

## You Doin' OK?

By Barb Christie, surviving spouse of Colonel Rick Christie

This article first appeared in TAPS Magazine, Volume 18, Issue 1

It was an uncharacteristically beautiful, blue-sky, warm day in Brussels, February 2001, as I surveyed the back yard of our home from an upstairs window. Our beloved chocolate Lab, Carrie, was sniffing around the grass (checking the perimeter), and my Marine husband was attending to household tasks.

I was the luckiest woman in the world—our sons were both out of college and gainfully employed, we were “livin’ the dream” in the middle of Europe, and I was convinced I had absolutely the most loving and attentive husband in the world! Yet a wave of foreboding swept over me at that moment, and tears began to run down my face. I was afraid, and I didn’t know what I was afraid of...

Within the next four months, my husband’s step-father died, my work-out buddy at the gym was murdered, our niece’s fiancé was killed in a motorcycle accident back in New Jersey, my father passed away, and on top of everything else, Rick’s constant companion, our Carrie, was diagnosed with cancer and also died. How he loved that dog! It was one of those time periods when we couldn’t seem to catch a break.

Over the fall of 2001, Rick experienced a series of aggravating minor health issues. He’d had a little spot on his scalp (Bowen’s Disease) excised. He had an annoying rash develop over his chest, and later his legs. He’d had a flu bug hit him—it seemed, monthly—with a pretty significant fever for a day or two. He couldn’t seem to get either his blood pressure or weight to where he wanted them. He was plagued with reflux and often woke in the middle of the night, drenched in sweat, having to shower and change before returning to bed. Further, his 25 years of Physical Training and carrying a pack in the Marine Corps was taking its toll on his lower back. No wonder he was a little grumpy.

By the early spring of 2002, there were the now-frequent trips to Landstuhl Army Hospital, a three-hour drive from Brussels, trying to get all his inconvenient little maladies sorted out. Following an all-day exhaustive battery of tests, we settled into our room for a night’s sleep before returning to Belgium. Then came the call: “You have a mass in your abdomen; I’m sorry, but it has all the earmarks of being malignant.”

The words hit us like a snow shovel across our faces. Rick was stoic, calm and in control. I disintegrated. All night I alternated between clutching him and throwing up, afraid to sleep, unwilling to miss a single precious minute with him. How many more would there be? We were suddenly thrown into an overwhelming, all-encompassing, and terrifying Great Unknown. The world was upside down.

Rick took me by the shoulders and firmly declared, “Three rules! We’ll cross no bridge before we come to it; we’ll make all decisions together; and we’re going to beat this thing! Understand?”

Two days later, we were at Bethesda Naval Hospital—dirty dishes left in the sink in Brussels, no time to say good-bye to anyone, and with no idea of when, or if, we’d ever return.

*April 19<sup>th</sup>*: “Last night, Rick was diagnosed with cancer . . .” I wrote in an email to our friends and family. Email was just coming into its own as a commonplace means of mass communication, and I was so grateful Bethesda had email access for patients. It would be the first of many such emails.

After two weeks of tests designed to pinpoint the exact nature of Rick’s pathology, we had a label and a plan. Rick was diagnosed with adrenal cortical cancer—a cancer that strikes only one in two million, carrying with it an average life expectancy of two months. The combinations of symptoms he’d been experiencing over the previous eight months pointed directly to this diagnosis, if only someone had put it all together. The plan was to attack it surgically the following week.

We were on a weekend pass to Annapolis when we received two important calls. First, Bethesda called to say they'd changed their minds and felt it was too dangerous to operate; instead, they proposed a course of chemotherapy to reduce the size of the mass and render the surgical procedure less risky. The second was from Walter Reed Hospital, where Rick had requested his case be reviewed for a second opinion. "I think we can put this thing in a bucket!" declared the Army's most experienced and revered urologic oncologist. We moved to Walter Reed.

