RAISING SPIRITS
Stories of Suffering and Comfort at Death’s Door

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I liked the quiet of the Chaplains’ Office first thing in the morning. Some days, I had no other sacred space to prepare myself for the hospital’s pandemonium.

By chance, I had arrived for work a little earlier than the others in our office, a Quonset hut set apart from the hospital proper and situated on not the safest street in the uneven neighborhood roundabout us. I delighted in my sanctuary’s solitude and stillness as I walked through its narrow corridor to the small kitchen in the back. I put on a fresh pot of coffee, and then, waiting for it to brew, returned up front to the office’s computer where I logged on to the list of patients admitted overnight who had requested a chaplain’s visit. I scanned the screen for those I had responsibility to cover, specifically, those patients sent to the ICU or CCU as well as any Jewish patients assigned to the hospital’s other units. Undistracted, I copied down my patients’ names, together with the numbers of their rooms and beds, until the aroma of the by-now brewed coffee wafting through the office lured me back to the kitchenette. There, I reached up into a cabinet for the ceramic mug I kept on hand with the tranquil image of Christina’s World imprinted on it, filled it to its lip, poured in two packets of artificial sweetener, stirred their white crystals into the steaming pitch-black potion, and sat down to savor both the coffee and the moment.

It was not to be.

The five-note, off-key electronic scale of my pager shattered the serenity. Its small window flashed “5233,” the ICU’s extension. The coffee splashed onto the desk as one hand smacked down the mug while the other plucked up a phone. The ICU line answered after a single ring.

“This is Michael Goldberg at the Chaplains’ Office,” I said. “I’m responding to your page.”
“We need you up here stat!” squawked an unfamiliar female voice.

“I’m on my way,” I said, knowing the only response that mattered to an ICU page was the one I had just given. Explanations, details, the whole backdrop for any drama that might unfold, would have to await my arrival on the unit’s floor.

As I started to lock the office’s front door, I saw one of the other chaplains coming toward me on her way to work. I rapidly told her where I was going and then bounded up the block-and-a-half of sidewalk between our office and the hospital, straight through its automatic doors—only to be thwarted by its elevators, their mechanisms seemingly designed for leisurely voyagers on ocean-going liners rather than for restive travelers on frenetic rides up-and-down. Even when I finally caught an elevator for my trip to the fourth floor and the ICU, it seemed determined to slow my progress toward my destination, laying anchor at each level where its doors would sluggishly let on and off its passengers of visitors and staff.

When the doors opened on the fourth floor and my turn came at last, I dashed out and darted toward the ICU. With each advancing step I took, shrieking from farther down the hallway reverberated nearer me, its source apparently the waiting room located just outside the ICU itself. Usually a domain of silence ruled by the kind of dread that suppressed speech of any sort, the anteroom was today anything but that. As I passed it to swipe my ID badge through the electronic sensors on the ICU’s locked double doors, I glimpsed nearly a dozen women with skin so dark it looked blue-back, their number complemented by half again as many men, the entire contingent standing, sitting, even squatting to scrunch themselves into every inch of the tiny room’s cramped quarters.

I went inside the ICU and, after asking around, found the nurse who had paged me.

“Hello,” I said, “I’m Michael Goldberg from the Chaplains’ Office. How can I help?”

Without giving me her name in kind or so much as looking up, the nurse started reading notes from off her clipboard. “Twenty-year-old woman, recent Ethiopian immigrant, came in last night to give birth. In delivery, she threw an embolism. She’s brain dead,” the nurse reported. Then, tilting her head toward a glass cubicle to her right, she added, “She’s hooked up to a ventilator over there. The husband’s going to have to sign a consent to take her off it—we need the bed.” And now came the reason for the nurse’s paging me. “To top it all off,” she said with rising exasperation,
“their relatives out in the waiting room are making such a racket, they’re upsetting the families of the other patients we’ve got in here. See what you can do!”

Virtually no amount of clinical training or experience could have prepared anyone, whether an unsympathetic nurse or an empathetic chaplain, for the scene that greeted me as I entered the ICU waiting room outside: explosive ululating, ferocious breast-beating, even garment-tearing, all accompanying a language whose very phonemes struck my ears as utterly alien. But amid the commotion, a slender young man stood stationary with head bowed and hands folded against his chest, his sole movement the fluttering of his lips. Although I hated to intrude and interrupt his prayer, he appeared my lone point of entry into territory so completely foreign.

“Excuse me,” I said gently, “I’m Michael, one of the hospital’s chaplains. Is there anyone here I can help?”

