

Going to the Mayo

by Walt Sutton

It was beginning to feel like the Mad Hatter's Tea Party gone wrong. It started like dozens of past gatherings: a regular monthly meeting convened in yet another window-lined boardroom. Six of us looked out at the architectural riot that is our city in the Pacific Northwest. The other six looked inward, also through glass, at interior office space with original art lit from unseen sources. The doors were closed and no sound could enter or escape the room.

At the stroke of 8:00 a.m., speaking from the far end of the table, John broke the silence: "Well I guess I am supposed to go first. To be honest with you, I have a bit of a problem, pains running across my chest like a tightening band. It took me awhile to figure out, but it turns out I am having a sort of slow heart attack."

I jumped. I felt as if John had just released a fast-moving snake onto the waxed walnut conference table.

"I don't understand, what do you mean heart attack, John?" someone said.

"No!" barked another protester, as if saying "no" loud enough would make it better, make it go away.

John flushed through a deep tan. He's a young looking 61, with high colored healthy cheeks. If appearances were the measure, he would easily occupy a prime spot near the top of the group's healthy percentile - he looks more fit than most of us. But, as we were warned in grammar school, looks aren't everything. John tells us he is scheduled for angioplasty the next day.

Each month our meetings start at eight sharp with a ritual. It's called "significant events." We take turns going around the table recounting one or two recent episodes about our businesses. This was John's contribution, his significant event. But he'd broken our unspoken rules. Those rules don't permit this ritual to embrace heart attacks or anything else that's overly personal. Illness and fear aren't part of our managed reality.

You see, we are Big Shots, business owners and presidents who come together once a month for a day-long meeting. Normally it's just about business. This heart attack material was clearly out of bounds. His voice chilled the room. John, having already broken the boundary, continued his bit. I listened to the litany of symptoms, eyeing the other members each sitting frozen in place after the initial shock. I could hear John breathing as he prepared to tell us more.

I glanced at my own middle-aged reflection on the glass wall opposite, unhappy at what I saw. John's voice, still straining, detailed pain, shortness of breath, racing heart, energy loss, cold sweats at night. We were trapped in his monologue about the ongoing "event," this outrageous malfunctioning of his otherwise healthy system, this ailing heart that



"But I'm sure I'll be fine," he said.

I resurfaced when he said "fine." Then the sadness set in. There were words of encouragement, a couple of offers to help and finally an effort to divert - a trip through the worst of gallows humor, a clumsy effort to make "it" go away. Some laughed nervously but the jokes weren't funny and "it" didn't go anywhere.

"No really, I am sure I'll be fine."

The following month in another cocoon-like conference room Sam told us about his suspected colon cancer. "Yea, I've been having quite a bit of pain, so much so that I finally had to get someone to look at it. Right now we don't know, they have taken a biopsy, so we will see," he said.

See? See what? Cancer? How could one of us have cancer? What the hell was going on to our group? None of this should be happening!

"Why do you have to wait?" someone asked.

"Because it takes a week for a biopsy to be analyzed."

"A week! What the hell are you supposed to do for a week while you wait for news that could mean your life?"

"Well, just live as best you can I suppose. Although I don't mind telling you that this has been a really difficult time. I've had to revise my will, and check into my life insurance. My wife is crying all the time. It's been a really hard."

Our group has been meeting together for three years. In the course of two months, we've changed from a genteel business support group to a heart-weakened and cancer-threatened collection of aging executives. The specter of random disease and certain mortality was loose in our midst thanks to Sam's colon and John's heart. Here we sat, powerful executives, "Big Shots," reduced to a collection of aging colons, hearts, aching muscles, uncertain adrenal glands; a room full of unreliable biological parts left unchecked for way too long. The group was changed, the unspoken rules shattered.

Half-heartedly we made a stab at doing "significant events" like in the old days but it was too late. No degree of posturing, clever voice control, charisma, joking, or table pounding could push an ailing heart, a suspect colon and our mortal fears off stage. This death thing loomed as one hell of a lot more serious than any sales slump or shortfall at the bank we'd experienced before.

