

There was a lump. A lump was sticking out on the left side of my neck. It looked as if a large snail had crawled under my skin. The lump protruded about half an inch from just under my ear lobe running down to my Adam's apple. I felt it. It was solid. Still dripping from the shower, in the locker room of my squash club with a towel around my waist, I was standing in front of a large mirror. I moved closer and turned my head all the way to the right to try to conceal the lump. What if I had to do a close-up? Would it show? I am an actor.

I was in great shape for a fellow ten days away from turning fifty-three years of age. Professionally things were beginning to work again; four commercials, a college lecture, several guest shots on the CBS soap opera, **As The World Turns** and serious "talk" with Proctor & Gamble Productions and the new executive producer about the return of the character I had originated in 1980, James Stenbeck. If I had to do a close-up, I'd just turn my head, make it a profile shot and conceal the lump. No problem.

I had left New York City in the summer 1992 and toured theatre in my home state of Mississippi and in South Africa. I returned in August of '95 very low on money and depressed. The next twelve months were tough. I lived in a series of sublets, had a twenty-dollar a day budget for food and transportation. I went back to therapy with Dr. MacCavoy, a clinical psychologist who had earned her Ph.D. in Vienna. I cut down on hard alcohol, played squash five to seven times a week and got back on my feet emotionally.

If going back on **As The World Turns** didn't work out I could finish putting together a new show of poetry and jazz with my friends "B" Spears and Mickey Raphael of the Willie Nelson band. I had our first show booked in Jackson, Tennessee for mid-March. I had a great agent for

commercials, Cunningham - Escott - Dipene. They kept sending me out on auditions with meager results for over a year until July of '96 when we had a string of winners: a voice over account in Canada, Toyota, Mita Copiers, and The New York Times.

So be it, back on "the show" or a mix of commercials and touring, either way I'd be working. January 2nd, there was a call from London. It was from Gaye Brown, long time friend and veteran of the English stage. She had just worked with a young director and had given him a copy of **Smoke & Mirrors**, a murder mystery/comedy I had co-authored in 1991. I produced three old-fashioned bus and truck tours of the play with New York actors in Mississippi and Louisiana. I took the play to Johannesburg for a five-month run. The laughs came at all the right places on both continents. The "young genius" had read it and found it was clever and very funny. He thought he could get it produced in London, the West End – our play in the big time.

No matter what . . . 1997 was going to be my year!

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Thursday, January 9th I took Basha, my ex-wife, to a fundraiser hosted by Linda Dano of **Another World**, also a Proctor & Gamble Soap. I liked these functions and to chat with fans. Basha, an exotic Polish beauty, always enjoyed dressing up in one of her originally composed, antique outfits. We had a good time.

It was cold that night. I got a cab to drop her off at her apartment before heading uptown to my latest sublet on 89th Street. I took her hand and put it on my neck. Her immediate response was, "Oh, Anthonee you need to see about that. Don't let that go."

When I returned to my sublet I phoned Patsy in Nashville, Tennessee. We had been dating, seeing each other, involved, on and off since 1993. I told her about the lump in my neck. She reminded me that I had some emergency dental work done when I returned from Africa in 1995. A full frontal x-ray, showed a spot in my left jawbone. My dentist couldn't determine what it was. Since there was no pain, and no

obvious complications, we decided to wait to see if it caused any problems, and it never did. Patsy speculated that the mysterious space had become infected and that poison was oozing out and causing the swelling in my throat. Made sense to me. Normally, I would have had an extra shot of bourbon and forgotten about the whole situation.

For some reason I didn't. At 8:30 the next morning I was in my dentist's office on the fifty-second floor of the Empire State Building. A needle, a little pinch, some Novocain, and he drilled out a filling in my back left molar, checked-out the tooth. No infection. He replaced the filling. He wrote out a name and address on Central Park South and handed it to me. Before I could question him, he said, "Dr. Beller is an oral surgeon we work with. I want him to find out if there is an infection in your jaw. Take a cab. I'll call him and tell him you are on your way."

Dr. Beller's office was on the ground floor. As I walked into the waiting area of his office a very pretty girl who appeared to be in her twenties came in and said, "Mr. Herrera, I'm Yolanda, this way please. He'll be right in." I took off my coat and sweaters. Dr. Beller came in and introduced himself. I climbed into the chair. He immediately shot some more Novocain into my left jaw. Then he cut the gum, drilled a hole in the bone, took out some of whatever the hell was in there, stitched up my gum and asked me to wait.

I was getting a bit groggy from the drugs and was slow getting into my sweaters. Yolanda was asking me questions about **As The World Turns**; she and her mother had watched for years. Even with a numb face and difficulty focusing I enjoyed talking to her. Within ten minutes Dr. Beller came back in.

"There is no infection in your jaw."

"What do you think it is?"

"I don't know."

He handed me a piece of paper with a name and an address.

"Dr. Gilbert is the Chief of Head and Neck Surgery at University Hospital. He doesn't usually see patients on Fridays, but I just called him and he's waiting for you."

Dr. Beller helped me with my coat and walked me to the door.

"Please go now. He's waiting for you."

The wind was blowing a light snow through the streets of Manhattan. Taxi drivers drive fast in New York. Even in heavy traffic I arrived at the University Medical Center in minutes and found Dr. Seller's office. He had a crew cut and was impeccably dressed. He asked me about my medical history. There was not much to it. Other than the flu, I'd never had any problems physically.

Fortunately, the left side of my face was still numb when Dr. Gilbert stuck a needle into the protrusion on the side of my neck and extracted some fluid. He sprayed my throat with something I couldn't taste and with what looked like a crooked pair of pliers, clipped out two chunks of flesh. He put these tiny parts of my body into little glass containers, handed them to an attendant who had magically appeared at the door, and they were on their way to a lab.

Next, he made several phone calls. No CAT scan machines were available. He called a private imaging clinic, and handed me a piece of paper with another address.

"Go now!"

"What do you think is wrong with me?"

"I don't know. I will have a better idea after I get the pathology reports and the CT results."

Another cab -- minutes later -- another doctor. Dr. Louis, was Cuban and had a warm demeanor. The goop you have to drink to fill your gut with barium was not pleasant, but by now I was like an animal stunned by a blow to the head. I moved wherever I was led.

Everything was strange; the locker in the changing room wasn't big enough to hold my coat, sweaters, pants, etc. I left my coat on a chair and put on a thin robe-like garment and couldn't get it tied right but it didn't matter. The room with the CAT scan machine was cold. An attendant helped me onto the narrow table that slides into the machine and then stuck a butterfly needle in the vein in my arm. My butt and shoulders hung over the side.

A second doctor came in and introduced himself. I didn't remember his name. He was young.

“Have you ever had a CAT scan before?”

“No.”

I have claustrophobia. I was afraid of sliding into that tube. I had seen a television special some years before on this new technology. I closed my eyes. This was really happening.

I heard the doctor drop something. He mumbled and then dropped it again. I was scared. I could be up, dressed and out the door in a couple of minutes. I shut my eyes and said to myself, “**Herrera, you stay on this table.**”

I heard the young doctor knock over something else. Dr. Louis came in and took charge. I looked up for a second as he hooked up a small bag of fluid to the line in my arm.

“Are you allergic to iodine?”

“No.”