**May 14<sup>th</sup>:** *"Rick is in critical but stable condition after 14 hours of surgery and 50 units of blood. The tumor was described as roughly the size of a basketball . . ."*

We came to refer to this surgery as The Big Dig. I didn't know what to expect the first time I went to his bedside in ICU. He was on a respirator with a surgical wound the shape of a Mercedes Benz logo extending over his entire torso. There were 14 bags hanging on the IV poles, tubes going in and coming out. But he was alive and the tumor was gone, thank God! Things were looking up, and I knew he would win this fight. As he'd said himself many times, "This thing picked the wrong Marine!" When he could finally speak, his first words to me were, "You doin' okay?" We'd be home by Memorial Day!

But weeks passed, and as is often the case with abdominal surgeries, his gut was in no hurry to return to normal function. Until it was, we couldn't leave the hospital. Further, there was the issue of metastatic nodes (basically, baby tumors) in his lungs. That was a battle for another day. For the time being, we prayed, we laughed, and we crossed no future bridges. Finally, on June 7<sup>th</sup>, we left Walter Reed for Quantico. Our dear friends in Belgium had packed up our home and our vehicles and sent everything home to us.

Over the next few weeks, difficulty eating continued to plague Rick. Though he forced himself to walk every day, eventually getting up to four miles, back pain persisted, and he continued to lose weight. He hadn't slept for more than an hour or two at a time since April. It broke my heart to be so helpless. I did what I could to get calories into him by concocting high-protein shakes, and I even managed to get a few boxes unpacked in our new quarters. Before we knew it, it was time for the next surgery—this one to remove the "mets" from his right lung.

Unfortunately, the surgeons weren't able to safely reach all of them; two or three were too close to major arteries to tamper with. Most of the ones they removed proved to be malignant. Not good. As I entered the ICU following that surgery, I could hear a commotion at the distant end. And as I drew nearer, I realized it was my husband screaming. Thoracic (chest cavity) surgery is very painful, at best. But in Rick's case, he had awakened from surgery with a 10 inch incision and a completely ineffective epidural designed to alleviate pain. Again, I was helpless to alleviate his excruciating pain; it was one of the worst moments. They quickly switched him to IV morphine.

Once it took effect, Rick calmed down, and his sense of humor came to the fore. A team of hospital logistics soldiers came through the ICU, taking inventory of equipment. One climbed under Rick's bed and called out the serial number to the second, clipboard in hand. "Ten, thirty-two, sixty-four . . ." to which Rick added a resounding, "HIKE!"

Recovery from that surgery proceeded fairly normally, with a quick discharge from the hospital. But the malignant nodes remained in his lungs (now treated with well-tolerated oral chemotherapy) and the nerve pain in his back persisted. In fact, it was increasing, which was more than I could say for his weight. By now he'd lost 25 pounds. Further, he had developed a pronounced scoliosis and was noticeably shorter.

**August 22<sup>nd</sup>:** *"Rick had an MRI today to see what's causing this continuing back pain. It's not good news. They've found another tumor; this one is invading his spinal column."*

Rick was again admitted to Walter Reed for two weeks of daily radiation therapy to beat back the spinal tumor. He was able to get around only with the aid of a walker and torso brace and his spine became

diabolically deformed, twisting starboard and port, fore and aft. Our oldest son moved all his belongings into storage, took a leave of absence from his job as a biology teacher, and came home to help.

Over the next couple of weeks, Rick developed crippling muscle spasms down his legs which required immediate stretching when they occurred. That meant he could not be left alone for even a minute. My son and I took turns spending the night with Rick so we could rocket out of the other bed in the room to lift and stretch his legs whenever one of these cramps hit. The spinal tumor was a terrible development. Walter Reed neurosurgeons declared Rick's cancer inoperable. Things were not looking good.

And just when we thought it couldn't get any worse, it did. One evening, over a 10-minute period, Rick went from calmly watching TV, to violently shuddering as his temperature dropped like a rock. He was immediately moved to ICU, diagnosed with pneumonia and sepsis (a total body infection). We were told an otherwise healthy man would have a 70% chance of surviving this infection, but in his weakened state, well...

Family gathered and we prayed. Incredibly, rather than deteriorating further, his breathing improved overnight as the antibiotics took hold. Two days later, he was back in his regular hospital room, crisis averted and family members heading home. We were convinced he was going to beat this thing; otherwise, why had God brought him back from the brink so many times?