Mike, a younger member, was the one who said it. "You know, we don't have to sit here and wait to be hit by a train you know. If there is anything we are good at, it's fixing stuff. Why don't we stop feeling sorry for ourselves and do something!" The unanimous response to Mike's challenge was to arrange for the full, top to bottom, gold-plated executive physical examination experience at the Mayo Clinic. We were entertained by a choice of going to either Scottsdale Arizona or Rochester Minnesota which is, in October, like having no choice at all. And so began the slide down the slippery slope as secretaries, travel agents and the Executive Program Administrator at the Mayo clinic made



preparing and planning simple, painless, antiseptic and even efficient. Poof, we were on our way to Scottsdale.

It was T-shirt warm even at night in the Arizona desert as we came together for what was supposed to be a gastronomic reprise, a fine communal meal to prepare for our two-day ordeal. The meal part was a flop by any standards. The instructions from the clinic stipulated that we were allowed to "eat" only clear broth and Jell-O for dinner - no solid foods at all. The menu choice for that night therefore consisted of chicken or beef broth followed by green or yellow Jell-O. Dinner being over in a couple of slurps, we took our bottled water out under the black night sky spread brilliantly with stars rarely seen in the Northwest and walked and felt the warm breeze and talked about pizza with double sausage and cheese.

Day One: Twelve intrepid Big Shots descended on the pharmacy to purchase the devices and elixirs specified on instruction sheets for the battery of "executive" program tests. Next, our rabble gathered like so many bag ladies in the clinic's main of staging arena, a kind of home base for people being tested. This is a very large but pleasant oddly shaped hall with cushioned chairs placed theater-style, facing a bank of wood framed workstations. Behind each bank-teller-like opening was a receptionist in hospital white, a big computer terminal and scads of paper, some highlighted with yellow and orange markers. This receptionist acted as traffic cop, camp activity director, hall monitor, guardian angel and master scribe for all that was to happen.

Each Big Shot's curriculum varied. First there were the basics, tests taken by everybody with a pulse. Next there were tests based on past medical histories. Tests were added to investigate any complaints we may have been so foolish as to share, tests were added because of age (old guys get a lot more done to them than younger guys), and finally tests were added based on findings during the visit itself.

As you might expect, it starts with blood and urine. They take these fluids as the beginning donation of what was for some of us a marathon of giving, sampling, and giving some more. Next it is off to the supervising physician for a hands-on physical check-up and a tortured discussion of any and all symptoms past and present.

This dialogue was not at all like "significant events." It was more like confession, with lots of back up testing to check the veracity of a penitent's deposition. I don't know if women complain to one another or giggle knowingly about pelvic exams, but it is dead true that guys uncharacteristically never miss sharing details about the dreaded direct prostrate palpation. I know for a fact that all of my mates were examined. Not only that, but I know way too many attendant and all too specific sensational details, a body of knowledge I could well have lived a fuller and richer life without.

When this examination mercifully ends, each soul sets sail on a lonely proscribed course of discovery discomfort and uncertainty through the Mayo's sprawling and intimidating medical kingdom.

At the end of day one we met as a group in a conference room at the hotel to discuss the



day and try to have a regular monthly get together (we were sacrificing our October meeting time for this trip).

I called the meeting to order. Looking around the table at my Big Shot buddies wasn't the same. We were a mob, dressed in jeans and sweats, everybody tired, hungry and uncomfortable. Most of us were still restricted to clear liquids until the following afternoon and even those who could eat real food weren't enjoying it much. We tried to talk about business. A couple of our members were having a tough time out there in the market place. Inexorably, the discussion trailed off only to resurface in word images of a heart beating on the echoscan monitor, an exclamation about real dangers suggested by a 350 cholesterol level or simple utterances of fatigue or resignation.

