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Michtav Bracha
Adar 1, 5784

Dear R' Yonatan,

Thank you for letting me see your book. It is not the typical *chizuk-emunah-bitachon* type of treatment, but in its very unique way can and will provide genuine *chizuk* for people in distress and for the families trying to support them.

First, your book is real. You openly talk about nausea, vomiting, loss of hair, loss of appetite, weakness. This is important; you are not sugarcoating an unpleasant reality. You are honest; the reader knows you are telling it as it is. The reader knows you have been through, and are going through, all of this. Honesty gives you credibility. You know of what you speak.

Second, attitude matters. Looking at the adversities of life with humor gives you the strength to deal with them. It gives you the ability to continue to have a meaningful, productive life even with illness. This is an extraordinarily important message.

I endorse and support what you are doing as well as the unconventional way you are doing it. The religious messages of *bitachon*, *hashgacha*, *kabbolas yisurin b'ahava* are not necessarily explicit but they are definitely there between the lines, and like the proverbial spoonful of sugar that makes the medicine go down, your humor and wit will enable people to absorb the spiritual lessons you are conveying. The great physicist Niels Bohr (Jewish but not observant) once remarked, "There are some things so serious that you have to laugh at them." There is great wisdom in his words.

After reading your chapter on inappropriate things to say, I am a bit tongue-tied as to what I should wish you, but I believe I can say that Hashem should give you *arichus yamim* with a minimum of pain and suffering and with the ability to learn and teach Torah and to enjoy your life with your wife and children.

With admiration and bracha,
Yitzchak A. Breitowitz
Rav, Kehillat Ohr Somayach

Rabbi Edward Reichman, MD

As a historian of medicine, I am aware of the ancient Hippocratic theory of the four “humors.” While this was abandoned centuries ago, it appears Rabbi Emmett has reformulated it into the theory of the one “humor.” The therapeutic effects of laughter and humor have long been anecdotally known, but Rabbi Emmett’s comedic masterpiece takes the adage “laughter is the best medicine” to an entirely new level. In a world of remarkable new advances in cancer treatment, Rabbi Emmett, a master Torah educator, incorporates his personal experience battling cancer to create a genuinely new modality in cancer therapy.

Inspirational is simply not descriptive enough to capture the experience of reading this book. It successfully explores the gamut of human emotions created by living a life with cancer, making them accessible, relatable, and humorous.

You will laugh about cancer and not only not feel guilty about it—it will be liberating and exhilarating. Yes, it is brilliantly witty and clever, and masterfully written, but its value goes far beyond the words on the page. It will not only gladden your heart, but your lungs, liver, and kidneys as well. It is a healing balm for body and soul. I am confident that a controlled scientific study will verify the therapeutic effects of this work, and I would highly recommend that you enroll in the clinical trials immediately. It is the only cancer therapy in the world that has no untoward side effects (though you might get some pains from excessive laughter). God willing, the author himself, and all those suffering from cancer, will greatly benefit from this novel therapy for years to come.

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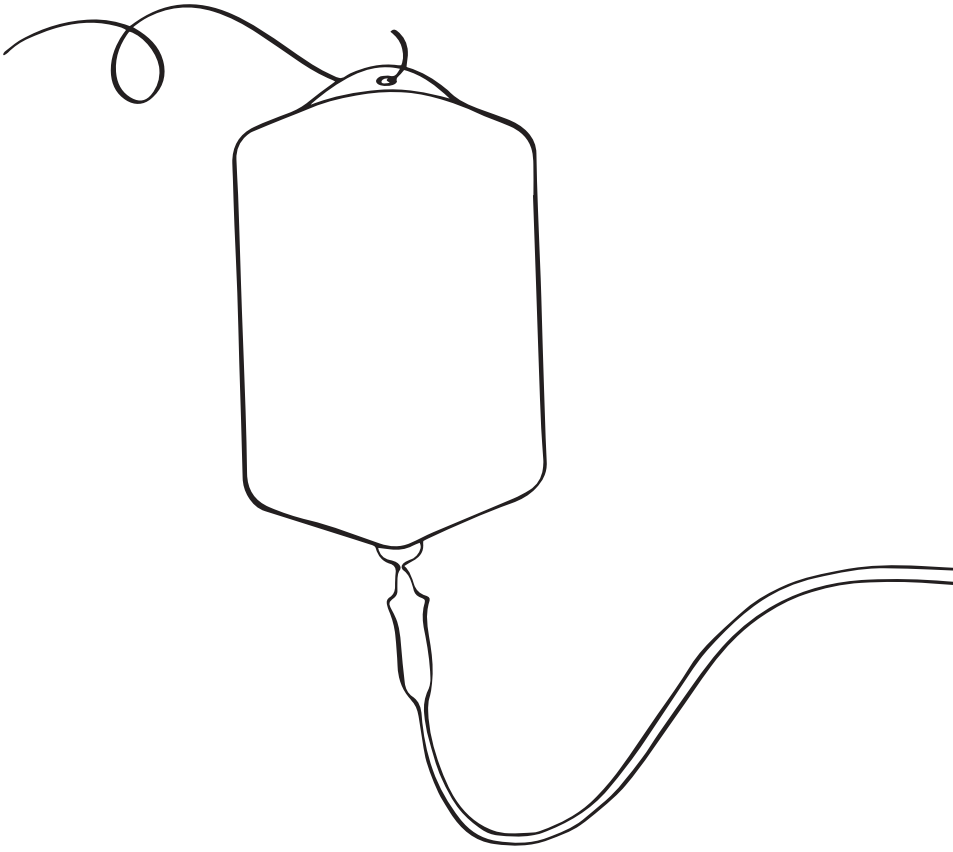
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Part One