“You may feel a slight burning sensation in your arm when we start the IV; it will be just a second. Relax.” Easy for him to say.

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My closest friend in show business, Cleavon Little, the black sheriff in **Blazing Saddles** and Tony Award winner for the Broadway musical **Purlie**, was a kind, gentle man. He was born in Chickasha, Oklahoma but his parents were from Mississippi. I was from Mississippi. Our Southern history enhanced our friendship. Cleavon died of stomach cancer in 1992. I was with him the day before he died.

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I kept my eyes shut as the table began to move. A voice came through a speaker on the big machine. Everything was very crisp and clear.

“Take a deep breath. Hold it.”

I shut my eyes and held my arms tight to my side and said silently, “**Cleavon, don’t let me panic. Keep me on this damn thing.**”

Then the speaker: “Okay you can breathe.” I did. Then, “Take a deep breath. Hold it.”

This went on for what felt like four days. I never could relax. Cleavon helped me stay on that table.

I got dressed. Dr. Louis showed me the CT of my head and neck on the computer. The images looked like a fancy coloring book. He pointed out a foreign shape in the left side of my neck. It was **25mm** by **45mm** in mass, about the size of a walnut.

As I left his clinic Dr. Louis tried to comfort me. He shook my hand and looked me in the eye.

“I hope you don’t have to come back. It is my opinion that the mass in your neck is benign.”

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It was dark out and funnels of snow were whirling along 1st Avenue. I found a pharmacy within a couple of blocks. All the drugs from earlier that day seemed to wear-off as soon as I hit the night air. The pain from the oral surgery and the biopsy took over. I had a prescription for painkillers and asked the pharmacist to fill it right away, but he had trouble with his computer and my Screen Actors Guild insurance number. I walked up and down the aisles attempting to read the labels on various products. The pain in my jaw and throat was getting worse, fast. The pharmacist couldn't get his system to work. After twenty minutes I finally asked,

"How much is it?"

"Thirty-two dollars and fifty cents." I paid in cash. He gave me a cup of water.

The Dumpling King was right across the street from my sublet apartment. For some reason Chinese food sounded good. I got jumbo shrimp with lobster sauce to go. Next, the liquor store. I got two bottles of Spanish champagne out of the cooler and three off the shelf and as I put them on the counter, Jack, a friend from the squash club, came through the door.

"Herrera! Hey. What are you doing? Five bottles of Champagne? Five? Must be party time!"

"Right."

"Better cool it. Ha! There goes your squash game."

No one had to tell me my situation was serious. I phoned a former girlfriend, Laura Sudarsky, a plastic surgeon and related the events of the day. She told me that a colleague of hers had just been diagnosed with throat cancer and asked, "Are you prepared to live your life in a very different manner?"

"Yes."

I knew what she meant. If I had throat cancer, they would take out my voice box.

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I watched the snowstorm, drank champagne and thought about my life. I was going to be fifty-three years old in a few days. I once read that fifty-three is the Bermuda Triangle year for men.

Tom Gries, film director, gave me my first job in show business as Charlton Heston's stand-in on the movie **Number One** in New Orleans in 1968. For ten weeks I worked on the set every day for twelve to fourteen hours with Tom Gries, the cinematographer, Michel Hugo and Moses himself, Mr. Charlton Heston. When we wrapped I made a deal to drive one of the picture cars back to Hollywood. I secured my Lambretta motor scooter on the generator truck and along with three other picture cars and drivers we caravanned West – out of the South.

Seven years later Tom hired me for a good role in **Helter Skelter**. I had kept in touch with Tom over the years. He was pleased that I had found Stella Adler, the legendary acting teacher. "You're doing the right thing; Stella's the best." Tom was a beacon, a hero who became my friend. He died of a heart attack on a tennis court at the age of fifty-three. Peter Hammer, another close friend, had edited my documentary **Mississippi Delta Blues**. We had worked hard, drunk hard and our film won five awards. Peter died of cancer at fifty-three. Cleavon Little died at fifty-three.

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The shrimp were good. The Darvon and champagne numbed the physical pain and allowed me to slip into a rather calm mood. I didn't even get tipsy.

On one hand I had had an incredible life for a country boy from Wiggins, Mississippi born in 1944. I had been self-supporting since the age of fourteen. After high school I went to "Ole Miss." In those years if you were poor, came from a little town and didn't have a powerful family, to go to "Ole Miss" was a dream come true.

I graduated with a Bachelor of Arts in Zoology and English Literature, and I became a member of the Sigma Chi fraternity.

When was a child, the Saturday night movie at the Straub Theatre was the event of the week. In the dark theatre the conflict between the good guys and the bad guys seemed to make sense out of life. In the weekly serial, Buster Crabbe would end up hanging on the edge of a cliff, but in the last episode, he too would get out of trouble and save the day.

To be an actor was a childhood fantasy that I did not admit to until I was nearly twenty years old. I moved to New York City when I was twenty-five. I found Stella Adler and studied the craft of acting with her for three years. She had taught Marlon Brando, Warren Beatty and Robert DeNiro, to name a few. I worked as a waiter in Oscar's Salt of the Sea on Third Avenue and did off-off Broadway.

I have made a living as an actor since 1974.

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The wind whipped up thick sheets of snow that flooded the night. I sat and watched and thought. I had made a lot of mistakes in my life, failing at marriage the greatest. But at this moment, I didn't feel any regrets or sadness. My accomplishments and my failures were just a list of facts about my life.

No matter what Dr. Louis had said about the lump in my neck, I knew something very serious was wrong with me and I had a choice. I could load up my car with champagne and head south, stop and drink with the people I cared about, find my way into the swamps of Louisiana, put the barrel of my .38 Smith & Wesson revolver to my temple and pull the trigger. A plan? Maybe.

I got a bit tipsy, but not maudlin or depressed. Instead, I started to panic. Mentally I caught the fear before it filled my chest and fought to hold it at bay. Then slowly I was able to calm down and began to see myself at the bottom of a dark canyon with a horse, wearing a revolver and carrying a .30-.30 Winchester rifle, getting ready for a dangerous journey.

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Monday morning Dr. Gilbert took my call right away.

“Mr. Herrera, the lab report is positive for lymphoma. We aren’t sure of the exact diagnosis but it is lymphoma.”

I was surprised that my voice broke as I repeated the word “**lymphoma.**”

“Yes. I’ve made an appointment for you for tomorrow with an oncologist, Dr. Levine. However, it will be another week to determine the exact diagnosis.”

Lymphoma is cancer. Cancer sounds mean, dangerous and deadly. **Lymphoma** -- I repeated it over in my mind, and in a soft whisper, as I would wake-up in the mornings. It is not a harsh sounding word. No matter how the word sounds, **lymphoma** is mean, dangerous and deadly.

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At University Hospital, Dr. Levine’s waiting room was packed with patients. I just stood there holding my coat. He came through, young, hurried and reading a large file. I stepped in his path.

“Dr. Levine, I am Anthony Herrera. Dr. Gilbert sent me to you.”

“Oh yes. You’ll have to wait.”

He did not look at me when he shook my hand or when he spoke to me. As he moved toward his office an elderly man looked up at him and smiled,

“Good morning, Dr. Levine.”