The young man lifted up his head; I could see he had been crying. “Thank you,” he said softly. “My name is Alemu. You can pray for my wife, Tenagne.” Then he slowly pointed toward the ICU, “She’s in there. They say she’s dead. But God can do miracles, just like Jesus did with Lazarus.” He took a breath, as though to stifle a sob upwelling from deep inside. “So, please, Chaplain Michael, pray for my Tenagne.”

My theology concerning miracles and resurrection did not matter—what counted was comforting Alemu, and that meant learning more not only about him but also about his life together with Tenagne. “Of course I’ll pray,” I replied. “However, I’m afraid they haven’t told me much about your wife or what happened to her.”

Never quite raising his eyes to meet mine, the soft-spoken man waited again before he answered. “Please forgive my English. Amharic is what I grew up speaking at home in Ethiopia, just like everyone else you see around me. Like them, Tenagne and I came here not long ago to escape the problems of our country—many, many cruel things were being done to people there. Getting out was not easy. It took bribes, and it meant leaving the rest of our family behind.

“Then we found out we were going to have a child—a boy!—and we were so happy, Chaplain Michael, because here in America, he could have a better life. When Tenagne’s time came yesterday evening, I brought her to the hospital. She is young and strong. They told us everything would be fine with our son’s birth—but then they said something had gone wrong,
that Tenagne had died, and that our son's life was in danger. That was at two last night; now it's after eight this morning. While I've been staying here, our community has gathered to be with us." Alemu concluded his story as he had begun it. "Please, Chaplain Michael, pray for my Tenagne." As before, I said, "Of course."

But why had Alemu not asked me to pray additionally for his son, whose life might still hang in jeopardy? Maybe he regarded the child not merely as some stranger, but as the very one responsible for the death of his beloved wife. For now, though, questions about the inner workings of Alemu's mind had to come second to those concerning his community's public practices and shared beliefs.

"Alemu," I asked, "do you belong to a church? Is there a minister or priest I can call to come and pray with us? Is there a friend or somebody in your community I should contact?"

"We are Ethiopian Orthodox; someone has called His Eminence to come, and, thank you, but the proper person in our community has also already been notified."

"His Eminence"? "The proper person in the community"? Who were these people, and how might they be of help to Alemu—and to me? I wanted to ask Alemu more, but he had turned away in tears, engulfed not only by his own weeping but in an instant by the heightened wailing of his community, whose members, as though one vast wave of lamentation, billowed up and over him as he descended, coming to rest cross-legged on the floor.

Aware that I lacked even the minimal knowledge to give me the footing necessary to scale the mountain of issues confronting me, I realized I had no choice but to return to the base camp of our office to make provision for what might lie ahead. So I made the trek from the ICU back through the fourth-floor corridor to the elevators, enduring another long wait for one, followed by an even longer downward ride, before legging it back up the stretch of sidewalk leading to the Chaplains' Office. By now, it had been transformed from my own private chapel into the whole hospital's "Pastoral Care Department," its staff transfigured from a single cleric into a full complement of "Spiritual Care Providers," all of them awhirl readying themselves for their daily rounds while, at the front desk, a secretary was hard-at-it handling the incessantly-ringing phones.

Each chaplain had a cubbyhole that overhung a five-yard tabletop we used in common. I scurried past the other chaplains' cubbies to my

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*Tenagne's Breath*
own nook and pulled down from it the object of my journey: a spiral-ringed paperback entitled *Culture & Nursing Care: A Pocket Guide.*¹ The foot-high, inch-thick booklet had always served me well as a primer on multi-ethnic patient care. Running the gamut from Brazilians to Hmong to Russians as well as to many other nationalities and groups, its chapters sketched each one’s perspective on subjects ranging from “Food Practices” to “Illness Beliefs” to “Death Rituals,” the topic so significant to my present purpose.

I turned to the chapter headed “Ethiopians and Eritreans.”² It both reflected and illuminated what I had previously witnessed in the ICU waiting room. Contrary to the ICU nurse’s sentiments about the Ethiopians’ graphic show of grief, such a display in Alemu’s community was to be encouraged rather than extinguished. Indeed, from what I read, some cultural gaffe, exceptionally grievous in every sense given the circumstances, had likely set it off. Among Ethiopians, according to the handbook, news of a loved one’s death ought never to be communicated to a family member except through a close friend. But who had probably brought Alemu the grim tidings about Tenagne? Almost certainly a harried physician, culturally-uninformed at best, culturally-uninterested at worst, and in either case, impatient to have Alemu disconnect Tenagne from the respirator.

