

Karen Tim

**The McLaurin family, some 14 months after Tim's bone marrow transplant:
Christopher, Katie, Tim, and Meaghan.**

When High-Tech Hits Home: A Writer's Fight with Cancer

by Mike McLaughlin

*North Carolina Insight has looked at health care policy from almost every angle—from cost containment to access to care to the role of the states in assuring that citizens get adequate health care. In this article, Insight examines the impact of a high-tech medical procedure on Chapel Hill author Tim McLaurin. McLaurin has written two novels, *The Acorn Plan* and *Woodrow's Trumpet*, and memoirs titled *Keeper of the Moon*. He needed a bone marrow transplant as treatment for multiple myeloma, an unusual form of cancer. When his insurance company determined this treatment was experimental and thus ineligible for coverage, McLaurin got a taxpayer-financed transplant at the Veterans Affairs Medical Center in Seattle.*

Tim McLaurin strode away from the entrance to the Veterans Affairs Medical Center, heading for the rental Chevy Geo parked in a small sea of cars. He walked fast, his jaw set firmly, and said almost nothing, as though he had somewhere to go and something to leave behind.

It would be hours before he learned if the many blood transfusions he had received in a bout with a life-threatening illness had left him HIV positive—possibly carrying the virus that causes AIDS. McLaurin claimed he wasn't worried, despite a symptom that caused concerned doctors to order up a blood test.

It was the same attitude McLaurin had taken when first diagnosed with multiple myeloma almost two years earlier. He had clenched his jaw and vowed that he would lick this rare form of cancer—one way or another.

"I've always liked a good fight," McLaurin had told the doctor who had diagnosed his illness.

"Well," the doctor had replied, "you've got one now."

The early rounds had all gone to McLaurin. He gained remission through chemotherapy within six months of diagnosis. He got up from a bone marrow transplant after only 15 days in the hospital. A year later, he was returning for a battery of tests that would tell whether he could be weaned from the drugs that puffed out his face. And now came this AIDS threat.

McLaurin had thought the eye exam would be all but routine. But his ophthalmologist clearly was concerned about the white spots that showed up in the exam. "We see them with a lot of things," the doctor told him. "Most often these days we see them with AIDS patients."

And so McLaurin and his wife Katie had to spend the afternoon waiting to learn whether he would face yet another fight with a potentially fatal illness. The phone finally rang in the McLaurins' rented apartment in downtown Seattle. It was the bone marrow transplant unit. The test came back negative, the voice on the phone reported. Score another round to McLaurin.

Tim McLaurin is a snake-fancying writer who has made the hard South his stock in trade. This is the South of grits and pit bulldogs and fist fights and beer bellies—of lives of hard labor and hard luck. McLaurin, 37, has published two novels—*The Acorn Plan*, the story of a young man fighting his way out of East Fayetteville; and *Woodrow's Trumpet*, a tale about what happens when the New South threatens a way of life in a farming town.

McLaurin also has found his own life to be a rich vein for nonfiction. An ex-Marine, he operated a carnival snake show and then volunteered

for the Peace Corps before settling into a career as a writer. McLaurin has a penchant for telling the unvarnished truth, no matter what the subject. His writing career was just taking off when he was diagnosed with a cancer that threatened to send it crashing down. But in some ways, he approached it as just another story—a new set of experiences for a self-proclaimed adventurer.

Edison Liu, a professor and cancer researcher at the University of North Carolina at Chapel Hill Medical School, first diagnosed McLaurin's illness. Liu became McLaurin's attending physician and friend. He thinks McLaurin's attitude helped him survive. "The way I see it, the way he rebounded from this wraps around his concept of life," says Liu. "Everything is a journey to him . . . the military, the Peace Corps, and this became a journey for him."

The bout with cancer would prove to be McLaurin's most challenging odyssey yet. He would experience an expensive, high-tech medical procedure and see the changes it would work on his body. He would see the impact of his illness on his family—his wife Katie and two young children, Meaghan and Christopher. He would lie in a hospital bed in faraway Seattle and dream of returning home to his beloved South. And finally, he would share the experience—like the carny barker who woos a wary public into his tent, or a

*When under
attack, a person
can either draw in
his limbs and roll
into a ball and hope
for amnesty or lash
out with fury and
strength. I decided
in that first minute I
would not face this
disease in a passive
mood, but would
confront it as an
intruder.*

—KEEPER OF THE MOON
BY TIM MCLAURIN

Mike McLaughlin is associate editor of North Carolina Insight.



Tim McLaurin takes his "Last Great Snake Show" to the public library in Hillsborough.

young boy who heard myths about snakes and set out to explode those myths.