Just as Rick was about to begin a more aggressive chemotherapy, word came from additional consultants at hospital centers in New York, Maryland, and Texas. All three concurred that without immediate surgery to stabilize his spine, he would lose bowel and bladder function within two to three weeks, and be paralyzed within six. After much thought and more prayer, we made the decision together to postpone the chemotherapy and go the surgical route.

Rick was transferred by ambulance to Mount Sinai Medical Center in New York City. Déjà vu... as I headed down the hall to his room, I heard loud voices. Rick's morphine had been delayed during the admission process, and he was again without pain medication. What I'd heard was Rick screaming the Lord's Prayer in excruciating pain. It was all he had left to draw on. I was beside myself that they had allowed this to happen! We didn't know these people; they didn't know Rick. We had left the familiar cocoon of Walter Reed, and I feared we had made a terrible mistake for which Rick was paying a dear price.

Rick seemed suspicious of the Mount Sinai staff and unsure if he wanted to proceed. I suspected much of that was the morphine talking, but he had to be comfortable with everything. His world-renowned surgeon arrived the next morning, entourage in tow, and thoroughly explained the process he believed would rid his spinal column of the tumor and stabilize the area. By this time, the cancer had eaten away much of the bone, leaving Rick six inches shorter, and his spinal cord largely unprotected. Over the next few days, with the pain under control once again, he became his irrepressible self, making friends with the nurses, and adjusting to the Mount Sinai routine. He was ready.

**October 10<sup>th</sup>:** *"After seven hours of surgery and another eleven units of blood, the tumor has been removed from Rick's spine, and he has a brand new titanium spine. He's doing well. We should be home toward the end of next week."*

Yes, it was yet another miracle! After a couple of days recovering in ICU, Rick returned to his hospital room. And on that first day, he hung his legs over the edge of the bed, stood up, and walked down the hall at his fully restored six-foot height. He'd logged a third major scar: this one a huge 20 inch crescent all the way down his back, avoiding the area that had previously been irradiated. (Irradiated skin won't heal.) There was more tumor in his flank area but that surgery would occur later, following the previously postponed chemo round.

And yet . . .

**Oct 21<sup>st</sup>:** *“Rick has decided to proceed with the second surgery before beginning chemo, after all. This will reduce the tumor burden and hopefully increase the chances the chemotherapy will be effective. We’ll be here another couple of weeks.”*

I always tried to remain upbeat in my emails, but this was not as straightforward as I made it seem. This surgery would again invade his thoracic cavity, with all the attendant painful recovery issues his previous lung surgery presented. On top of that, they planned to remove one of his ribs. Despite it all, he remained positive as he faced this fourth major surgery and a significant addition to his growing collection of surgical scars.

Quite naturally, there was a complication. During the surgery, they discovered a pus pocket, which necessitated another three weeks of antibiotics to combat. As we approached the Marine Corps birthday, word of his presence had spread to the Marine Corps Recruiting District in nearby Garden City, New York. The Marines brought him a U.S. flag and a Marine Corps flag to decorate his room. He referred to it as “position improvement.” And on November 10<sup>th</sup>, they returned in their dress blues with a small brass quartet and a birthday cake and conducted the traditional Marine birthday celebration in the day room. Patients and staff on the ward, none of whom had any clue about the military let alone the Marine Corps, had no doubt in their minds that the Marines had landed, as the strains of the Marine Corps hymn echoed throughout the floor!

The weeks continued to pass. Rick was feeling pretty good, though he still could not eat properly. We passed the days wearing out five decks of playing cards and watching TV. We’d plotted out a TV viewing schedule, like a couple of elderly residents of a retirement home. The routine gave structure to the days and helped pass the time, as we waited and waited for his surgical wounds to completely heal, a process complicated by the radiation he’d received months earlier. We watched the New York Marathon runners pass below our eighth-floor window, as fall passed into winter, always thinking... maybe *next* week, we’ll get to go home.