Better equipped now to help than when I first arrived, I again traversed the various distances, both horizontal and vertical, that separated our office from the waiting room outside the ICU. The expressions of misery that met me there had lost none of their explosiveness, as though almost powerful enough to burst the walls themselves. I took a deep breath and waded into the crowd, hoping somehow to find Alemu amidst the turmoil. As if from nowhere, a woman, slightly older than Alemu but every bit as lean-limbed, interposed herself between me and the others in the room. “I am Mahelet,” she said, “and I will tell Alemu whatever it is you have to say.” Her voice had the same softness as Alemu’s, but it con-

1. Juliene G. Lipson, Suzanne L. Dibble, Pamela A. Minarik, eds., *Culture & Nursing Care: A Pocket Guide* (San Francisco: University of California Press, 1996). At the outset, culture is defined as “a system of symbols that is shared, learned, and passed on through generations of a social group. [It] mediates between human beings and chaos . . . and guides people’s interactions with each other. It is a process rather than a static entity and it changes over time” (1).

2. Eritreans are not a separate cultural but political group within Ethiopia. For this point as well as several others in this paragraph, see ibid., 101–14.
tained an assertiveness his did not. Apparently, I now stood face-to-face with “the proper person in the community” designated by Alemu (and the handbook) as the correct conduit for communication.

“My name is Michael,” I responded, “and I’m one of the hospital’s chaplains. Thank you for coming so quickly. I have to admit I don’t know much about your community or its ways.”

“They called me,” replied Mahelet, “because I, among them, have lived here the longest. I came six years ago, and I own an Ethiopian restaurant in the neighborhood. Besides,” she quipped with a faint smile, “my English is better than theirs.” Growing serious again, she inquired, “Tell me what has happened. I arrived here only a little while ago, and I know few of the details of what has taken place.”

I repeated to Mahelet everything I knew concerning Tenagne’s condition, explaining that during delivery, a clot had formed cutting off the blood flow to her brain, irreversibly ending its activity, and thus medically, at least, her life. I tried to make my explanation as simple and straightforward as possible, not because I thought Mahelet unintelligent, but because I could not imagine the prowess required to convey, in any language, the full meaning of my words to someone as overwhelmed by shock and desolation as Alemu. I searched Mahelet’s face for comprehension. “This much,” she said, “the hospital has already told Alemu. Still, though, he wants to pray to God to help Tenagne.”

“I know,” I replied. “When Alemu first spoke with me, he mentioned that ‘His Eminence’ had been called. Who might that be?”

“That’s the Bishop,” Mahelet told me. “He’s a very important figure in our community, which also makes him a very busy one. It may take him quite some time to get here, but I doubt Alemu will do anything until he does.”

I looked up at the clock in the waiting room, and it was already after ten. By the time I looked back down, Mahelet had disappeared into the sea of mourners, gone perhaps to find Alemu and relay what I had said. Without her, I felt myself at sea, adrift both linguistically and culturally among all the Ethiopians. But as soon as I spun around to search her out, she bobbed up again in front of me, Alemu firmly in tow. Her resurfacing brought in its wake something else quite unexpected: near-silence in the waiting room.

“I told them to lower their voices,” Mahelet said. “In our country, their crying might be normal, but here, it distresses others.”
“Chaplain Michael,” Alemu interjected, “have you prayed for my Tenagne yet?”

“No,” I answered, “I wasn’t really sure about your church’s custom, and I thought we might want to wait for His Eminence to come and offer the prayer himself.”

“None of us knows when His Eminence will come,” Alemu countered, “but my Tenagne needs a prayer right now. So will you go and pray for her?”

“Why don’t we both go?” I suggested. I had a pair of reasons for making my proposal: I wanted to get a closer look at the faith Alemu kept in prayer’s life-sustaining power—and I needed him to take another look at the contraption keeping Tenagne artificially alive.

Leaving Mahelet in the waiting room, Alemu silently followed me into the ICU. Tenagne lay in the first glassed-off enclosure to our right. As I beheld her for the first time in her glass case, she reminded me, despite the ventilator tube protruding from her lips, of a Sleeping Beauty cast under some witch’s spell. Next to me, Alemu wept all but imperceptibly.

“Let’s go inside,” I said, “and sit down with Tenagne.”

As we entered the cubicle, I took its two chairs and placed them flanking Tenagne’s bed. Alemu and I sat down across from one another, each of us holding one of her hands in ours, he transfixed by her face, I riveted by the rhythmic groaning of the respirator and her chest’s too-regular rise and fall. “Alemu,” I said after several minutes had gone by, “because I don’t know how your church prays, why don’t you start out the prayer, and then I’ll finish it?”