There are myths about cancer, too, and one of them is that it can't be beaten. McLaurin believes his own father fell victim to that myth, and it was another myth McLaurin wanted to destroy. McLaurin would treat the disease with respect. But he was determined to beat the damned thing.

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McLaurin talked about his illness in the spring of 1991—almost two years after he was diagnosed with cancer and about a year after his bone marrow

transplant. In one interview, he had just returned from a whirlwind trip to New York to negotiate a contract for his latest book—memoirs titled *Keeper of the Moon*. McLaurin seemed weary. He was slung back in a recliner in the living room of his Chapel Hill home. The house is a 1960s-style ranch with a carport at one end cluttered with old fishing poles, bicycles, small engine parts, and even a broken telescope.

The front door opens on a living-dining room combination with "This End Up" furniture arranged on marred hardwoods. A cat laps the leftovers from a bowl of cereal on the table. McLaurin just ignores it.

The cancer diagnosis, he says, came June 7, 1989, his ninth wedding anniversary. "I was running right up until a couple of days before I went into the hospital," McLaurin says. "My endurance was a little down and I had an erratic heartbeat." Tests showed McLaurin had a rare kidney disease that might indicate cancer. He and Katie had already canceled the barge trip in France they had planned to celebrate their anniversary. A bone marrow biopsy confirmed the diagnosis.

McLaurin took the news in stride. He left the hospital on an overnight pass and had dinner and a bottle of wine with Katie to celebrate the anniversary. "It just didn't seem real to me," he would say later. "I never took it seriously. I had too much going on."

The day after McLaurin's cancer diagnosis, the treatments started—four days of chemotherapy a month.

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Katie and Tim had met a decade earlier in a clogging class in Fayetteville. Katie ran a bookstore there shortly after she graduated from

*I remember the shine of fear
in my father's eyes the day he
was told he had lung cancer, how
on that day he accepted his fate
and was dead weeks later. . . .
Cancer killed people and if the
doctor said he had cancer, it was
time to die.*

— KEEPER OF THE MOON, TIM MCLAURIN

Davidson College with a Bachelor of Arts in African studies. Tim—a few years out of the Marine Corps—was working blue collar jobs and licking his wounds from his failed first marriage. In this case, opposites did attract. “We’re both risk-takers,” says Katie. “Maybe each of us saw the other one as something of a risk—a good risk, a wonderful risk.”

When the two joined the Peace Corps and took off for Tunisia, their parents were not sure who was to blame. “His family was sure he talked me into it, and my family was sure I talked him into it,” says Katie. Katie would deliver her first child in Tunisia, and Tim would get an emergency appendectomy that he swears he never needed, but they stuck to their two-year commitment.

Tim writes of life in the hard South. Katie directs International Projects Assistance Services, a nonprofit agency that helps get medical treatment to Third World women suffering the health effects of illegal abortions. Tim does a lot of the cooking and tends to the children when Katie travels.

Katie was with Tim for his diagnosis, and in many ways she took an opposite approach to his illness. While Tim listened for the chance that he would live, Katie heard the overwhelming odds that he would die. “His mental attitude from the beginning was I have a challenge, and I’m going to meet it and overcome it,” says Katie. “I had to prepare myself and my children in a way that would be most positive for them.”

That meant preparing her children for the fact that their father might not survive his bout with cancer. Katie attached particular importance to this for reasons that were personal. Her own

father died when she was nine. She had barely been told he was sick. “The way society approached illness and death then and now is significantly different,” says Katie. “This time I had a chance to get it right. He died and I was completely unprepared for it. My family was protective of us to shield us from that.”

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McLaurin’s doctors also took his diagnosis seriously. They rushed him into treatment immediately. His cancer was in advanced stages, and hopes were slim. “He had myeloma in virtually every bone in his body,” says Liu, his oncologist. “His tumor burden was very high. The abnormal proteins were already damaging his kidneys, so we started him on an aggressive regimen of chemotherapy. Obviously, if we were going to do anything to save his kidneys, we had to do something fast.”

But the chemotherapy drove the cancer from McLaurin’s body with virtually none of the side effects one typically associates with the treatment. He hardly even lost his appetite, much less his hair. “Within two or three sessions, he was in complete remission,” says Liu. “That’s something you rarely get.”

Still, Liu knew the chemotherapy fix was only temporary. Without more drastic action the cancer would return—and return with a vengeance. And so he recommended a bone marrow transplant.

“It’s a real aggressive disease,” said McLaurin. “It’s something you don’t live with a terribly long time.” Liu gave McLaurin the odds, and the decision wasn’t all that difficult. Without the transplant, McLaurin likely would be dead in a year or two. He had a 75 percent chance of surviving the transplant and at best a 50-50 chance that if he lived through the procedure the cancer would not recur.