The doctor passed by him and didn’t acknowledge the patient’s greeting. I looked at this tall man sitting. He was neatly groomed, gray-haired in his late seventies. He had a kind face. He was frightened. He reminded me of Bop, my grandfather. I didn’t like the way this doctor didn’t look at me or the way he rushed by this old man.

I studied other people in the room, the fat woman trying to read a magazine, the black man speaking softly with his wife, a Puerto Rican child with her parents and others. We appeared to be handling it fairly well, but we were all scared.

I waited. I tried to formulate questions to ask this doctor, but about what? I had heard the word cancer all of my life. People got cancer and died. I had heard the word

lymphoma but really didn't pay much attention to how it was used or what it meant. Now it meant a cancer that was in my body.

Finally, I was called in to see Dr. Levine. He nodded at a chair in front of his desk. I sat. Again he didn't make eye contact.

"There are three general types of lymphoma cells; the small grade can be maintained with periodic and relatively mild chemotherapy. The middle grade cell can be killed with a stronger regimen of chemo. With large grade cell lymphoma, you can basically forget about survival. Call next Wednesday. We should have the final diagnosis from the pathology by then."

I found a pay phone. This was all really real. I called Basha.

"I have cancer."

"Oh, Anthonee, are you sure?"

"Yes, I just met with an oncologist."

"You must start eating asparagus."

Basha got very upset and out of nervousness, she went on about asparagus. I had to eat lots of asparagus.

That night I woke up in the middle of the king size bed in the new sublet and softly said, "**Lymphoma.**"

Chemotherapy, large grade, middle grade lymphoma cells, diagnosis, pathology report, these were no longer just words. They were now my reality. What the hell had happened to me?

I heard one of the patients in the waiting room mention The Cure For Lymphoma Society. The next morning I called and went to see them at 215 Lexington Avenue. They were supportive and gave me some pamphlets. I read some of them but did not learn that much about the new world I had been hurled into, except that a lot of people suffered from this disease.

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I met Dr. Bobbie MacGuffie in 1980. I had just moved back to New York after five years in Malibu and Beverly Hills and had just begun the role of James on **As The World**

Turns. I met her daughter, Martha, in a sushi bar. I was studying my script for the next day and she was reading a play. She was an opera student and needed part time work and I needed someone to prompt me on the twenty-five to forty pages of dialogue that I had to learn daily for work. We became friends and after a few months I was invited to her mother's house in Rockland County. One Sunday, Cleavon and I drove up for lunch. I followed the directions up the Palisades and off exit ten to South Mountain Road. Martha had given me no warning as to what we were about to encounter. As I drove into the driveway some one hundred yards up on a hill was a castle. Not a huge castle, but a castle.

Over the next few years I found the matriarch Dr. MacGuffie, one of the most remarkable people I had ever met. She was the first female plastic surgeon in New York State, operated at Nyack Hospital five days a week, had a menagerie of raccoons, ferrets, rabbits and two golden retrievers. She had a special cage for wounded animals that she would find on the road or people would leave for her to heal.

I too was adopted and was given the Unicorn room on the second floor of "the castle" whenever I needed to spend the night. The room was decorated with some twenty unicorn figurines and carvings. The sheets on the bed had unicorns in the pattern. The Unicorn protected the castle.

Another daughter, Janey Hudson was an oncologist at the Veterans Hospital in Syracuse, New York. I phoned Janey and told her the news and that I did not like Dr. Levine. She assured me that lymphoma was treatable and that there were lots of oncologists to choose from in New York City. She emphasized how important it was for me, or any patient, to feel like they had a team effort going with their oncologist. She assured me that she would help set up appointments with several doctors until we found the right team but I still had to wait for the final diagnosis.

I had to wait five more days before for the final pathology report. I didn't know how to fill the time. Talking to friends helped a little, but I still had to wait. Going to the gym, walking the streets of Manhattan, getting drunk, nothing helped, and for some reason I didn't want to drink that much.

I no longer felt like the iron man that could party late and then be in the studio at 7:00 a.m. for a twelve-hour workday.

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Dr. Levine put a folder on his desk and took out the pathology report. He didn't look at me. He started drawing circles on a blank sheet of paper with lines coming out of them. They looked like a child's bad drawings of a bug. His voice was too loud as he described:

Malignant Lymphoma: Mantle Cell Type.

"It is very rare and it will kill you."

"You are going to die."

"This disease will kill you."

I remember distinctly these three sentences in the first twelve minutes in his office.

The phone rang behind him; he pushed his chair back, picked up the receiver, leaned back and talked. I stared at his drawings of the circles and their funny looking legs.

"YOU ARE GOING TO DIE."

Reading the papers upside down, I noticed the name Kathrine Chatham, M. D.

Dr. Levine finished his phone call and rushed out. A young woman, a little overweight, who looked to be no more than eighteen came in and sat in a chair by the door. She smiled, adjusted her skirt and in a cute little voice said, "I'm a junior in medical school and this is my first day to observe, if you don't mind."

"This is my first day to have Mantle Cell Lymphoma and I do mind."

She got up and left. A nurse came in and put a big stack of manila folders on his desk.

"Sorry to interrupt, but these are for doctors." As if that meant something to me. Dr. Levine came back in.

"I need to take some bone marrow out of your hip bone to see if there is lymphoma there also." He motioned with a movement of his head for me to come with him. We went into a room across the hall.

"Pull your pants down mid-butt and get on the table. Face the wall. Count to fifteen. This is going to hurt."

He wiped the top of my right buttock with something cold and proceeded to drill through my skin into my bone. It was a very long fifteen count and he was correct. It hurt. It hurt like hell. It was excruciating pain. It hurt more than any pain I had ever felt in my life. If it had lasted another two seconds, I would have passed out.

I couldn't believe he didn't use an anesthetic.

"Could I see what caused so much pain?"

I zipped up my pants. He showed me a little piece of what looked like some dark rose-colored pencil lead. He headed for his office. I stood in the hallway.

"Doctor, I have a show booked in Tennessee in March. Will I be able to do it?"

"Yeah, why not."

"Can I continue to play squash?"

"Sure, just try not to get hit in the spleen. Your CAT scan shows your spleen is massively enlarged."

"Why is my spleen enlarged?"

"Lymphoma is systemic. It's already in your spleen. We're going to try a bone marrow transplant. You need to get your heart and lungs checked out. Check with my nurse tomorrow. We're going to put you through Hell."

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I left the hospital and went to Tandy Cronyn's apartment. Tandy and I had been friends since I first came to New York in 1969. In 1993, we toured A. R. Gurney's two-character play **Love Letters** in Mississippi and played eighteen communities, nineteen performances in twenty-one days, and still remained friends. Her mother had been diagnosed with ovarian cancer in 1990 and she died in 1994.

I was greeted with a hug. Then, as was her nature, Tandy started dealing with the practical matters of what I was facing. She would take care of making sure I had food and the necessary supplies in my apartment.

"After your second chemo you won't feel like shopping."

Later that evening I went to Basha's apartment on 44th Street. She was very upset. We called her cousin Magda, an internist in Miami. Magda's husband, Roberto, was an

oncologist. He had “heard” of Mantle Cell Lymphoma, but that was about it. He commented that New York City had hundreds of highly qualified doctors and that I was in the best city possible to find treatment. He would try to learn more about this disease and get back to us. Basha fought to be optimistic and her attempts were a bit comforting.