“Thank you, Chaplain Michael, I would like that,” he replied, genuinely grateful.

He bowed his head, clasped Tenagne’s hand, if possible, still more tightly than before, and, eyes shut hard, brought it to his forehead. “Holy Miryam, Mother of God, please help my Tenagne. We both believe that your son, Jesus, gave life to Lazarus, just like God gave life to him—even when everybody around them said that they were dead.

“Now, everybody here says Tenagne is dead. Please, Mother Miryam, have Jesus and God prove them wrong. Please have them, we beg you, give life to my Tenagne.”

A few tears rolled down Alemu’s cheeks as he opened his eyes and looked at me. Although I would follow his prayer’s lead, mine would split off onto another path that would bring us to a different end point.
“Lord of all flesh,” I began, “we recall Scripture’s story of the Shunnamite woman’s child, whom everyone took for dead. But through your prophet Elisha, you miraculously resuscitated him and brought him back to life. Resuscitate Alemu’s dear Tenagne, Lord, and restore life’s breath to her.”

I took a breath before continuing. “And yet, God, we recall something Scripture also tells us—that our lives here on earth are like a breath, our days as fleeting as a shadow. At this moment, we know that all too well. So should it not be your will, Lord, to resuscitate Tenagne here on earth with us, we ask that you resurrect her nonetheless in heaven, alongside you and Jesus and all the saints.”

In a voice that barely registered a whisper, Alemu said, “Amen.”

A quarter hour must have passed before Alemu spoke again. “Thank you, Chaplain Michael,” he said. “Let us wait and see what God does for my Tenagne.”

I thought that in the interim, the two of us should go and see what God was doing elsewhere. “Alemu,” I ventured, “have you thanked God for the breath of life he’s given to your son?”

“No, Chaplain Michael,” Alemu answered, staring sheepishly at his shoes like some Sunday-school miscreant. “I haven’t said any prayers for him as yet.”

For him? In light of the tragedy surrounding Tenagne’s delivery, I wondered whether Alemu had any feelings whatsoever for his newborn child.

“Alemu,” I offered, “why don’t the two of us go down to the hospital nursery, look in on your son, and give thanks to God for him?”

“But what if something happens here with Tenagne?” Alemu objected.

“I’ll tell people where we’re going and to page me if anything develops,” I replied.

I informed the charge nurse where we were headed and to have me paged if Tenagne’s condition changed; I next located Mahelet in the waiting room and, more in an effort to reassure Alemu, told her the exact same thing. Reluctantly, Alemu followed me down the corridor, repeatedly glancing backwards toward the ICU. Bypassing the elevators, I led him

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3. See 2 Kgs 4:8–35.
down two flights of stairs to the nursery, intent not so much on saving time as on sparing him any more anxiety or guilt about leaving Tenagne's side.

The landscape of the nursery could not have been more unlike that of the ICU or its waiting room, for here, delight rather than disquiet reigned. I peered through the nursery's oblong window at the babies, three rows deep, each with his or her own blue or pink little cap and booties. Despite myself, I couldn't help but contrast the infants in their Plexiglas bassinettes with Tenagne in her glass alcove: their lives, however fragile, had gotten underway while hers had reached its end.

“Alemu,” I asked, “which child is yours?”

He pointed to a baby boy, squealing and squirming as vigorously as any other tyke around him. I was relieved to see the child apparently stabilized and thriving.

“What have Tenagne and you named him?” I inquired.

Alemu averted his eyes, whether in shame or not I couldn’t tell. “We haven’t yet given him a name. Since last night, there’s been no time for that.”

“Look down at the band around your wrist,” I prompted him. “It has your last name on it. Remember? You and Tenagne each got one right after the baby was born. He, too, is wearing one that identifies him as yours. We can show the nurse your wristband, and then she’ll bring your son to us so we can offer a prayer thanking God for him and asking God’s blessing on him now and in the future.”

“No!” recoiled Alemu. “We can say the prayer from here!” At that instant, I realized that for Alemu, holding his son meant letting go his wife. In his mind, embracing the infant, its very being so plainly full of life, entailed accepting Tenagne’s death, her body little more than a balloon of artificially-pumped air. To Alemu in his present state, the baby represented not Heaven’s blessing but its curse.

“As you wish, Alemu,” I said as I laid my hand upon his shoulder. “If you like, we can pray for your son like we did for Tenagne: you start it off, and I’ll conclude it.”

“No, Chaplain Michael, you say it all.”