McLaurin felt an odd exhilaration. Here was a chance for a cure. “It was a big decision,” says McLaurin. “I had responded so well to chemotherapy that I might have gone on for five years or 35, but the statistics did not support that. I just opted that if I was going to gamble, I’d gamble right then.”

Katie immediately sought other opinions. “I got four medical opinions—from oncologists here, in Richmond, Dallas, and Seattle,” says Katie. “They all agreed. This was the best course to take. If he didn’t have the transplant, he would die.” Katie says the opinions were unqualified, and the doctors agreed

the timing was perfect. "The best time to do it was in the first strong remission," she says.

But if the McLaurins had come to terms with their decision, their insurance company had other ideas. The company determined that bone marrow transplants had been performed too few times on multiple myeloma patients and were thus experimental and ineligible for coverage. Since multiple myeloma mostly strikes older men—considered too frail to withstand the trauma of a transplant—the procedure hadn't been tried much for McLaurin's ailment.

Philosophically, McLaurin knew that insurance companies are profit-making enterprises. He knew they must weigh the cost of a procedure against the hope of a cure in deciding what to cover. Still, he wanted his transplant. For purposes of this procedure, he might as well have been uninsured.

Now the McLaurins were stumped. A bone marrow transplant could cost upwards of \$200,000. "None of the hospitals will consider you without insurance unless you're able to come up with anything from \$40,000 to \$100,000 up front with a guarantee of the rest of the money through some type of security," says Katie.

While the McLaurins worried about how they would come up with the money for a transplant, the clock was ticking. The transplant needed to be done while the disease was in remission, and no one was sure how long that would be. Then somebody suggested that Tim try the Veterans Affairs Medical Center system. He did, and things suddenly started falling into place.

Ordinarily the McLaurins would not have qualified for VA care. "The VA has gotten so tight they only do things that are service-related, active service, or hardship," says McLaurin. McLaurin had gotten out of the Marines healthy after a two-year hitch in 1974. And the McLaurins had far too much income to qualify on financial grounds.

But here the peculiar nature of McLaurin's illness actually worked in his favor. Doctors at the

bone marrow transplant unit at Seattle's VA hospital were studying how young men with multiple myeloma respond to bone marrow transplants. They accepted Tim for a transplant, and the McLaurins started laying plans for a long summer in Seattle.

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Part of the ordeal for any transplant patient is finding a donor. There's about a one-in-four chance that an immediate family member will provide a genetic match. If the recipient must look outside his immediate family, the chances of any single donor providing a match are about one in 20,000. Again, McLaurin was lucky. He found a match in his brother Bruce.

Except for Tim, all the McLaurin siblings live within hollering distance of home in rural Cumberland County. At one point, five of the six children slept in the same bedroom. For 14 years, Bruce and Tim shared the same bed. "And then

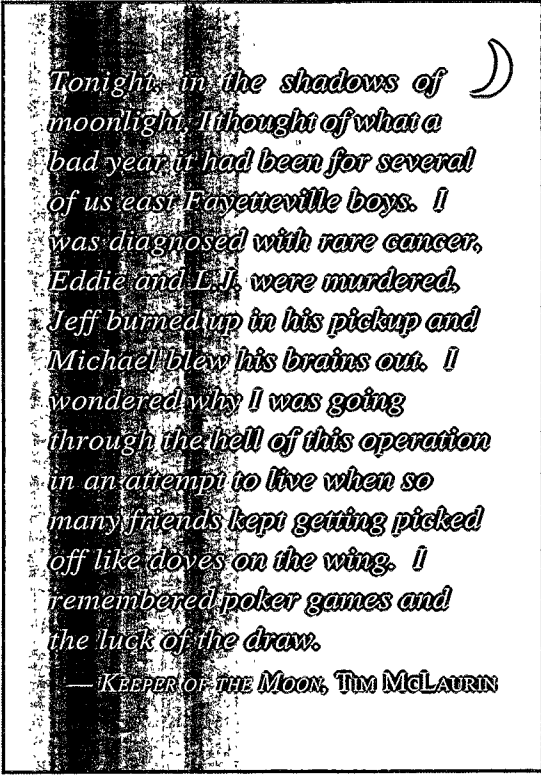
he's the one that matches me with bone marrow," says McLaurin. "It's kind of ironic."

The two brothers had drifted their separate ways—Tim into the Marine Corps and to college and the Peace Corps, Bruce sticking close to home, marrying his high school sweetheart, and taking a job driving a truck for Roadway.

The transplant brought the brothers back together again. "It was a bonding type thing," says McLaurin. After the transplant, there would be biological changes that would

bring them even closer. "My blood type has changed over to his blood type," says McLaurin. "I was a B positive. Now I've changed over to A."