1

From So Simple a Beginning

It was the worst of times, it was the worst of times.

A Tale of Two Pities

All beginnings are hard. Except for the ones that are easy. And the ones that are so surreal that they're not really hard or easy, just surreal. This is my beginning.

One day, my wife commented that I was too skinny. I should see a doctor about it. I wondered how me seeing a doctor would cure her jealousy, but I chose to keep that witty tidbit to myself. With the passage of time and occasional repetition, this observation sank beneath the surface of conscious thought and joined the jumble of insignificant details that add up to the sum of one's general definition of self. OK, I'm a skinny person, so what?

Then, one day, my wife commented that I was too skinny *and* I hardly eat anything. I should see a doctor about it. See a doctor? *Real* men don't see doctors! They're way too busy doing more important men things, like maintaining archaic gender-based stereotypes about going to doctors. Time and repetition followed, and this observation too slid down the slippery slope of everydayness. It just became one of those things that come up in casual conversation from time to time: "Is sir ready to order?" "Oh, my husband doesn't eat much. A child-sized portion should be enough. Before you serve it, remove the side dishes and the drink, then split the main, and lastly, find someone else who's actually able to eat it, because all this talk of food has already filled his stomach to capacity."

Then, one day, my wife commented that I was too skinny *and* I hardly eat anything *and* I'm always tired. Tired? Well, obviously I'm tired—tired of hearing about how skinny and tired I am! I'll tell you why I'm tired: I have one wife, six kids, four jobs, and the only thing I exercise on a regular basis is my constitutional right to remain silent when asked if I exercise.

But this time she was on to something. I didn't think it was much of a something, but it was certainly something of a something. When you ask a bus driver why he spontaneously changed his route and circumvented your entire neighborhood, all fifteen stops, and he looks at you as though you've just barely mastered the art of forming a semi-coherent cognitive thought, you know you might be experiencing some difficulty staying awake. When you sit down to work at your computer, and the next thing you know, you're looking up at twenty pages of "zzzzz"s that you typed with your forehead, you know you're having a spot of trouble focusing on the job at hand. She was definitely on to something.

The thought that that something was cancer would have been, at that point, random at best. But that was tomorrow's news, and there was yet a long way to go until that day would arrive. At this point, why in the world would I think that my fatigue was caused by mutated white blood cells interfering with the production of red ones and resulting in anemia? How ridiculous would be the notion that my low appetite was the result of crumbling bones releasing calcium into my bloodstream. After all, I was just a bit thin and tired; surely one can't make much of a fuss about that.

So, I paid a courtesy visit to my doctor. I had to remind him who I was; we hadn't really kept in touch over the years. That tends to happen to healthy people, and to unhealthy people who think that they are healthy people. I didn't know what to expect, but suffice to say that he wasn't particularly impressed with my complaints. "Tired? Well, that's an easy one. I believe that you suffer from quite a common condition called 'life.' One is usually born with it, it tends to be chronic, and among its side effects is everything that will ever happen to you. Regarding the appetite, I can prescribe you some chocolate. It's perfectly legal in many countries

and even available over the counter in some shops. It is, however, my duty to warn you about potential side effects. Happiness, for example is not uncommon.”