When we had prayed earlier for Tenagne, Alemu had bowed his head and shut his eyes together tight. Now, he stared straight ahead, his gaze overshooting his baby altogether, landing instead on the nursery's back
Tenagne's Breath

wall. I pondered what I ought to pray. For the baby’s sake, I wanted to summon words that would acknowledge and affirm him.

“Lord God,” I eventually began, “we haven’t yet given this little boy a name. But to you his identity is already known: he is your gift to us. We thank you for your gift.

“May this gift of yours, this little boy, continue to receive your blessing as he grows up, and may he receive the blessing of others, also. Let him give blessing to their lives, too. We therefore pray, God, that throughout his life, he be recognized as a blessing-bearer, among your most precious gifts of all.”

His body quivering, Alemu murmured, “Amen.” After that, he turned around and walked out of the nursery back to the main hallway. When I rejoined him, he simply asked me, as if in a daze, “Chaplain Michael, how do we get back to Tenagne?”

I led him to the stairwell, but from that point on, I followed his lead: he sprinted as much as climbed the stairs up to the fourth floor, where he ran toward the ICU and Tenagne’s bedside. As I raced past the waiting room, I heard no keening—Mahelet presumably had matters well in hand. Meanwhile, up ahead, the ICU’s locked doors had stopped Alemu in his tracks. Reaching him, I swiped my badge and gained us access. But when Alemu took another look at Tenagne lying in her bed, tubes and all, he began bawling as uncontrollably as any babe in the nursery two floors below. He wheeled around and bolted out of the ICU; within seconds, even before I could exit the ICU after him, I heard renewed wailing from the waiting room. Stepping hesitantly inside it, I saw no sign of Alemu anywhere. As I anxiously looked around for him, Mahelet, as she had done previously, popped up in front of me without warning.

“Mahelet,” I stammered, more than a little startled, “where is Alemu?”

“Somewhere over there,” she answered, motioning with her arm in the direction of a pulsating mass of women huddled over, I assumed, an inconsolable Alemu. “Nothing more is to be done,” she said, her voice a monotone, “until His Eminence arrives.”

“But when will that be?” I pressed. “Have you received any word since we last spoke?”

“As I told you before,” she answered, “His Eminence is a very busy man.”
I had no reason to doubt Mahelet nor therefore any grounds to believe I could do much more at this juncture to help Alemu or, for that matter, the medical staff, either.

“You know your community and its customs far better than I do, Mahelet,” I reiterated. “I believe you when you say that nothing will happen until the Bishop comes. But meantime, I have other patients and families I need to see. Please tell Alemu to have me paged when the Bishop gets here.”

“As you wish,” she said deferentially, though still with no detectable emotion in her voice as though she alone among her community had come to understand the full import of all that had transpired.

Close to noon by now, I finally started on my daily rounds through the ICU, the CCU, and the various sub-acute units in the rest of the hospital where I met with the Jewish patients whose names I had jotted down earlier that morning in the office, a time that now felt like ages, rather than mere hours, ago. All the while, I kept sneaking glances at my belt to make sure I had not missed a message from my pager, which I had switched to its “vibrate” mode to minimize its disrupting a conversation between some patient and myself.

As I departed one room on my way to the next, I felt an unmistakable series of tingling sensations on my hip. I let out a slight sigh of relief, believing the bishop had finally arrived at the ICU. But when I looked down at the pager’s window, I saw it displaying the extension of the Chaplains’ Office instead of the ICU’s. I found a phone free at the nearest nurses’ station and called in.

“This is Michael. Just got your page. What's up?” I asked tersely of our secretary at the other end.

“There’s a Jewish family in the ER,” she answered, maintaining her equanimity. “Their seventy-five-year-old grandfather has had a heart attack. They asked if we had a rabbi to come sit with them.”

“Tell them I’ll be right over,” I said hanging up as the tension mounted in me. Despite my efforts to reign them in, my thoughts were galloping headlong toward the Emergency Room: “How long will it take to save the old man’s life—or for him to die? . . . What if I’m down in the ER trying to comfort his family when Alemu’s bishop arrives in the ICU, and they page me to go up there? . . . How can I be in two places at once?!”

This time, I didn’t begrudge the elevator’s delaying me as it laboriously made its way down to the first floor. It gave me the chance to collect
myself before entering the ER’s tightly-structured tumult. I got the attention of the charge nurse and inquired which family had requested me. She gestured toward a middle-aged woman, a man about her age beside her to her left, and a teenage girl adjacent on her right. All of them, unlike the Ethiopians four floors up, sat silent in their apprehensiveness.