As Thanksgiving approached, it looked truly hopeful that Rick would be able to go home for Thanksgiving, and we began to plan accordingly. Family and close friends from all over the country made travel arrangements to meet us at our quarters on Quantico. This was to be a triumphant return and joyous celebration that Rick had made it through the worst. To that end, I left New York the week before Thanksgiving and returned to Quantico to prepare the house for visitors. Moving boxes were still stacked all over the place, as we hadn’t been there long enough to finish unpacking. I wanted the house perfect for him, and worked feverishly to make it so. Our son remained in New York with Rick.

True to form, no sooner had I returned to Quantico than I received a call. There was a slight problem. The doctors had discovered a spinal fluid leak, which is not a good thing, in itself. But in this case, it was also the culprit that was preventing the last little section of his surgical wound from healing. Surgery to close up the source of the leak and graft skin over the non-healing area was scheduled that night. It was impossible for me to return to New York in time for surgery. I knew he was in good hands with our son, so I continued my preparations at Quantico, now praying he’d be able to attend his own Thanksgiving celebration.

If you’re keeping score, this was Rick’s fifth major surgery.

**December 5<sup>th</sup>:** *“Well, Rick made it home for Thanksgiving! And it was glorious, surrounded by 25 to 30 close friends and family members. His weight loss was shocking to those who had not seen him for some time, but his spirits were high, even if he could only eat a very little.”*

Unfortunately, within the next 72 hours, he’d cycled through the Fort Belvoir Emergency Room, Walter Reed Hospital, and right back to Mount Sinai. Rick had developed another infection. A sixth surgery was required to clean out the site, but he was soon feeling better and we hoped to be home in time for Christmas.

Friends back at Quantico bought us a live Christmas tree and stuck it in a bucket of water on the back porch, ready for our return. Rick had admittedly pushed it, leaving Mount Sinai so soon after his fifth surgery, but he didn't regret it one bit. It had been a glorious Thanksgiving, and we all had so much to be thankful for that year.

Once more, our hopes were dashed one sunny winter day, as the upper part of his body began to swell. He actually looked terrific, as his weight loss appeared to be eradicated. But it was only fluid retention caused, frighteningly, by a clot near his heart. He was moved to the Cardiac Care Unit and started on major league anticoagulants. Over the next two weeks, he lost 45 pounds of fluid, and returned to our now familiar room on the eighth floor. Christmas came and went, as did New Year's Day. The needles fell off the Christmas tree on our Quantico back porch. We were living the real-life version of the movie, *Groundhog Day*. How desperately we just wanted to go home!

Rick had been receiving nutrition through an IV. But the IV had contributed to the blood clot, so it had to go, and was replaced with a peg tube. The peg allowed him to get nutrition directly into his stomach. He had developed a yeast infection in his esophagus as a result of all the antibiotics he'd been on, which added to his difficulty eating. The days dragged on and on. But at some point each day Rick would ask, "You doin' okay?"

In mid-January, Rick's grim-faced team of doctors and our favorite nurse called me into a small conference room. They had done all they could do for my soul mate. Chemo was his only remaining hope. We had all grown close over the months, and there wasn't a dry eye in the room. It was time to go home.

We bid a tearful good-bye to our Mount Sinai friends on January 22<sup>nd</sup> and headed south to Virginia. Rick was doing well and feeling strong. But as the day wore on, I sensed something was wrong. He seemed a little "off," uncomfortable and oddly anxious. It was bitterly cold, so we waited until arriving at Walter Reed (where I needed to drop off medical records) for him to get out and stretch inside the warm hospital. A passing doctor friend happened by, noticed what I was noticing, and insisted Rick go to the ER and get his vitals checked. Really?!? We're 45 minutes from home! Can't we just go *home*?!? But Rick reluctantly complied, and all was not well. He was dehydrated, but felt much better after receiving some IV fluids. We were ready to leave, but they insisted he wait.

Rick and I were in a treatment room with two beds. As night crept into the early morning hours, I propped myself up in the corner on one of the beds, half asleep, while Rick was being treated on the other. Suddenly, a tremendous flurry of activity erupted around his bed. I could barely see him for all the surrounding medical personnel. One jumped on the table and, straddling his body, rhythmically pounded on his chest, imploring, "*Colonel! Can you hear me? Open your eyes! Colonel! Come on, now! Stay with us!*"

What was happening? How could this be? We were almost home! It was unimaginably surreal. Struggling to comprehend what was going on, I experienced tunnel vision as my peripheral field narrowed. Then, from somewhere, I heard a small voice say, "He's DNR (do not resuscitate)... he's DNR." And I realized the voice was mine.

