprinkled in the Yangtze River in Wuhan, near Henry's birthplace, as part of a memorial service for Henry on a river boat in August 1987.

A third portion of the ashes was buried in the family cemetery in the Chestnut Village of the Hos, near Hengyang in Hunan Province during Lien-Yu's visit there on 21 August 1987 with Linda, Jon, and Colleen.



(Supplemental to Fig. I-5) Grave site of Lien-Yu's parents. An urn containing a portion of Henry's ashes was interred between the two mounds of them, recorded Aug. 21, 1987.

Although gone from this life since 1987, more than a third of a century ago, as I write this in April 2021, Henry lives on through his DNA in his three children and four grandchildren. This account of his last year is sad, but I hope that Mike, Jon, Colleen, Nicholas, Lauren, Craig, and Ryan appreciate my effort to record what happened in this most difficult year of the eighteen that Henry and I shared.

In his nearly 50 years on the planet, Henry lived more fully than many people who have longer lives. Everything Henry did, he did with gusto. I am certain that Henry would be so proud of each and every one of his kids and grandkids. All seven live productive, interesting lives. Who knows, perhaps Henry, in heaven, can see us and occasionally send an angel when one of us is in a pinch or needs a little extra guidance or love? I do not know if there is a heaven but, if there is, he is part

(Supplemental to Fig. I-3) Linda and her two children
the Chestnut-Hill Village, Aug. 21, 1987.

of the heavenly host. I certainly have felt his beneficence, usually in dreams, at key junctures of my life.

The journey in love that Henry and I traveled together feels far in the past, and yet in writing this story I was able to access deeply buried memories and feelings that, when unearthed, were still raw and immediate. When I wrote this story about losing Henry, I was surprised about the many small details I could remember of events so many years ago. My wise grandson Craig Swink, then 19, said that traumatic experiences are remembered in detail because our survival instinct causes them to be recorded in the synapses of our brains. What is clear is that Henry went through a lot, especially harsh treatments that at best could do no more than extend life, just to try to be with his beloved family longer.

At this point in my life, I am writing my own memoir as well as family history stories. For Michael, Jonathan, and Colleen, Henry is one of their two most important ancestors, the other being their mothers. Just as, in Henry, there were genetic traces of his ancestors in China and, in me, traces of my European and early American ancestors, through the wonder of life Henry has left a biological legacy to Mike, Jon, and Colleen. He lives on in them and now also their children, his grandchildren, Nicholas, Lauren, Craig, and Ryan.

My hope is that anyone reading this story and its longer companion, the Biography of Henry Ho, will have a better understanding and appreciation of him. The intention in both is to honor Henry and help keep his memory alive.

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