Bruce had gone out to Seattle solely to donate bone marrow and wound up staying almost three



Tonight, in the shadows of moonlight, I thought of what a bad year it had been for several of us east Fayetteville boys. I was diagnosed with rare cancer. Eddie and L.J. were murdered. Jeff burned up in his pickup and Michael blew his brains out. I wondered why I was going through the hell of this operation in an attempt to live when so many friends kept getting picked off like doves on the wing. I remembered poker games and the luck of the draw.

—KEEPER OF THE MOON, TIM MCLAURIN

months. Tim's body would not manufacture platelets so Bruce stayed in Seattle to provide blood transfusions.

For Bruce's second wife Claudia, the ordeal was particularly stressful—as though her family were torn between two places. Tim and Katie paid Bruce's salary while he was out of work, but the logistics of it all proved difficult for Claudia. "It was hard," she says. "It was very hard. There was no doubt that Bruce had no choice, but it was hard on the kids and hard on me. We were being pulled."

Bruce, on the other hand, had hoped he would be the donor from the start. "I wanted to be the one, but at the same time I was worried," he says. "I didn't know what I was getting in to." Bruce had heard horror stories about the procedure: that you couldn't be put to sleep while the marrow was being drawn—false, and that it was extremely painful—again, false.

To draw out the marrow, doctors use a large-gauge, hollow needle to punch through the skin and open up a series of holes for access. Then they make 200 to 300 separate bone punctures with the needle to draw out the marrow. "They take it right out of your beltline," says Bruce. "It's like somebody stuck an ink pen in your back or something. I've got six little holes." Bruce says the procedure was much less painful than expected, although it did leave him stiff and sore.

After donating the marrow, Bruce's job during his stay in Seattle would be going down to the Puget Sound Blood Center to give blood. The yellow-gold platelets would be spun out in a centrifuge and transferred in a plastic IV bag over to Tim.

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To get a bone marrow transplant at the VA hospital requires at least a 100-day stay in Seattle. First, there is the preparation—the heavy dosages of drugs or radiation required to kill off the cancerous cells, then the marrow transplant, and finally the post-transplant period in which the immune system slowly recovers. "What they do is, they bring you as close to death as they can without killing you, and then they start bringing you back," says McLaurin.

Katie McLaurin knew immediately she wanted to be with Tim during this period—and she wanted her children there. "It was important for them to

Tim McLaurin with his brother Bruce on the family farm near Fayetteville.



Mike McLaughlin

be there for the transplant—to see the changes and be there in the event that he didn't survive—so that when he came home and he didn't have hair and he was bloated from the Prednisone—that they would know that he was their father. And it was like I needed them as much as they needed me.”

That meant setting up a household in another city. The children would enroll in special schools. Katie would set up a makeshift office in their temporary home. It was awkward, but it helped Katie keep up with her work. Katie's mother and stepfather came out for the duration to offer their support, and Tim's family members also were frequent visitors. “It was a small, three-bedroom house, adequate, but cramped,” says Katie. “There were six of us there all the time, and then Bruce had to come back. So there were seven people in a small house—a lot.”

Katie found this family support particularly helpful, despite the sometimes crowded conditions. “Tim focused on what he needed to do,” says Katie. “He wasn't able to provide emotional support going out.”

Bruce and Tim spent their first few days in Seattle under a medical microscope. Doctors at the VA Medical Center wanted to ensure that they were indeed a good genetic match. Then Tim's ordeal began in earnest with four days of outpatient chemotherapy. “It was heavy duty, real intense,” says McLaurin. “I had to take just these handfuls of pills. They were real salty.”

On the fourth day of this treatment came the first crisis. Katie had been out running some errands, and Tim's mother was at home with the children. Katie pulled into the drive to find chaos. Tim—despite no history of this kind of problem—had suffered a seizure. “The children were in the front yard screaming and Tim's mother was in the house not knowing what to do,” says Katie. “She called 911 but she didn't know the address so she hung up. Fortunately, it was interactive.”

The emergency response system was set up so that calls can be traced and addresses found, even if the caller hangs up. While an ambulance sped toward the house, Katie struggled to calm Tim, who was rolling around incoherently on the floor. “Finally he and I wound up facing each other on the floor,” says Katie. “We were hugging each other, and he was still in the midst of this seizure. It was the weirdest sensation. He was there, but he was gone. His eyes were open and he was moving around, but he clearly wasn't there.”

The seizure, though frightening to the McLaurins, was not life-threatening. It was caused

by the combined impact of drinking and Busulfan, a drug used in chemotherapy. “The patient was drinking about a six-pack a day prior to his admission to the hospital,” read McLaurin's medical records. “It is thought that alcohol withdrawals as well as Busulfan contributed to the seizure.”