Once more, a miracle, of sorts. Despite discontinuing their efforts, Rick's heart began beating, and he took a breath. He was in congestive heart failure and again septic. Moved to Walter Reed's CCU, he was in and out of consciousness over the next ten days. Two very special Marine Corps generals came to his bedside, pinned two decorations on his hospital gown, and retired Rick from active duty. It's referred to as "medical retirement, death imminent." He was aware of none of it

As Rick, incredibly, began to improve, he moved back to his original ward at Walter Reed. As if he hadn't already been through enough, along with regaining consciousness came the realization that a clot thrown to his spinal cord had resulted in paralysis from the waist, down.

**February 5<sup>th</sup>:** *“Today, we finally made it back to Quantico, but under hospice care. We have a hospital room set up in an airy corner of our quarters, and all the hospital equipment needed to care for him.”*

I stayed with Rick 24 hours a day, except to shower and change clothes. He had good days when he seemed nearly perfectly normal—attending to the mail and making stock trades—and days I’m sure he was not aware of much going on around him. Each time he came around or awoke from a nap, he’d ask me, “You doin’ okay?”

On February 20<sup>th</sup>, he’d been out of it all day until that evening when Quantico’s commanding general stopped by to see him. When Rick heard his voice, he sat up ramrod straight in the bed, and to our amazement, clearly said, “Good evening, General.” A Marine to the end...

**February 21<sup>st</sup>:** *“Rick peacefully passed from this life today.”*

It was ten months, to the day, from the first time we walked into Bethesda Naval Hospital. I remember looking into the mirror and thinking, *“So this is what a widow looks like...”* Rick was buried at Arlington with the urn containing the ashes of his beloved Carrie next to his left leg, right where she belonged.

How could this possibly have happened? Each time over the past ten months, when the thought of Rick not making it dared to enter my mind, I pushed it back. No! Not possible! Not only could I not bear the thought of losing him, but more importantly, I never wanted him to think I’d given up—not for a nanosecond. Even when the hospice nurse firmly told me, “You do *know* your husband is dying, don’t you?” my confident response was, “I’ll accept that his prognosis is poor, if you accept that God delivers miracles.”

After all, why else would He have brought Rick back from the brink so many times? At one point, Rick had said to me, “If this doesn’t turn out the way we want it to, I want you to be happy.” My answer to him was, “I’ll be just as happy in that case as you would be if the situation were reversed.” I’d made my point, and neither one of us ever broached the subject again.

In the end, it was the survivor’s guilt I found most difficult to deal with. Why Rick? Why not me? He had so much more to offer: he was smarter, he was funnier, he was in a position to positively affect so many more lives, he was the one everyone in the extended family depended upon for wisdom in difficult situations, he was ten times the leader I ever thought of being. The family needed him; the Marine Corps needed him; his country needed him. (And none of that is a negative commentary on my own self-worth, but rather an acknowledgement of his exceptional qualities.)

Sometimes, the reasons are not ours to know in this life.

I’m sure I was told about TAPS in those early days following Rick’s death, but I didn’t remember anything about it. Two or three years later I come across the TAPS information and decided to give the national seminar a look-see. What a contrast to the community grief groups I’d tried, none of which I’d found helpful. TAPS was exactly what I needed, and I credit the organization with giving me a significant boost in effectively dealing with my “new normal.”

Loss through cancer presents its own brand of pain. Sometimes it’s quick; sometimes it’s prolonged; every time it rips your heart out while taunting you with hope; and never is it a warrior’s death—not in the traditional sense, anyway.

But it’s the way Rick lived his life and faced his illness—with unending faith, optimism, humor, dignity and even professionalism—that I carry with me. Every day I try to live my life in a manner worthy of the love of this exceptional human being. And that’s really what binds all of us military survivors together, isn’t it?

As for me . . . yeah, I’m doin’ OK.