Mission “small talk” accomplished, we moved on to business. He said I would have to take a blood test. “No need,” I responded dismissively. “I’ve had it tested in the past and it was marked A+.”

“A joker,” he said, “I know the type. Let’s take a look anyway, for extra credit.”

The next morning, he called the house.

I had never received a call from a doctor before, and I had half a mind to say that I couldn’t take the call now, but I have an available appointment some time in November. I decided against it, fearing the ever-so-slight chance that he might make the grave error, made by so many before him, of taking me seriously. I had a sneaking suspicion that he wasn’t just calling to say he loved me.

“The results of your blood tests have arrived. Something interesting is up with your kidneys.”

“Something *interesting*? Interesting as in ‘It turns out that you have three kidneys (‘primary,’ ‘backup,’ and ‘for sale’), how interesting!’ or interesting as in ‘Something interesting is up with your kidneys’? Aha. I see.”

From there the ball picked up speed and started rolling. Downhill, some would say; into the pinball machine of life, I would put it. From my local doctor I moved on to a nephrologist, with a bit of biopsy-related help from a pathologist, after which I proceeded to a hematologist, and finally—an oncologist. It was safe to say that I was beginning to get the gist.

But it didn’t happen quite that fast. My descent into decrepitude featured a few noteworthy highlights along the way:

- *Foam alone.* One of the key components of my diagnosis came about via a closer inspection of my urine (pardon the somewhat distasteful reference, but one of the many things one learns through extended medical experience is that nothing is sacred, not even your privacy, and certainly not your urine). The nephrologist sent me to do some initial tests and, upon my return

visit, informed me that the protein content in my kidneys was a thousand times greater than it should be. Not the best thing in the world, but at that point still not cause for worry (not for him at least), he assured me. He wondered, though, if I had not perhaps noticed that my urine was extremely foamy. I had no clue what he was talking about, and, reaching into the deep void of my memory, I replied confidently that it was not. It was. And with my newfound awareness it didn't take long to verify. When I told my wife about this new and exciting discovery, she said that she had indeed noticed that the water in the toilet bowl was often foamy but had assumed that I was being unprecedentedly helpful and cleaning it daily with some sort of bubbly product. Till this day she laments the loss of the permanent freshly cleaned look her toilets once held, but such is the cost of living.

- *Blood is thinner.* Following the discovery of my kidney-function abnormality, a kidney biopsy was on the table. This routine and unalarming procedure was scheduled as a one-day event: the collection of a small sample by way of a quick jab to the lower back, and a few hours of rest to follow. In reality, the hospital extended its hospitality to ten days. Fortunately, while in the hospital, it was revealed that I suffer from a type of blood-clotting disorder, an insight that would undoubtedly be of great future value. Unfortunately, this discovery was made *after* the biopsy, not before, leaving me with a bleeding kidney. Hemophilia type C may not be as severe as its more “popular” co-disorders—type A and B (though it certainly makes up for it in “inclusiveness” by affecting both males and females equally)—but the medical team was nonetheless quite surprised to learn that I had never been made aware of my condition. “Have you never, by any chance, at any point in your life, bled to death?” they inquired politely. “No, I’m actually quite sure that that’s never happened. I think I would remember if it had. Well, to be accurate, I think other people would.”
- *It’s a kidney!* A couple of hours and three pints of internal bleeding later, I was sent for an ultrasound, to measure and monitor the

extent of the hemorrhage. This was truly a strange experience. Not unfamiliar, just strange. In fact, it was familiarity itself that made the experience so strange. Throughout the various stages of my wife's various pregnancies, I had been present during many ultrasounds, nodding "knowingly" at blurry and meaningless shapes on a monitor, as a technician pointed out what he claimed to be fetal feet and other imaginary images. "Sure. Whatever you say. Abstract art has never really been my strong side. Bottom line—there's a baby there, right? Great. See you again in two months." But now the tables—and all other furniture in the room—were turned, as I found myself lying on the bed, smeared in cold gel, while my wife stood peering into the screen. The atmosphere in the room was tense. After all, it's not every day you find yourself lying in hospital pajamas in a darkened room while a stranger prods your lower back with a plastic probe, waiting to find out if your kidneys are swimming in the shallow or deep end of the very local pool that has just been inaugurated within you. Now, there's a time and place for everything, and I knew this was neither the time nor the place. But the temptation was too great. There are some things that just have to be said, some words that just have to be set free; otherwise the world will not be complete. So, I looked the sonographer in the eye and asked, in the sincerest tone I could muster: "So, is it a boy or a girl?" I quickly learned two things about life: kidneys are genderless, and ultrasound technicians are humorless.