McLaurin's main worry was that the seizure would affect his scheduled transplant. He was halfway through the chemotherapy and didn't relish starting over. That worry was for naught. He was treated for the seizure and trundled right in for the next phase of his treatment—four days of inpatient chemotherapy.

McLaurin had already been fitted with a Hickman catheter—a flexible rubber tube that was inserted through an incision in his chest into a vein that led straight to his heart. That was so nurses could pump medications right into his blood stream without having to stick his arms over and over. He now got a different kind of catheterization—a tube up his urinary tract to irrigate his bladder and prevent bladder damage from chemotherapy.

For four days, nurses would inject high doses of Cytoxan—a potent drug used in chemotherapy—straight into McLaurin's Hickman catheter. “On the fifth or sixth day of chemotherapy, I started hallucinating,” says McLaurin. “I was watching this picnic take place on the roof of the building next door, and they were driving these little cars around—four-wheel dune buggies. But there won't nobody there.”

Bone marrow is highly sensitive, so the chemotherapy kills it. But healthy marrow is mandatory for replenishing the blood and for survival. If no donor can be found, it is possible to remove marrow from the person being treated and replace it after chemotherapy. A transplant from a matched donor such as the one McLaurin received is preferable and is known as an allogeneic transplant.

His eight days of chemotherapy over, McLaurin was now ready for his transplant. Family members gathered in his room for the procedure. A snapshot recorded the moment for posterity. “They bring it into your room in an IV bag,” says McLaurin. “It just drips into your arm and it knows to migrate to your bones. It's very anticlimactic.”

Next would come the slow process of bringing McLaurin back. “If you haven't died from the chemotherapy, you're in a very dangerous place,” McLaurin says. “You have no immune system. Your platelet count, your white blood cell count, and your red blood cells have fallen to nothing.” With no bone marrow to produce infection-fight-

Christopher was still too young and full of exuberance to be greatly affected by the changes. 'Pop' looked funny to him, he liked to rub the snubble on my head. Once he asked me, "Pop, if you get dead, will God hang you on a cross?"

I wanted to laugh, and had no answer for him either. I found in him another great motivation to live, for he would only have fragmented memories of me if I died, no real sense of who his father was.

—KEEPER OF THE MOON, TIM MCLAURIN

ing cells, infection is more difficult to control and can be fatal.

The best-case scenario is that the new bone marrow will take up its normal function—reproducing the cells that make up healthy blood. It becomes a waiting game, with four different counts to watch: the white blood cells, which fuel the immune system; the red blood cells, which carry oxygen throughout the body; the platelets, which help the blood to clot; and the polys, blood cells that kill bacteria and fight infection. “They go down, down, down,” says Katie of the blood counts. “You want to see them go up, up, up.”

Tim’s recovery came quickly at the start. He moved from inpatient to outpatient status within 15 days—the second fastest of anyone who ever had been transplanted at the Center. But 10 days later he was back in the hospital. “My biggest problem was my platelets didn’t want to manufacture,” says McLaurin. “If your platelet counts are real low, you can bleed internally. You can have strokes in your head that cause your blood to start leaking out.”

So McLaurin got the daily transfusions of platelets, which helped him get through his most serious complication. “Finally,” says McLaurin, “my platelets started reproducing, and I got off that threat.” Through heavy dosages of drugs, McLaurin had thus far also dodged other threats, such as chronic graft-versus-host disease, a disease in which the new bone marrow recognizes the recipient’s body as foreign and sends out T-lymphocytes to attack it.¹ Still, what was left of his recovery was no picnic. “My nails fell out,” says McLaurin. “The skin peeled off of the bottom of my feet. I had rashes on my skin and my bladder was infected. It was really a tough time.”

The accumulated impact of medications and muscle-tone loss left McLaurin so weak he had to pull himself up from the toilet. He constantly had to urinate, and often passed large blood clots. Getting to the bathroom got to be too much for him and he started using a sink in the bedroom as a urinal. That, McLaurin says, was one of the few times Katie lost patience with him. “It seemed kind of trivial at the time,” he says. She didn’t even know about the times he was too exhausted even to get up and just let the burning urine flow out onto a towel on the bed.

McLaurin pushed himself hard as a patient throughout this ordeal. He was determined that if he was going to die it was not going to be in Seattle. In the early days after the transplant, he lay in bed staring at the cold, distant profile of massive Mt. Rainier and picturing the pine trees of home. He envisioned the yard swing where he and his mother would rock back and forth and talk, and the cabin he had built on an isolated corner of the farm to write and get away from things. “The Cascades were throwed up like a big wall in front of me,” says McLaurin. “I was determined to get over them. If I had to take my American Express card and rent a Lear jet, I was going to get home to North Carolina.”