“Anything on the patient’s condition?” I asked the nurse.

“Nothing yet,” she replied.

I went over to the family, introduced myself, and took a seat with them. The patient—the woman’s father—had a history of heart problems; widowed years before, he lived, despite his daughter’s protests, by himself in a senior apartment complex. That morning, his maid had hardly begun her weekly cleaning when he collapsed. She called 911, and the paramedics were sent, who, for their part, rushed him to the Emergency Room. I asked the family the old man’s Hebrew name, and then I repeated it as I recited aloud the traditional Jewish prayer for the healing of the sick. Afterwards, I translated the prayer’s Hebrew into English. From experience, I knew that for many Jews, regardless of belief, comfort resided less in the Hebrew’s actual meaning than in the language’s sheer sounds. In that respect, the Jews down in the ER and the Ethiopians up by the ICU resembled one another, after all: the bare vocables of the familiar consoled both of them alike.

Forty-five minutes later, an Emergency Room physician emerged from the treatment area to report that the old man’s heart rate had been returned to normal and that, purely as a safety measure, he would be transferred shortly up to the ICU for further observation. The family expressed its gratitude to the physician—to which, inwardly, I added mine. The family thanked me as well, and before we parted, I told them I also covered the ICU and that, should they need me, they would likely find me there later that afternoon.

Leaving the ER, I checked my pager—no messages from the ICU or from anywhere else in the hospital. My watch, though, showed the time well past one, and I had not eaten since 6:00 AM. If I didn’t grab a bite at this point, who knew when I might?

The hospital’s emergency room occupied the same floor as its cafeteria, its trauma center thus conveniently located to treat the aftereffects of the convenience foods its canteen dispensed: outsized-packs of pork rinds, all manner of Hostess Products—Twinkies, Ding Dongs, and Hi Hos (not to mention cupcakes!)—and jumbo Coca-Colas. I actually once
saw a wife present such fare to her morbidly-obese young husband only hours after the ER had narrowly revived him from a cardiac arrest. At the time, I wondered whether his spouse held a large insurance policy on his life—or whether some perverse hospital architect had designed a fiendish floor plan to make sure all the beds stayed filled.

Sidestepping the cafeteria’s medley of artery-plugging delectables, I crossed over to its salad bar, got a tray, a plate, and silverware, pitched some greens and other vegetables together, paid for them, and spotted an open table to eat my lunch. I was picking through it piece by piece, relishing each mouthful, when—Dammit!—the pager started vibrating. I looked down and saw it blinking the ICU’s extension. The bishop (I hoped) had arrived at last.

I dropped the fork back on my near-full salad plate, hoisted up the tray beneath it, and hurriedly took everything over to the conveyer belt for transport to the kitchen for clean-up and disposal. Without even considering calling back the ICU or having an elevator haul me up there, I climbed up all four flights of stairs, my anticipation (and breathlessness) growing with every step. As I approached the waiting room outside the ICU, I heard no sound at all. Perhaps Tenagne had died, everyone had gone home, and I had only been paged to comfort Alemu—and to ask for his consent to harvest Tenagne’s organs, a mission that, whatever its benefits to individual patients or overall rewards to “science,” I nevertheless abhorred, feeling it as ghoulish as any grave robber’s.

But no: I looked inside the waiting room and found it still filled with Ethiopians. Hushed, they encircled Alemu, and yet, the epicenter of the stillness was someone else, an older, thickset figure—“His Eminence.” He looked every inch the patriarch with his flowing salt-and-pepper beard and full ecclesial regalia: black, red-trimmed cloak draped from his shoulders to the floor, matching black, red-embroidered mitre perched atop his head, gold-colored shepherd’s crook enfolded in his hand. Positioned down the hall nearer the ICU, I noted another Ethiopian new to me, stand-

5. Apparently, I am not alone in that feeling. Indeed, if, as physicians claim, they are “scientists” who can always learn something from each and every autopsy, then why, one wonders, do they give consent for autopsying their own bodies or those of their family members in percentages far lower than the general population? What knowledge—or misgivings—do they possess different from the rest of us? See Dr. Richard P. Vance, “An Unintentional Irony: The Autopsy in Modern Medicine and Society.” Online: http://www.researchgate.net/publication/20849525_An_unintentional_irony_the_autopsy_in_modern_medicine_and_society.
Tenagne’s Breath

ing ramrod-straight as if stationed at attention, his hands locked behind his back. He wore a dark suit and tie over a white, ill-fitting shirt, its closed collar bunched unevenly about his neck.