I went back to my sublet on 89th street and went on the Internet until the wee hours. I found a lot of material on many kinds of lymphoma but nothing about this killer, Mantle Cell.

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One has to qualify physically for a bone marrow transplant. The hospital has to check your heart, lungs, kidneys and liver to see if your organs can survive high dose chemotherapy, the toxins that they have to pour into you to kill the cancer. A weak organ with a suppressed immune system is more susceptible to disease, and organ failure due to high dose chemotherapy is usually fatal.

The next morning I had a series of tests lined up and I was late. I took a cab, got caught in traffic so I got out and ran the last few blocks to University Hospital. At the entrance, I hurried up to the guard.

“Which way is nuclear medicine?”

“You go to the end of this walkway through the double doors and then at the end of the hall take the elevator to the 3rd floor.”

I took off running. Then suddenly I could see myself in slow motion. Running through the cold to **nuclear medicine . . . nuclear** meant death, dead, when I was a kid. I hadn’t given **nuclear** any thought except when I worried about the Russians and **nuclear** war. And now I am running toward something **nuclear**, something **nuclear** to do with my body. Why am I running toward something **nuclear**?

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Over the next couple of days the various tests were all strange and uncomfortable. They injected the vein in the crook of my arm with a nuclear substance called Gallium for one scan. I was still numb mentally, and didn't ask what they were trying to determine about my body with the various machines that were pressed against me or rolled over me. I just wanted to make it through each test, and I did.

One technician gave me his theory.

"Charcoal, Bar-B-Q's, the fat from the meat, steaks, hamburgers and hotdogs, especially the hotdogs, drips down and burns and raises back into the meat and the chemicals in the vapor from the hot coals causes cancer."

All of my life I had eaten meat cooked over wood.

They sent me to the cashier's office. I pulled out my union cards from the Screen Actors Guild and American Federation of Television and Radio Artists. I'd never had to use them before but they seemed to do the trick.

I went back to my apartment and called Dr. Braxter Irby in Mississippi. Braxter and I had been roommates at the Sigma Chi house at Ole Miss. After losing touch for over twenty years, we were reunited when I toured **Smoke & Mirrors** in 1992. One night in Brookhaven, Mississippi, he appeared after a performance. I learned he had become an Internist. Even after all the years of not being in touch we were still fraternity brothers and I just blurted out, "Damn Braxter, I didn't know you were that smart -- enough to be a doctor."

He grinned. "Neither did I Anthony; neither did I."

During the next few years I often stayed at his home and made it my headquarters while setting-up theatrical tours in the South. It was great to renew an old friendship and to get to know Jake, the Irish setter that graciously ran the home and welcomed my visits. Braxter also inspired me because of how hard he worked, the hours he put in every day and his dedication to being a good doctor.

Braxter became frustrated because he searched the Internet and couldn't find anything on Mantle Cell

Lymphoma. There was only the one Xeroxed paragraph from the British Journal of Hematology about Mantle Cell Lymphoma that I had taken from Dr. Levine's office.

1994: "Mantle Cell Lymphoma (MCL) is now accepted as a distinct form of Non-Hodgkin's Lymphoma."

1996: "MCL prognosis poor, life expectancy 18 to 52 months."

It was January 20, 1997. I was now fifty-three years old. I had searched the Internet as had Braxter and nothing else had been published about this cancer. Dr. Levine had reinforced what was stated in the journal by his "you will die" prognosis.

I phoned Janey Hudson in Syracuse and told her the final diagnosis. She had "heard" of Mantle Cell Lymphoma. Basha's cousin, Roberto and now Janey, two practicing oncologists and they had only "heard" of this disease. I told her I had an appointment with Dr. Chatham at Sloan-Kettering. Janey said she would go the medical library at the Veteran's Hospital and talk to the Head of her department. She gave me another number and said to call her there at 10:30 a.m. She reassured me that we could find an oncologist whose expertise and personality would be suitable.

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I made the bed, ate some oatmeal then pushed ten numbers on the phone exactly at 10:30; Janey answered on the first ring.

"Doctor Hudson?"

"Yes . . . Hi. I went to the library and I've just come from a meeting with our chairman. He informed me as best he could about Mantle Cell Lymphoma."

"At least he's heard of it."

"Yes. Anthony, this is a severe situation. When are you seeing Dr. Chatham?"

"At 10:00 in the morning."

“Good. She’s known as the guru of lymphoma. See if she will treat you. If she will take you as a patient, get to work as fast as you can. This is a very severe situation.”

“I get it Janey. This is bad, very bad.”

“Yes it is.”

I was sitting on the edge of the bed. I looked down at my sock feet and then at my watch, it was 10:32 a.m.

“A severe situation.”

I wrote a letter about myself. I wanted this Dr. Chatham to know that I was used to difficulty, struggle and work. I wanted her to know more about me than the fact that I had a rare cancer.

Tuesday morning was cold and gray. I was early, over thirty minutes early, unusual for me. I’m usually right on time or barely right on time. One gets in the habit of cutting it close after years of 7:00 a.m. calls at the studio. I walked around and looked at the bricks on the outside of Sloan-Kettering. They were just bricks, blonde in color, lots of bricks. It’s a big building. ***‘I bet she has short hair.’***

I went inside Memorial Sloan-Kettering, a cancer hospital, a famous cancer hospital at 9:54 am and was directed to the fourth floor. A polite young woman led me into a sparsely furnished conference room with a table and a couple of chairs. I sat with my back to the wall and waited. An attractive, tall woman came in wearing a white coat. She extended her hand and looked me right in the eye.

“I’m Dr. Chatham.”

“I’m Anthony Herrera. I knew you were going to have short hair.” She smiled.

We sat at the table across from each other and she proceeded to tell me as much as I could absorb about Mantle Cell Lymphoma. She spoke slowly and clearly and kept eye contact with me. This was very important. Dr. Chatham explained to me that Mantle Cell Lymphoma was a systemic disease and a second cousin to leukemia; both are literally cancers of the blood. She reiterated the information about the bone marrow transplant or the stem cell transplant that Dr. Levine had mentioned two weeks earlier, but with more details and added that a transplant could possibly put me into

remission. When she finished, we both stood up. I kept eye contact with her, “Will you treat me?”

“Yes, I will.”

I took my letter out of my coat pocket and handed it to her.

“I want my doctor to want to treat me and not just the disease. I would like for you to read this, before we get started.”

“Please wait for me in the examining room across the hall. I will read this and be with you in a moment.”

“Doctor, as we say down South, ‘If you can’t ride with the big boys, don’t saddle up.’”

She reached out and shook my hand once again and looked right into my eyes.

“We are going to work hard and hope for the best.”

* * * * *

I took off my sweater and sat on the examining table. “***We are going to work hard and hope for the best.***”

That’s a hell of a long way from, “***This will kill you.***” “***We’re going to put you through Hell.***” “***You’re going to die.***”

Thank you very much Doctor Harold Levine, I thought to myself, “***what a jackass of a doctor.***”

Dr. Chatham came in and handed me back my letter. “I’m glad to have read that.” As she examined me she said she needed to review all my tests, scans and lab results. She told me about a new protocol for Mantle Cell that Sloan-Kettering doctors had developed with a hospital in Paris. She said that if all of the reports were clear to her and the diagnosis was correct, we would start chemotherapy either Tuesday or Thursday of next week.