But first McLaurin had to finish the outpatient phase. He would return to the hospital each day for treatment and examination, but the rest of the time he was on his own. That meant going out into the world hairless, his features puffed out beyond recognition, wearing the white surgical mask that is the emblem of a transplant patient. “He didn’t have any hair on his face,” says Bruce. “It [his face] was real puffy, and he had to wear that breathing mask everywhere he went. People would just do a doubletake.”

McLaurin confesses that the changes in his looks hurt. "To me, it was one of the hardest parts of the whole thing," says McLaurin. "I looked like Uncle Festus on 'The Munsters.'"

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Near the end of the standard 100-day stay in Seattle, doctors decided McLaurin was well enough to go home. Of the 12 people who had received new bone marrow at about the same time he did, four had died. McLaurin's leaving Seattle meant he had passed another milestone in his recovery. "Usually if you survive the first 100 days the odds go up a lot higher of surviving the transplant," he says. Although McLaurin would still need constant monitoring and medication to prevent infection, his main worry now would be recurrence—the nearly three-to-one odds that his disease would return.

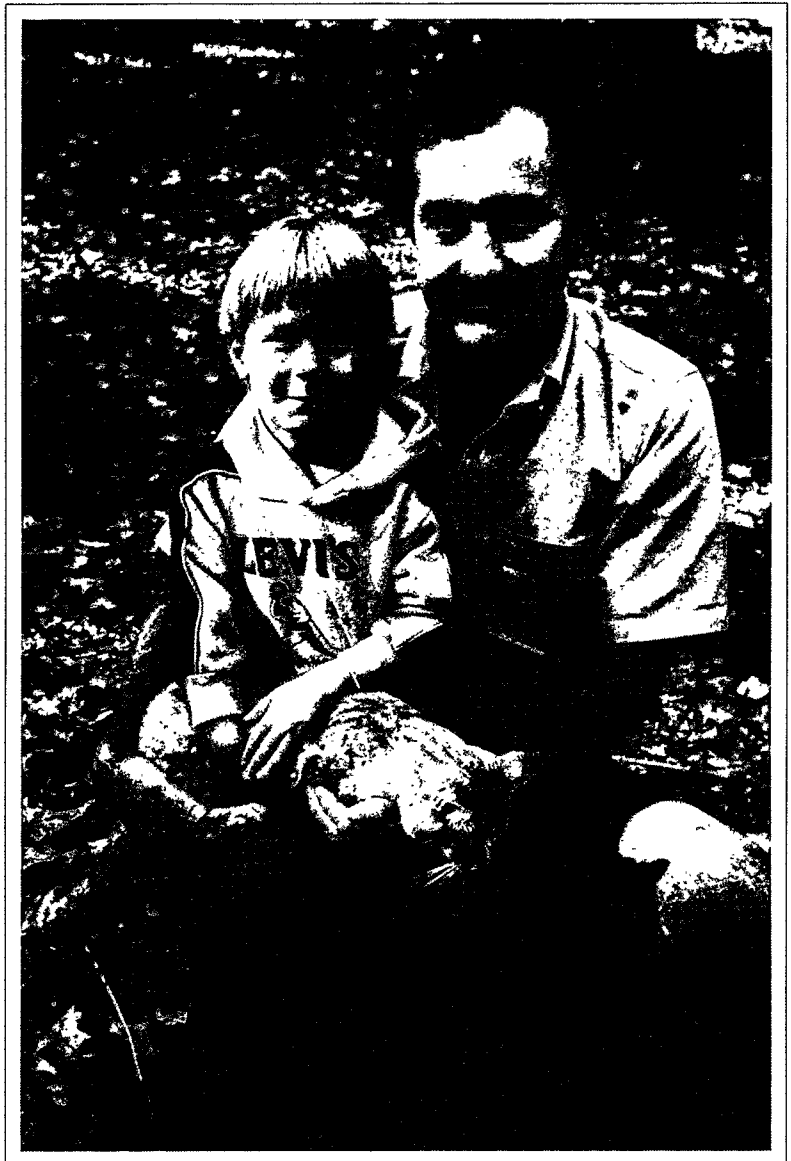
But McLaurin faced yet another fight soon after his return home. The insurance company, which had refused to pay for his transplant, now balked at paying his after-care expenses. The McLaurins had thus far suffered little financial fallout from their collision with high-tech medicine. A fund-raiser conducted by McLaurin's literary friends in Chapel Hill had raised \$15,000, and Katie's family had pitched in \$10,000. That covered the \$25,000 in expenses not paid by the VA. Now they faced medical bills of \$5,000 a month. The McLaurins had little choice but to hire a lawyer to argue their case with the insurance company. Ultimately, the company agreed to pay.²

As best he could, McLaurin resumed his normal activities. A few weeks after his return from Seattle, he built a snakeshed in his

carport and resumed his snake collecting—a hobby he had pursued since his youth. In the dead of winter, there was a three-day canoe trip to publicize the need for bone marrow donors. And McLaurin returned to teaching creative writing part-time at North Carolina State University and reading and lecturing around the Triangle. Occasionally, he would haul out his snakes, ice them down in a beer cooler, and carry them to a public library or school for exhibition.