Once more, Mahelet precipitously resurfaced. “I will tell His Eminence that you are here so that you can take him and Alemu to see Tenagne. When he has finished what he has come to do, his driver,” she said, nodding toward the man in the dark suit, “will take him to his next appointment.”

With that, she disappeared back into the throng, only moments later to bring the bishop out, along with Alemu close behind. As a sign of respect to the bishop—and the community whom he served—I briefly bowed my head before him. Besides, who knew if he spoke English or, for that matter, what knowledge he had of Tenagne’s true condition? The bishop momentarily smiled at me, but otherwise made no reply. Meanwhile, Mahelet had vanished once again. Nothing, therefore, remained for me to do except to swipe us through the ICU’s electronic doors and lead the bishop with Alemu to Tenagne’s cubicle. To give them their privacy, I stayed outside it.

Through the glass, though, I could follow the prayer-in-pantomime enacted over Tenagne’s bed—Alemu knuckling his hands hard into his chest, the bishop mouthing some supplication, no doubt sacrosanct and ancient. Then, the bishop’s lips stopped moving, and Alemu seized Tenagne’s bedrail, his body wracked by anguished spasms. Although I would have wrapped an arm around Alemu to try and soothe him, the bishop wagged a finger in his face, issuing, for all I knew, the Amharic equivalent of “Cut it out!” because Alemu immediately stopped shaking. The bishop, his duties evidently thus performed, gathered the furls of his cloak together and set forth from the cubicle and the ICU, leaving Alemu clutching Tenagne’s bedrail.

I vacillated about going in to join Alemu. Maybe he needed some minutes by himself; maybe he needed some support. In the end, I simply couldn’t bear to stand by any longer and watch him suffer all alone.

When I walked in, Alemu looked up, his gaze hollow from weari
geness and worry. “Chaplain Michael,” he said piteously, “we just need to give God more time to restore my Tenagne to me.”

I didn’t say a word but just grasped his hand. The man indeed needed a miracle—but not the kind he had in mind. Instead, he required the
heaven-sent capacity to concede that his beloved Tenagne no longer lay before him, but only her lifeless counterfeit.

For a while, we stood side-by-side there staring down, the room’s silence unbroken save by the respirator’s relentless droning in chorus with the unremitting pinging of the monitors around us. Then suddenly came another sound, a nonstop rapping on the glass behind us. I looked over my shoulder and saw the charge nurse insistently waving me toward her. I looked back at Alemu to excuse myself, but his eyes had never left Tenagne.

As soon as I set foot outside the alcove, the nurse planted herself opposite me, scarcely a handbreadth from my nose, and as though she were a cop grilling some suspect withholding crucial information, demanded, “So, did you get his consent to take her off the vent?”

“No,” I shook my head.

“Well, I’m taking a lot of heat from the docs about it. They want the bed and the equipment back. OK, then, I’ll let them talk to the husband and explain what’s what.”

“Fine,” I said unenthusiastically, “but if they’re going to have any chance of success, they’ll need to speak to him through a go-between from his community named Mahelet.”

Annoyed, the nurse replied, “And I’ll let you explain that to the doctors when they get her. I’m going to send a page out to them now.”

And so she did.

Within minutes, two practically identical physicians appeared at the ICU’s nursing station: white-coated white men, well over six feet tall and, by my guess, pushing sixty, too. I sensed they shared something else as well—the stress of having been called to help resolve an issue that might well defy all the medical expertise and skill they possessed.

“What’s taking so long getting the family’s consent?” the first physician asked me briskly, not due perhaps to any general lack of caring or of kindness, but because like many of the hospital staff, myself included, he had nearly reached wit’s end trying to slog through a crisis-laden day.

“The husband is a new immigrant from Ethiopia,” I said, “and in his culture, such matters are broached through a third party, some established, respected member of the community. I have that person in the ICU waiting room right now, and I can bring her in for you to speak with. She’ll tell the husband what you’ve said and then bring back word to you. Even then, I should warn you, the husband might not agree. He’s a deeply
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religious man who believes that with enough prayer and time, God will reverse his wife’s condition.”

“Look,” said the second physician, “I don’t know any anything about divine interventions, only about medical ones. The poor fellow needs to face the fact his wife is dead. Period. End of story. Is that him in there?” Before I could say another word, off they went into Tenagne’s room. Stunned, I mutely tagged behind. When the three of us entered the cubicle, Alemu appeared to take no notice.