“I will hand deliver everything to you in the morning.”

“Good. I’ll be in clinic. You can meet with the lymphoma nurse and we’ll get started.”

“Can I continue to play squash and go to the gym?”

Without hesitation Dr. Chatham replied in a direct and calm manner. “No. I don’t want you to get a hematoma – a

bruise if you were hit. Your white blood cell count is going to drop with chemo and it will be harder for you to heal. I don't want to take the chance of infection. You can swim and walk as long as you feel up to it; in fact, I recommend it."

The next morning there were patches of snow on the streets and sidewalks. I started walking to the University Hospital but it was cold, about 32 degrees, so I caught a cab. At first I asked politely and then I had to demand my lab reports, scan film, and stained and unstained slides of the cells found in the tumor. I simply said over and over, "These materials belong to me. I have paid for them and I am going to stay here until you hand them to me."

An hour and a half later I was in a taxi weaving through traffic. I felt disconnected from the world, as if I were in a silent bubble floating up First Avenue.

The clinic at Sloan-Kettering was crowded when I found Dr. Chatham and handed over the large brown envelope with all of my deadly data. She nodded, "Good. Now go meet with your nurse practitioner."

Nancy Cody-Lyons was an intense person with black hair and dark brown eyes and an all-business demeanor. Her number of questions seemed endless; age, profession, marital status, medical history, alcohol abuse, drug abuse, smoker, HIV, and psychiatric history? I told her I had been a heavy drinker at one time but felt that it was under control. Her comment was that the lab results from NYU showed that my liver was fine. I told her that NYU had done an HIV test; it was standard procedure.

"Have you ever used IV drugs?"

"Never."

She said that the HIV results were not included in my lab reports and that I could either sign a release form or they could repeat the test. I explained that it had been less than two weeks since all of these tests were done and I would get those results to her in the next two days.

"Fine. Mr. Herrera, do you smoke?"

"Not really."

"What does that mean?"

"I used to be what I would call a social smoker, four or five cigarettes a day over the last twenty years."

“Okay. We’ll do a chest X-ray.”

“Pot?”

“Never liked it.”

“Cocaine?”

“It was never a habit; never a problem. Too expensive.”

“Okay. You’ll need to meet with the business office. You have insurance?”

“Yes, fortunately. SAG & AFTRA.”

“Good. Right. You are an actor. Let’s get your calendar.”

“Can I go to England before we start? I need to go to London.”

“Why now?”

“I co-authored a play some years ago. There is interest in a production there.”

Nancy gave me a curious look.

“It won’t happen right away but if I can lay the ground work -- maybe next year. I have to have something to think about besides cancer.”

“Why don’t you call Dr. Chatham right now.”

I did and she agreed to the trip. I had to be back Monday morning for an endoscopy. She didn’t want me on an airplane after we started chemo because my immune system would be compromised.

Nancy Cody-Lyons gave a look of approval when I told her Dr. Chatham had okayed my trip.

“See you next week.”

I stepped out of her office and turned back to watch her as she made more notes. We had discussed very personal issues; drugs, sex and disease. Even as a Southerner brought up in a puritanical era, at this moment her questions did not disturb or upset me. This was New York City and we were discussing life and death. My life. My death.

4

After several calls to England, I was set. Gaye arranged a meeting with Joe Harmston and I would stay with Ann and Demitre Comnas. They lived in Knightsbridge. They are dear friends from years back in Manhattan and I trusted them emotionally.

Ann and Demitre, always the great host and hostess, were extraordinarily supportive. We had some drinks, told stories, jokes. I needed to talk about having cancer and did. They listened and I didn't feel so alone.

On Sunday, I had lunch with Gaye and her son Charlie. She was jolly, strong and encouraging. Early that evening I met with Joe Harmston at his flat in Holland Park. He was a perfect English gentleman. He introduced me to his new bride, Polly, and after a pleasant "hello" she left us. Joe poured us vodka, got out a ledger, a fountain pen and sat poised ready to take notes about the play. I talked. He wrote and continued to pour polite vodkas. I talked on for three and a half hours about **Smoke & Mirrors**.

I enjoyed Joe's company. I didn't mention my condition. I rode back to Knightsbridge through the foggy streets of London in the back seat of a big, black clickedy-click British Leyland taxi. I imagined the eras of Oliver Twist, Sherlock Holmes, right up to the glamorous times of James Bond. A lovely romantic escape for a moment but after a couple hours of sleep I would be on a jet plane flying across the Atlantic Ocean back to New York City and Sloan-Kettering.

* * * * *

Dr. Chatham listened to my lungs, heart and checked out my throat. I developed a sore throat on the plane.

"I'm concerned about a thickened spot in the wall of your stomach. That's the reason I want an endoscopy."

A nurse escorted me to a little room with a video monitor. I was in another one of those blue robes I couldn't get tied. I watched a video on the endoscopy procedure. It was simple and straightforward.

1. They inserted a flexible metal tube down your throat and into your stomach.
2. The doctor would need your help by swallowing to get the tube down the esophagus.
3. The patient would receive “conscious sedation.” This will make you groggy and relaxed but still able to hear and follow instructions.
4. You would be able to get the doctors’ or nurses’ attention during the procedure in case you gagged or had trouble breathing.
5. Once the end of the instrument is in your stomach the doctor would be able to photograph the interior wall and get little bites of tissue, if needed for a biopsy.
6. The procedure is uncomfortable and the patient may have a sore throat and feel sleepy afterwards.
7. Serious complications were rare, but there was a one percent chance the procedure ***could be fatal***.

This whole shooting match could end with an endoscopy. There was such a small chance that it would happen. It probably doesn’t happen to someone in good physical shape. I’m in good shape, well, except for having lymphoma, cancer. But my body is strong. If it never happened they wouldn’t put it on the damn video, and it was right there as the final statement.

There was a soft knock and the door opened. A pleasant looking nurse said, “Mr. Herrera, would you come with me please?”

“Yes, of course.”

I held the robe shut. She led me to a waiting room just down the hall and pointed to some empty chairs.

“Please wait here. Someone will be with you in a moment.” She disappeared.

What was this going to be like? I didn’t like the prospects of this at all. Help them get the tube down my throat by swallowing. My throat was hurting. One percent chance the procedure could be fatal.

A door opened across the hall. The nurse stepped out.

“Mr. Herrera, would you come in please?.”

Just as I got to the door and started in another nurse came from down the hall. “Mr. Herrera, wait. Dr. Chatham has changed her mind. No endoscopy. She needs you to go to the third floor as soon as possible and see Dr. Williams. She wants you to hurry. You’ll need to change back into your clothes. See me on your way out and I’ll give you directions.”

Dr. Williams saw me right away. He was gracious. “Dr. Chatham is concerned that your throat is swollen and she didn’t want you to choke during the procedure. I’m going to take a look.”

He pulled over a stainless steel instrument attached to a larger stainless steel gizmo and showed me a small flexible tube with a little clear bulb on the end, no bigger than the lead of a number two pencil.

“I’m going to slide this right up through your nostril and into your throat and take a look.”

It was not painful but it felt a bit strange. As the doctor manipulated the tube in my throat he watched his progress on a TV monitor and then there was his “Uh huh, Uh huh.”

He then gently pulled the thing out of my nose.