On April 29, 1991, roughly one year after his transplant, McLaurin was to return to Seattle for a

Tim and son Christopher, about a year before his trip to Seattle for a bone marrow transplant.



Karen Tam

battery of tests to see if he was still disease-free and if he could be weaned from his heavy drug regimen. "I'm dreading walking up to the front of that building because I've been there so many times," he said before his scheduled return.

* * *

McLaurin walked into the bone marrow transplant unit about an hour later than expected on the Monday of his week of tests, wearing faded blue jeans, a flannel shirt, and leather tennis shoes. Doctors and nurses who remembered him from his transplant stopped him with hugs and greetings. Then he got his schedule of tests. The day's list called for a routine physical and bone marrow and skin biopsies. Performing the honors would be Dr. Jeff Matous, a senior fellow in hematology at the University of Washington.

For McLaurin, the schedule meant he would get the worst part of his week over with first. Matous directed him to a tiny room where he stripped down to his shorts and lay stomach down on the examining table. A technician wheeled in a cart full of instruments, and Matous got down to work. "Tim, you like to be talked through it?" Matous asked.

"Yeah, I like to know what's going on," McLaurin answered.

Tim has had his share of bone marrow biopsies. To him the worst part is the injection of lidocaine intended to numb the lining of the bone. Matous describes the pain of the injection as "like a bee sting."

"Bee sting," McLaurin snorts. "It's more like a wasp sting."

Matous smears on an iodine solution to sterilize Tim's skin. Then comes the needle. "Here's comes your wasp sting, Tim. OK? Here's the part you remember."

McLaurin tenses as the needle finds its mark. "Sorry Tim," says Matous. "Was that sharp?"

"I felt it," McLaurin responds, which is the closest he will come to a complaint.

Matous uses an aspiration needle to punch through the bone and draw out a syringe full of liquid marrow. The technician will smear this on slides to go under a microscope. The teaspoon or so of fluid is filled with boney spicules that are visible to the naked eye. "That's a good one," says Matous, indicating the blood-red sample. "That's the bone marrow."

Next comes the procedure many patients dread most—a bone marrow biopsy. "First one?" asks

McLaurin.

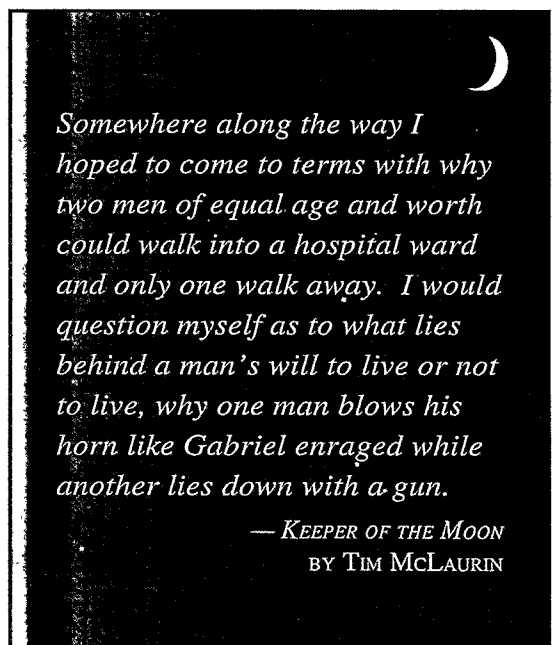
"My very first one," Matous deadpans. Actually he's performed dozens of them.

Matous picks up a chrome-colored instrument called a jamshidi, equipped with finger loops that make it easier to handle. He punches it through the skin and tissue and down to the bone, then twists it to core out a sample of bone and marrow, two-and-a-half centimeters long. McLaurin never even murmurs. "Tim's doing great with this procedure," says Matous. "It's an uncomfortable, deep feeling. You can't always totally anesthetize for it."

"You've got tough bones, Tim," says Matous as he twists the jamshidi. Within seconds, he has his sample—a bloody, bony cylinder about the size of a basketball needle. He deposits it in a petri dish on the technician's cart. "That's part of the pelvic bone," says Matous, "the iliac crest."

The samples will be sent off to a laboratory for analysis to determine whether the bone marrow is functioning properly and whether there has been a recurrence of multiple myeloma. "The plasma cells are the bad actors," says Matous. "We'll be looking to see if any of them are there."