- *Scandalous.* That evening, a hospital attendant appeared in my room armed with a wheelchair. "I'm here to take you for a CT scan. Please hop in." Why a CT scan? Why a wheelchair? Why do I have no clue what's going on? These were but a few of the many profound questions that went through my mind in that moment. But not every question in life has an answer, certainly not one readily available. So, I took my seat and we set out on a journey through the labyrinth of hospital corridors, destination Computed Tomography (to follow up on the bleeding apparently). I imagine many of us are somewhat familiar with the general appearance

of a CT scanner, be it from real life or from one medical drama or another. This was my first face-to-face encounter with this technological titan, and my reaction was simply: “So, they’ve finally pulled it off. They’ve invented a time machine.” Goodbye, glasses, belt, and shoes; hello, past. I lay down, closed my eyes, and with great anticipation waited for the action to begin. The motorized “table” slid agonizingly slowly into the giant cylinder’s mouth. I found myself in the belly of the beast, where much whizzing and whirling commenced. A disembodied robotic female voice emerged, instructing me, “Breathe,” and “Don’t breathe” (um, how long exactly am I expected to go without oxygen?), “breathe” (great, thanks). The whole experience culminated, however, in great disappointment; upon exiting the machine, I discovered that the time travel took place in a forward direction, and the time traveled was more or less the same amount of time that it takes to conduct a CT scan. Consequently, I did not in fact get to meet younger versions of myself and ponder such philosophical questions as “What was I thinking wearing that shirt?” and other mind-bending conundrums.

From there, the various clues paved the diagnostic path quite smoothly; the kidney biopsy showed permanent damage to the kidneys, the blood tests revealed anemia, and the CT scan unveiled bone lesions. The verdict was clear and was soon confirmed by way of bone marrow biopsy. I had multiple myeloma.

Not that I had the faintest clue what in the world that meant. But there would be plenty of time to learn about that later. For now, all I knew was that my journey had begun, and that at this point I had no idea where it was taking me. One thing I did know was that sometimes there is truth in what “they” say. They say that hospitals are no place for a sick person; you can catch all sorts of things there. How true. I went in perfectly healthy and came out with a blood-clotting disorder and cancer.

2

Check-Room-Mate

*There once was a man in a room
Whose roommate was all gloom and doom.
As bad as it was
He complained not, because
His roommate's roommate was a buffoon.*

Limericks for Sharing

In hospital rooms, as with any social order, there is a hierarchy, and, perhaps not unlike in the outside world, much of it is down to pure chance and timing. At the top of the room chain are people who somehow land themselves in private rooms. Below them are people who share a room and have the bed by the window. Below them are people who share a room and have the bed by the door. Below them are people who share a room and are neither by the window nor the door; rather, they've been slid between the two outer beds in a narrow curtained-off strip. Below them are the truly unfortunate—people whose beds are lined up along the corridors, eagerly waiting for some fortune-blessed room-dweller to heal or keel. I'm not sure if there's a level beneath that; it would have to involve being sprawled out on the parking lot floor and catching pills thrown from the ward window.

In this regard, when I was admitted for the kidney biopsy that would later, unexpectedly, lead to the discovery of my cancer, I was fortunate. I arrived at the hospital in the late evening of an early Motzaei Shabbos for what was meant to be a relatively short stay—some basic preparations,

a morning biopsy, and an afternoon discharge. I found my way to the nurses' station of the ward I was scheduled to be admitted to and festively announced my arrival. The nurse on duty responded, somewhat less enthusiastically I must say, that they had no record of me in the system. "Are you sure you're booked in to have your procedure done here?" I think so. Or was it the Hilton or the local butcher I'd made a reservation with? Yeah, sure, I have a habit of just turning up at random hospitals with an overnight bag and a homemade map drawn on my lower back with X-marks-the-spot somewhere in the kidney area, wherever that is. You know what, since we're all here anyway, be a good sport and grab some sanitizer and that pair of scissors from the desk, and let's just get it over with. I could be home before bedtime.

"I'm sorry, sir, I wasn't told to expect you, and besides, there are no available beds currently. Not even in the corridor. Could I interest you in a lovely spot just outside the building, in the parking lot perhaps? You'll have to go home and return in the morning."