“Well, Mr. Herrera, this is your lucky day. I have some good news for you.”

Immediately I thought that this has all been a mistake: the lump, the biopsies, the CAT scans have all been wrong! I don’t have cancer!

“The swelling is due to a sinus infection, not growth of the tumor. I’ll call Dr. Chatham and report what I’ve found. She’s waiting to see you.”

Minutes later Dr. Chatham said, “Your tumor hasn’t enlarged very much since your last scan. And our pathology reports show that there is no lymphoma in your bone marrow. This is some good news.”

Dr. Chatham referred to a calendar of 1997 on her desk, “Six treatments of CHOP every two weeks followed by three treatments of ICE, one a week. You’ll have to stay in the hospital for twenty-four hours when we administer the ICE, then a harvest of your stem cells and radiation to your neck on an outpatient basis. Dr. Yahalom will determine that schedule. Then somewhere in here, late May or early June, you’ll go into the

hospital for the transplant and stay for seven or eight weeks. That will be the dangerous period.”

“Dangerous, in that I could die?”

“Yes. Your immune system will be taken to zero with the chemotherapy and radiation, and you will be in isolation for most of the time. It’ll be a rough time.”

“By taken to zero, you mean . . . ?”

“We’ll burn out your immune system with chemo. You won’t have an immune system at all. You’ll be quarantined. Before anyone comes into your room they’ll have to put on gloves, a special gown and a mask. We’ll have to keep your environment sterile. In the state you’ll be in, any minor infection could be fatal.”

“Are you saying I’ll be quarantined for two months?”

“No. Once we re-infuse your stem cells we’re hoping your immune system will re-establish itself right away.”

“What if you don’t kill every last lymphoma cell?”

“We’ll be counting on your immune system to handle any cancer cells that might be left. You have your first chemotherapy at 1:00 tomorrow.”

* * * * *

On the streets of Manhattan people were still out there; walking fast, hailing cabs, jumping on buses. Street after street the same . . . What would it be like? Death? I would stop and suddenly close my eyes and put my hands over my ears to shut out the sound. Perhaps that would be it, darkness, silence.

5

I had a message from my youngest brother. “Anthony, this is your little brother John in Texas. Mother heard from some people in Wiggins that you had cancer and it was bad. Since then she and the old man have been bugging the hell out of me. They keep asking **me** what should **we** do? I’ll be in later tonight.”

I had told my closest friend in Wiggins, Lucas Wilson. Even though I had left over thirty years ago, cancer is big news in a little town.

I went to Basha’s apartment. We had soup. Basha makes very good soup. As Basha prepared dinner she would just stop and stare for a moment and then recover. It wasn’t like her to stop moving or talking. She was very upset but tried not to let me see. I wasn’t that hungry but I ate anyway. We watched a PBS documentary about lions. I missed the Karroo Desert, Capetown and the beauty of South Africa. After a big hug, I left. The weather was mild and I decided to walk the fifty blocks to my apartment.

Basha lives between Sixth and Seventh Avenues on 44th Street. I walked over to Fifth and started uptown. I stopped in front of the Plaza Hotel and sat by the fountain and thought about the call from my brother. I hadn’t heard from any of my family in years.

My parent’s marriage was one of the lesser-known tragedies of the Second World War.

In Wiggins our place was named Palm Hill. I remember that on Christmas mornings I would get up and see what Santa Claus had left on that magic eve. We had some money. I got lots of presents.

Then my mother and I would drive across town to the house where she grew up, to her parents home, John and Lucille Blackburn, Bop and Gam to me. Santa had left lots of presents for me there too.

The first five years of my life were pretty much like that of any kid in a small southern town. There were two exceptions: my last name, Herrera, was unheard of in Mississippi, and my father was a bootlegger.

Crip was the black man who lived on our place. He and my father made illegal whiskey in the little house in the back of our five-acre yard. They sold it in another part of the state where Crip grew up.

I helped them and would carry cans of syrup on my tricycle to "Sammy's" house. That's where the still was. My father had a statue of Uncle Sam watching over the still as a mock tribute to the government and the IRS. Work was fun, but it was scary when he would send me into the field at night with a flashlight to look for lawmen that might be coming to raid us and take him away to prison. Once we did find some big holes dug in the cornfield; could have been the sheriff looking for our moonshine. The law never came.

As a child I followed Crip around our place like a little puppy. He was very strong and he could lift a one hundred pound sack of feed and walk with it on his shoulders. I helped him with his cotton patch and when he sold the cotton he bought me a double-barreled pirate cap pistol and a box of caps. Crip was kind to me. Crip was my hero.

Once Dr. MacGuffie's daughter Martha saw a photograph of Crip and me taken when I was about four years old, she remarked, "Anthony I always thought you got your stance from watching John Wayne, but look!" In the photo, Crip and I holding shovels and were both leaning to one side, long before I'd ever seen the Duke.

As an adult I learned the reasons the Stone County Sheriff never busted my father: Daddy never sold any moonshine locally and out of consideration for my maternal grandparents, the Blackburns, merchants, upstanding citizens in this town of 1,500 for over forty years and members of the First Baptist Church.

Several years later my father did get busted. He had financed a bootleg operation run by some real backwoods types in the county to the north, Forest County. I had gone with him that Sunday afternoon but he had sent me home with a man in a blue Ford. My father and four other men had gone way into the woods to inspect some four hundred gallons of moonshine ready for shipment, when ten Federal Revenue men came out of the surrounding woods with pistols and shotguns.

I was in the third grade and the next day at school everyone knew but no one said a word, except for Olan Ray Bond. His family was so crude, country and poor that he only had shoes to wear in the winter months. The rest of the year he came to school barefooted. Right before the first bell rang he blurted out, "Your daddy was arrested last night." The shame was unbearable. I didn't cry. I just wanted to run away.

My father spent one night in jail, and except for a fine, that was it. Even with the Yankee attitude and the strange last name, he was white, had a substantial sum of cash for a lawyer and, in turn, for the judge.

As a little boy my life at home did not seem bad until after he was arrested. Then the fights started. Daddy drank and yelled. My mother cried. It seemed as if the fights never stopped. One time they fought for seventy-two hours straight. I would go to bed and they would be fighting through the night. I could hear them, but I went to school, and when I came home they were still fighting.

One day I came home and found my mother in the back yard by the clothesline. She was crying and turned away when she saw me, but I saw that she had a black eye and her lip was swollen. I ran to her. She started pinning up sheets on the line.

"Your Daddy just got mad. It won't happen again, honey, I promise."

Daddy was now out of the moonshine business and had a used car business forty miles south in Biloxi on the Gulf Coast.

One summer night when I was eight years old, I had been left to watch his used car lot in Biloxi. He'd driven back to Wiggins to get my mother and to continue the fight they'd started the night before. When they drove up she was in the back seat. Her hair was messed up, and I could see her crying and her face swollen. The car was a four-door Chevrolet and Mother had on a red and white striped dress. I got in the front seat. Mother was holding a Bible, splattered with blood. As my father drove the side roads to Wiggins, he would stop and continue to beat my Mother with his fist. She kept quoting from the Bible. He tore pieces off of her dress and threw them out the window. I remember the muscle in my left arm getting

tired as I held my hand up on the top of the front seat in a gesture to keep my mother quiet. As long as she didn't talk he wouldn't hit her. When I would put my hand down, she would start quoting from the Bible or talking through her sobbing. This would aggravate his rage and he would stop, lean over into the back seat and beat her. We had a big yard with a circular driveway in the front and another driveway that led to the back of our big white house. He parked the car under a cedar tree in the back and dragged her into the house. He took off her wedding ring and put it on a little nail in the wall where he'd knocked off a picture the night before. It stayed there for the next three days. Just before dawn, when the beating became too horrid to bear, my mother ran a quarter of a mile to our nearest neighbors.