"They just did the critical test," McLaurin says later over lunch at the VA cafeteria. "If anything will show bad, it will begin to show there." McLaurin munches quietly on cold cuts. He confesses that he's a little down. "I'm just kind of bummed out. It's a big hassle and a lot of



*Somewhere along the way I
hoped to come to terms with why
two men of equal age and worth
could walk into a hospital ward
and only one walk away. I would
question myself as to what lies
behind a man's will to live or not
to live, why one man blows his
horn like Gabriel enraged while
another lies down with a gun.*

— KEEPER OF THE MOON
BY TIM McLAURIN



McLaurin administers drugs through an IV at home near the end of his treatment regimen.

money," he says of the return trip. "Always in the back of your mind is the possibility they could find myeloma."

After lunch, McLaurin returns to the bone marrow unit for his checkup. Stripped to his underwear, he looks pale and insubstantial in the bright lights of the examining room. On his bicep is a jewel-toned tattoo that features a heart, a rose, and the names of his wife and children. The slightly built Matous does a strength test on McLaurin, pushing on his forearm and forcing him

off balance. He examines McLaurin's eyes and mouth and skin.

Matous offers few opinions on McLaurin's overall health. He mostly just takes down information. He mentions that the eye, which is bloodshot and bulging, needs a second look from an ophthalmologist. An eye exam is scheduled for Tuesday anyway, so no special arrangements are required.

McLaurin thinks he is through for the day and is on the way out the door when Jeff Almgren, the unit's pharmacy supervisor, collars him. Almgren wants to run over McLaurin's drug regimen with him and make sure he's taking all the right medications. The list of drugs is enough to fill up a legal-sized sheet. There is potential for dangerous interactions. Almgren is disturbed that McLaurin ran out of Septra six weeks earlier and never got a refill. The drug prevents PCP pneumonia, which without Septra is a big killer of transplant patients. "I don't like to see you get an inch from the finish line and get tripped up," says Almgren.

* * *

Katie has caught a later flight to Seattle. She arrives at the bone marrow unit on Tuesday, bearing greetings for all

her old friends and a satchel full of work, and resuming her old place in the family waiting room while Tim gets his eye exam. For her, entering the hospital again is like stepping through a doorway to another world. "It's like a way station in a strange science fiction movie," she says. "I thought I could sort of breeze in and not have it affect me. Now I'm not so sure."

The eye exam is taking far longer than expected, and Katie asks the receptionist to check on him. He is still with the ophthalmologist.

Finally he walks into the family room. That's when Katie learns about the white spots. He soft-pedals the notion that they might signal HIV infection, despite the dozens of blood transfusions he's had from anonymous donors. Tim calls the chances slight and says the blood test is only a precaution.

Katie can tell by the set of his jaw that it's more than that. She is worried but doesn't press him on the subject. Away from the hospital Tim reveals that given the spots, the test may be more than routine.

The afternoon drags on until the phone finally rings and Katie answers to hear the good news. Now there is something to celebrate. Later that night, over drinks in a trendy Mexican restaurant, Katie ponders this latest scare. "I told Tim it would be the irony of all ironies to have the cure kill you," she says.

But Tim, who has given up on his margarita because the salt stings the sores in his mouth, is still stoic about the threat of contracting AIDS from blood transfusions. If he had any fears, he won't admit them now. "Oh," he says. "I never thought I had AIDS."

* * *

A few days after the McLaurins return from Seattle they receive a full report on Tim's tests. He gets a clean bill of health—almost. The mouth sores are thought to be caused by cytomegalovirus. Doctors prescribe aggressive treatment for six weeks at home with an IV unit. After that Tim can taper off the hated Prednisone.


It will be five years before doctors declare McLaurin cured. But with every week that passes, the odds improve that his cancer will not return. In some ways, it's like living with a loaded gun to your head, but McLaurin is philosophical about the chances that doctors will find cancer again. "You know if they do, well, hell, they just do," he says. "There's nothing that I can do about it."

Liu says he has seen a lot of cancer patients, but none like Tim. From the start, Tim has said he wants to be a cancer scholar, not a victim. It's that attitude Liu wishes he could transplant. "I'd like to clone him and put him on the road—and have him build hope." ☞

FOOTNOTES

¹Janet Leahy, et al., *A Guide to Bone Marrow Transplant*, Veterans Administration Bone Marrow Transplant Unit, Seattle, Wash., p. 30.

²As part of the agreement with the insurance provider to cover after-care expenses, the McLaurins agreed not to reveal the name of the company.



*This trip is finished now, and the faster
I make the ocean, the happier I will be.
My arms and shoulders are strong, my wind
good. As the day opens, for the first time in
this journey I can see my reflection in the
water. I don't look too bad. A little worn and
ragged, but I'm alive and happy, and I have
remembered many who lost that claim.*

— KEEPER OF THE MOON
TIM MCLAURIN