“Ahem,” coughed the first doctor, “my colleague and I are physicians here in the ICU.” As though he had thus given Alemu introduction and courtesy enough, he continued, “We know this is difficult for you, but you need to accept the fact that your wife is gone. She only looks like she’s alive because the ventilator is mechanically pumping air into her lungs. But the embolism she threw last night killed her; she’s brain dead. There’s nothing we—or anyone—can do to bring her back. We’ll have the forms sent in to have her taken off life-support. After you sign them, why don’t you go down to the nursery and visit what we understand is that newborn son of yours?”

Throughout the monologue, Alemu never once looked up. At its conclusion, he replied, resolute as ever, “Thank you, Doctor, but I believe in God and in his miracles.”

The two physicians, their medical capabilities unable to remedy the situation, turned their stares on me, the chaplain, their message unmistakable in meaning: “You handle this!” Then, as one, they wheeled around, trooped out, and disappeared from view.

I knew at that moment what I wanted to say to Alemu, and I knew I had to say it with Mahelet but not through her. I went out to the waiting room, peeked in, and relieved to find her still present, stretched out my arm to signal her over toward me.

“I need you,” I told her, “to go inside with me to Alemu and Tenagne. Have you ever been in an ICU before?”

Her stoicism and self-confidence, formerly so self-evident, faded before my eyes. As though transmogrified through some dark art, her bearing abruptly mirrored Alemu’s—eyes downcast, shoulders stooped, a voice so distant it seemed to come from someone else’s body. “No,” Mahelet said, “I’ve never been in one of those places.”

“Don’t worry,” I replied, “I’ll be right there with you.”
I led her inside the ICU. Recalling that Tenagne’s cubicle already had two chairs, I carried in another from out on the unit floor, and set it by the bed so that Alemu, Mahelet, and I might sit together for the words that must be said. But I might as well have been invisible, for Alemu never so much as glanced up at me while Mahelet remained on the glass’s other side, brought up short, if not totally unnerved, by the tableau composed of her compatriots and contemporaries within—a man poised motionless above a virtually dead-still woman lying with a tube twisted down her throat. I put my hand out to Mahelet, and after a few seconds’ falttering, she stepped forward and took a seat in the chair I placed beside her. Next, I lightly touched Alemu’s shoulder and, pulling up a second chair, indicated my desire for him to take a seat as well. I sat myself down in the third, remaining chair between the two of theirs.

“Mahelet,” I asked as delicately as I could, “Alemu mentioned when I first met him that he and Tenagne came here to escape the cruel things being done to people in Ethiopia. What kind of things?”

“The government,” she answered in a voice I had to strain to hear, “rounded people up for no good reason. Those they didn’t kill on the spot, they imprisoned and tortured until they died.”

I leaned in close enough to Alemu’s face to make sure that he couldn’t possibly divert his eyes from mine. “Alemu,” I said, “keeping Tenagne in here hooked up to these machines is like imprisoning and torturing her—it only prolongs her dying.”

I realized how hard those words might have been for him to hear; even so, I had others that might prove harder still. “Alemu,” I went on, “you’ve told me how you believe in God and in his miracles. And I’m sure you do. But none of these machines is God: if they could have produced any miracles, they would have done so long ago.”

Alemu slowly raised his head, opened his mouth, and exhaled no mere sigh, but something more powerful, like an uprush of air from the bellows of a heart breaking deep within. Afterwards, he simply said, “Bring me the papers. I will sign them.”

And then, as she had throughout the day, Mahelet materialized at precisely the right moment, in exactly the right place, kneeling by Alemu’s side. She stayed with him while I went to retrieve the proper paperwork and staff to have Tenagne taken off the vent. When the nurse handed the document to Alemu for his signature, he took it, read it through deliberatively, and then, pressing firmly on the clipboard to which it was attached,
firmly wrote his name. He watched attentively as the technicians disconnected the various devices from Tenagne's body. When they finished, he turned away and said, as much to himself as anyone, “She is gone.” Resignation and recognition had at long last converged. Alemu walked out of the cubicle, Mahelet not far behind.

Bringing up the rear, I hurriedly pushed my way through the ICU’s twin doors toward the waiting room, more than half expecting to find the Ethiopians’ rites of mourning re-ignited as Alemu shared the news of Tenagne’s death. To my surprise, though, it had emptied of its occupants, whom I saw ahead of me, noiselessly tailing Alemu down the hallway leading to the elevator bank. I felt a momentary urge to overtake them—maybe they were headed to the nursery!—but then I thought better of it, lest I overstep.

Tenagne had died quickly, perhaps free of any suffering. But Alemu’s torment extended well past her death—all the way to Ethiopia and back.