By the end of day one, with less than fifty percent of the process complete there was already plenty of bad news. It didn't take a clairvoyant to predict that it could only get worse.

Day Two: We straggled into the central hall clutching brown bags with medication, dyes, enemas, ghastly drinking compounds and the odd extra T-shirt or pair of running shoes. A night's sleep, so easily experienced at home, had eluded most all of us. Some didn't sleep at all.

"You know what kinda shit they have on TV at 3:00 AM down here? Do you remember 'Car 54 Where Are You'?"

"I'd forgotten too, talk about a stupid show!"

Jack passed much of the night watching infomercials. He regaled us with the heretofore unheralded social benefits achieved by cutting almost anything with the remarkable Ginsu knife.

"Jesus, Jack, shut the fuck up will you?"

A very old man with two gargantuan flesh-tone hearing aids looked up and grunted "huh" inquisitively. We were loosing our civility too.

By late afternoon after a dizzying flourish of last-minute tests we were rounding the home stretch. The last event was to revisit our managing physician, the self-same person who, only thirty-six hours earlier, had found the old prostrate with greater accuracy and impact than a cruise missile.

My chap was a large overweight middle-aged MD who transplanted himself from Nebraska to Phoenix because the weather in Nebraska sucks even worse than the weather in the Pacific Northwest. Oh yes, and he loves the Mayo Clinic and all it stands for in the world. He is believable on both counts for although he wears a Nebraska Cornhusker National Championship watch and the girth of a man who has tried plenty of corn-fed beef himself. He was also efficient, direct, clearly knowledgeable and sort of reassuring.



As his fat fingers flipped through sheaves of paper and x-ray film he delivered the news like a seasoned anchorman. The good news is that most of my stuff looked clear, healthy, pretty good to great. The not-so-good was that my cholesterol had crept up over the last couple of years, that my gut had too, and that the tests on my heart were inconclusive. I would need more testing to determine if there was a near term risk of myocardial infarction.

There were other things, but this was enough to send the message about mortality and responsible living. Just as I had expected, this was not a trip to Disneyland, nor was it a sort of exam that you can cram for by pulling an all-nighter like in college. I left his office crushed, relieved, and meekly happy to be still alive,

At the end of day two we came together again. This time we didn't even pretend to talk about business. Although not all of the results were in and a couple of us were scheduled for more work, there was still plenty to talk about.

It took the Mayo only two days in October to uncover and illuminate: a left bundle block, thunderclap headaches, two malfunctioning thyroids, many colon polyps, one golf ball sized colon tumor, astronomical cholesterol readings, one triglyceride reading that was so high as to make a cholesterol reading impossible, high blood pressure, possible skin cancer, potential kidney disease, Ocular migraine, stress stress stress everywhere, a pituitary problem, a couple of enlarged prostates, one high PNB result, possible prostatitis, no reflex action in the right knee or ankle (a person who was once a remarkable athlete), skin tags, and frozen shoulder. The litany extended to an unimaginable length as each of us confessed. Twelve bodies reporting out the roll call caused by inadequate preventative maintenance, excessive wear and inattention.

We talked about each malady, quietly, sometimes laughing, always listening hard. (There but for the grace. . .) We agreed that few, if any, of us would have been willing to go through this ordeal alone. The fact that we were together was a huge blessing.

Mike again jumped to the fore: "Let's get with the program shall we? We read the data, we make decisions and we fix the problems, right?" Our last step was to commit publicly to the fixing part. The meeting adjourned and we stumbled into a subdued but appreciated dinner at a restaurant that served neither clear broth nor Jell-O.

Twelve "Big Shots" mortal in the world and with each other.

Twelve Big Shots bringing twelve suspect bodies to the Mayo and leaving without a single fallen soldier. Yes, there's lots to do by way of repairing some potholes, but everybody came home alive with reasonable prospects of staying that way for some time. And "significant events" will never be the same again.