The next morning the entire town knew, and my grandparents, Bob and Gam, drove up in their gray Buick. My father ran down the hill into the woods. I found him and he asked me to bring him two of his homemade beers. I went back to the house and brought them back to him. Some of the men in Wiggins who'd grown up with my mother were threatening to beat up Johnny Herrera. My father came back to the house. Somehow in the chaos, his .32 automatic pistol had disappeared. Gam claimed that she didn't know what had happened, so my father went to the little shed where the water tanks were and came out holding his German Luger. He stood in the living room and said, "I'll shoot the first two . . . and let the third one talk."

My grandmother slipped into my parents' bedroom, called the sheriff and begged him to stop the men. "These children have to grow up in this town."

Bop was a very gentle and quiet person by nature. He was sitting at the steering wheel of the Buick with a nine shot .22 pistol on the front seat. Gam came out of the house and badgered him again and again, "John, if you are a man you will go in and confront Johnny."

Bop left his pistol in the Buick and went in the house. In the kitchen he yelled, "You kicked my daughter!" Then he attacked my father who ducked down. As Bop hit him on the back of his neck and head, Johnny said, "Take it easy, Mr. Blackburn."

Bop hit Daddy about six times, then turned and walked out of our house. It was over.

My father attempted to excuse his brutality by saying, "I was wearing sneakers with rubber soles when I kicked her. It wasn't that bad."

Over the years that followed, Rafael "Johnny" Herrera ridiculed my Grandmother. He forgot that Gam prevented a lot of very angry men from coming out to Palm Hill, tying him to a tree and beating him. They probably would have killed him. And if they had, in those days the law would not have interfered. Justice would have been done.

* * * * *

The next year they had another child, my brother Ralph. There were now four of us. I was the oldest by five years; then Gloria, Carmen and Ralph.

As far as I knew he never hit her again but after a few months, the fighting continued. Yelling and crying. Finally my mother divorced him. He left the state and Mother went back to work at Keesler Air Force Base in Biloxi, where she had been a secretary during the war. That's where she had met the dashing, Johnny Herrera.

After two years of financial chaos, he came back to Mississippi and they remarried and moved to Texas. My father was physically very powerful and had incredible energy. Most of that energy went into anger and persecution. It was my fault, a twelve-year-old kid, my mother's fault and my Grandmother's fault that we were broke and we had lost our place in Wiggins. He was constantly raising hell.

After three months of our new life in Schertz, Texas, I hitchhiked back to Wiggins. Bop and Gam were building a house to rent. I worked as a carpenter's helper. At the end of the summer after lunch on the back porch, I asked if I could stay. I didn't want to go back to Texas and I had already lined up a job at a Yeager's grocery store and I would make all my school money. Gam said that they would make a home for me but I had to follow their rules. I had to be in every night by 9:30 during the week and at a reasonable hour on weekends. I had to go to church every Sunday.

Bop didn't talk much. Gam went on about everything excitable but she drilled manners into me, made me help wash the dishes every night after supper, but she was positive and always urged me to do my best. She loved music and played the piano. Boogie-woogie was her favorite. When there was a project such as building another rental property, Gam and I would get carried away making plans and talk on and on. Then as we calmed down I would turn to Bop, who would always sit and just listen.

"What do you think, Bop?"

He would take a moment and say with a smile.

"Son, it is leg over leg to Dover."

* * * * *

Without realizing it I had walked all the way back to 89th Street and was unlocking my door. I poured myself a shot of vodka and called my youngest brother. My sister Carla and John were born after I left.

"Hello, John."

"Is it true?"

"Yes."

"What the hell do I tell them?"

"Tell them to do what they have done for the past forty years – nothing! And then tell them that if I die, they'll get one hundred thousand dollars and if they don't come to my funeral, they'll get two hundred thousand. Tell them that."

"Okay. Must be pretty rough?"

"Yes. Pretty rough."

I filled him in on the diagnosis and the treatment plan.

My reaction and response was perhaps caustic but I was dealing with cancer and life and death. In 1836 at the battle of the Alamo, Colonel Travis took his sword and drew a line in the sand and gave his men a choice to stay, fight and probably die, or leave.

If either my mother or my father wanted to come through for me now and help me fight cancer, my words would not stop them.

It was midnight. In thirteen hours someone would stick a needle in my arm and toxic chemicals would invade my

blood stream attempting to kill lymphoma cells. I couldn't give any more energy to ancient memories. I finished my drink and luckily went right to sleep.

6

At 3:15 a.m. a noise started in the steam pipes, a loud clang, clang, clang in the radiator. Usually in older apartments, this stops as soon as the pipes heat up. It didn't stop, so at 4:00 I took a blanket and went upstairs and got some sleep.

As Hamlet said, "***How all occasions inform against me.***"

I didn't know if I would be able to get up and down the stairs once I started chemo. In the living room I had a television and a bathroom very handy. As I understood it, I would throw-up a lot and be very sick and now I had clanging pipes. I had to sleep upstairs. I tried to get the king-sized mattress up the winding stairs by myself but couldn't.

Evan Bergman, an actor and a friend from the squash club, had said to call if I needed anything. I was lucky, no answering machine. He picked up the phone. He'd be right over.

We couldn't get the mattress up the winding staircase. I needed it in the living room. Then we figured it out. Open the basement door; take the mattress out onto the street, up the outside stairs, through the front door and into the apartment. No problem.

We set up the makeshift bedroom and I thanked Evan. There were just a few words about the upcoming battle with cancer. As Evan left he turned in the doorway, "Herrera, this is the toughest part you'll ever play. It's the role of a lifetime."

I paced back and forth, and then I went to my laptop and printed out a copy of a poem that I had loved for years and had always promised myself to commit to memory. The character of Nano, a very old man in the play **The Night of the Iguana** by Tennessee Williams, recites it just before he dies. It is about an orange tree and how the positive force of nature perpetuates life. The last verse reads:

***Oh courage could you not as well
Select a second place to dwell
Not Only in that golden tree
But in the frightened heart of me?***

* * * * *

Dr. Chatham was surrounded with nurses, interns and several “fellows.” A “fellow” has completed his internship and works under senior staff doctors. She directed me to the chemo clinic on the 17th floor.

“Dr. Chatham, you said that we were going to do something new? I take it by new, you mean a new type of treatment, not that I’m the first.”

“No. You are not the first. Uh . . . you are the 4th or maybe the 5th in this country.”

On the surface I was very composed.

“Oh, the 4th or 5th, I see.”

But inside my brain I was screaming, “4th or 5th in this country . . . Screw me Jack. Forth or fifth!” Well, it’s a chance and a chance is better than dying.