I was very unhappy with the prospect of traveling home and starting all over again the following day. I was already in the hospital-going mindset and had already said goodbye to the kids (in the temporary sense. The goodbye, that is, not the kids—they seem to be permanent). Though very unassertive and non-confrontational by nature, I felt that this was a situation in which standing up for myself was desperately called for. I stiffened my posture, looked the nurse straight in the eye with a confident gaze, and said, "Please?"

And so it came to pass that, instead of being admitted to corridor confinement in a somewhat gritty, hodgepodge, pre-everything ward, I was put up for the night, and—as it turned out—for the week, in a newly built, luxurious plastic-surgery unit, where I had not only a spacious and sparkly room, but pretty much the whole ward to myself. I put my belongings in the room and set out to explore the area. On my way out, I passed by the nurses' station and asked, naively and with complete sincerity, for the key to my room. The nurse, who most definitely had never before or since received such a ridiculous request, gave me a quizzical look, the equivalent of a whispered "Is this guy for

real?” and reminded me that this was a hospital, not a bungalow colony. Fair play.

While in the plastic surgery ward, I was tempted to ask, seeing that I was there anyway and doing very little, if they could give me a quick makeover, just to spruce things up a bit before my facial skin went from “tailor made” to “loose fit.” But I thought that was probably not how things work. And besides, I wasn’t in the system.

A week later, quite bored, extensively tested, and plenty of internal bleeding the wiser, only a bone marrow biopsy short of being an official cancer patient, I was transferred—medically, mentally, physically, and very reluctantly—to hematology, where I was to meet my fate, and my roommate.

Hospital room-sharing brings up what I like to call “The Hospital Roommate Dilemma.” The dilemma, simply put, is something like this: Considering the fact that soundproof nylon curtains have yet to be invented—and that no matter how hard you try you will have no choice but to listen to every word of their every conversation with a multitude of family members and visitors that defies spatial limits and always outnumbers yours—which is a better candidate for roommate: someone who converses using the traditional technique of speech, or someone who inexplicably does so using a curious method that involves a series of random sounds and incomprehensible grunts, known formally in linguistics as “other languages”?

With a same-language roommate, a significant portion of your attention will be constantly and involuntarily dedicated to taking in, or unsuccessfully attempting to block out, the tireless flow of brain-numbing chitchat that will undoubtedly be pulsating from the other side of the room, building up increased pressure on your skull and gradually seeping through the cracks of your sanity. You’ll be privy to an array of precious nuggets of knowledge and wisps of wisdom, such as their level of satisfaction with Doctor X, Uncle Larry’s latest argument-worthy comment, weather that’s irrelevantly affecting the world outside the hospital room, and their eavesdropping roommate. Needless to say, this overload of unwanted and agitating mental activity is not particularly conducive to one’s prescribed bedrest.

Such high levels of irritation will naturally lead one to wish for the alternative. At least with a foreign language, the sounds will surely merge into a smooth, fuzzy background noise that won't be received and processed and take up precious storage space in one's memory. This notion is akin to someone who is so fed up with being slapped in the face that they are excited at the prospect of being punched in the stomach instead.

To be honest, I personally love listening to foreign languages. There's a sort of a curious fascination to it—"How tuneful, how exotic, if only I could speak like that." That usually lasts for about two minutes. It soon turns into "How annoying, how different, if only I could stab myself in the ears with a screwdriver." You might, over time, become accustomed to the noise of a train driving through your neighborhood, rattling your house, perhaps even to the point of no longer noticing it at all. But it's a whole different story when the train is driving through your head, rattling your brain.

The worst part is that this already aggravating situation is accompanied by a profound and sobering realization: this is what *I* must sound like to almost all of the other eight billion people in the world. I am, universally speaking, an irritating person, purely by virtue of my verbal existence. Indeed, deep running and intertwined are the scars left upon mankind by the collapse of the Tower of Babel.

My roommate turned out to be of the other-language-speaking variety. Though, to be honest, throughout all our time "together" I never heard him speak a word. Only two types of noise emerged from behind the separating curtain. The first was courtesy of his brother, who never left his side, and had the TV on twenty-four hours a day, seven days a week, broadcasting a variety of programs in (un)said other language, one that apparently doesn't have words for basic concepts such as "earphones," "mute," "consideration," and "shut up, already!" The other noise that broke its way through the sound barrier of social acceptability was the nocturnal rumble known as snoring.

It's a funny thing, snoring. It's rare that you hate someone for doing something that they don't even know that they're involuntarily doing.