The young woman at reception found my name and told me it would be about another twenty minutes before they were ready for me and to just have a seat. In the hall by the waiting area there was a long oak bench, like a church pew. It was empty. I sat there. There were two pay phones by the elevators. I didn’t feel like calling anyone. I sat. This is it, chemotherapy. What would it feel like? Would it hurt going in? The needle will hurt. How much? Probably not that much. I could just get up and walk out and go to Mississippi and get drunk with my friends and then what? No, I would sit here and wait the twenty minutes.

I am an actor. It now seems as if since I felt the lump on the side of my neck; the test, the scans, the consultations have all been only a rehearsal. Now this will all become very real. I have the opportunity to find out a lot about myself in the few minutes. The first verse of the Tennessee William’s poem:

***How calmly does the orange branch
Observe the sky began to blanch
Without a cry without a prayer
With no betrayal of despair.***

During these days some insights into words that I had read for years became much clearer. Such as, “***no betrayal of despair.***”

Growing up in a home filled with emotional and physical abuse, a child dreads most of his waking hours and lives in constant fear of the pain inflicted by selfish and desperate parents. Despair becomes as routine and commonplace as getting dressed or going outside to play. This feeling of dread is with you all of the time, a little gray cloud that you carry in your insides.

Children must find a way to survive, to deal with the chaos and despair imposed on their growth. As a child I found a place where I could make sense of the world: my imagination. In my fantasies, after a big fight with fists or guns the good guys always beat up the bad guys, and the hero usually got the pretty girl. That’s the way it was in most movies too. If on Saturday night I could get to the Straub Theatre on Pine Street to see the serial and the cartoon and the cowboy picture, I went into a world that helped me survive the week to come.

When I was a student at Ole Miss I had read that John Wayne was sailing across the Atlantic to Spain to make a film. During the voyage he was caught in a storm. He said to himself that he played tough guys in the movies and now he was going to see how tough he really was. He tied himself to the mast and fought the storm through the night. He survived.

In my thirties I learned more about John Wayne from James Poe. When I moved to California in 1975, I became friends with Jim. He had won the Oscar for the screenplay of ***Around The World In Eighty Days*** in 1956. I had found a place in Malibu at 18964 Pacific Coast Highway. The little two-bedroom shack was so close to the beach that with high winds the waves would splash up on the deck. Frank Sacks, a young writer/producer, was my roommate. Cleavon Little lived about two hundred yards away, on the other point of “Dog Beach.” I was playing Jack Curtis on ***The Young And The Restless***, and performing Shakespeare on the weekends at the Will Geer Shakespeare Theatre in Topanga Canyon.

Later Cleavon would refer to that era “*our period of innocent decadence.*”

I became involved with Barbara Steele. Barbara had starred in twenty-two horror movies when she lived in Rome in the 60's. Three years later I came to realize that this was particularly good casting on the part of the Italians. Barbara isn't necessarily an evil person but she did abuse the goodness in the men who loved her.

She had a son from her failed marriage to Jim Poe; I got to know Jim when I'd bring him to Jim's house for weekends.

We rarely talked about Barbara but we did talk a lot about the movies. I could listen to Jim for hours. He told me that he once saw David Niven's hands trembling before a “take.”

“But David Niven and Cary Grant were the coolest guys to ever come out of England.”

Jim smiled. “You're young. You think they were just movie stars. They were great actors. I want you to start watching Henry Fonda, Robert Mitchum, John Wayne, Burt Lancaster and Jimmy Stewart. You think they are just movie stars and they are, but they were also great actors who take their craft very seriously.”

I began to study Henry Fonda. There is a big difference in the spine of the characters he portrays in **Fort Apache**, **The Grapes of Wrath** and **Mister Roberts**. Over the years I studied the astounding work of the rest of the great actors Jim recommended, especially the work of John Wayne. The characters he portrayed in **The Quiet Man**, **The Man Who Shot Liberty Valence** and **The Searchers** gave his audience a powerful sense of dignity and courage.

Stella Adler would say, “When working on a scene in a script, your choice is your talent. Make your choice big!” The universe had now cast me in the lead role in a real life adventure -- “*The role of a lifetime.*” There is no room in me now for despair. I must see this as the lead role in a real adventure. I have to be clear and determined. For the past year in psychotherapy I had been working on the difference between being mean and being tough. My father was mean. Most bullies are. Burt Lancaster and John Wayne were tough.

I have made the choice to climb into the saddle and ride into the dark canyon.

In minutes I would begin to learn what being tough is all about.

When a movie ends there are usually a few moments of darkness before the lights come back on. In minutes there will be toxic chemicals in my body, and within weeks this role I have to play and my life could be over -- endless darkness.

* * * * *

“Mr. Herrera, I’m Karen Klem, your chemo nurse. Would you come with me please?” She was trim and upbeat. She led me to a room with six big chairs in a semi-circle and showed me to the empty one. In each of the other five chairs was a patient with a needle in their arm, connected by tubes to bags of mysterious fluids hanging from metal poles. The man next to me smiled as I settled in and I noticed the fluid in one of his bags was a bright orange. Others were reading, one sleeping and an older lady staring into space. No one was screaming or writhing in pain.

I sat and rolled-up my sleeve and she tied a rubber tourniquet around my bicep. Karen called over another chemo nurse and held up a large clear bag of fluid. It was what they called CHOP. This was chemotherapy. They both read the list of chemical names. As Karen checked labels on the bags of chemo against Dr. Chatham’s written orders, she asked me my name and date of birth. The other nurse double-checked. Then they hung the bag on a stainless steel pole with a spindle device at the top, forming little metal arms with curved ends so the bags of fluid wouldn’t slip off. There were eight of these arms that held hydration fluids, chemicals to kill cancer cells and who knows what else.

The needle went in with no problem and almost didn’t hurt.

“Will I throw-up?”

“No, the first drug we use prevents nausea.”

“Will I lose my hair?”

“Yes, with CHOP probably after the second round, definitely after the third. But it will grow back after treatment,

sometimes lighter, sometimes darker, sometimes a different color and texture altogether.”

“Oh.”

“This will take about three hours. Would you like some water or juice?”

“Yes, juice, please.”

Karen had taped the needle to my arm and once in, it did not hurt. My arm was resting on a pillow and it wasn't uncomfortable. The other nurse brought me a magazine. So far this wasn't that bad.

About forty-five minutes later Karen returned with a tray holding three huge hypodermic needles filled with red liquid.

“Don't worry, I'm going to inject this into your line.”

“This is the tough stuff, isn't it?”

“Yes.”

“This is the stuff that kills the cancer cells?”

“Yes. You may feel a little burning sensation.”

She finished with the big first hypo and carefully started with the second hypo filled with red liquid.

“You okay?”

“Yeah, I guess.”

There was no burning sensation. It was the morning of February the 6th, 1997. The morning of January 9th was when I first saw the lump in the side of my neck. Now that moment seemed like fifteen foggy years ago.

7

After the chemotherapy, nothing astonishing or physically ultra-dramatic happened to me for the rest of that day. I had a voice-over audition at 3:45 that afternoon and an invitation to see Vic Damone at the Rainbow Room that evening.

I wore my best Italian suit. I told my date about my friend Lucas from my hometown. In 1986 I had written and directed a film for PBS based on the Eudora Welty's **The Wide Net**. The story took place in the 1930's. As it turned out Wiggins and Black Creek swamp just a few miles away was the perfect location. Lucas was a great help through out the production. That time together renewed our childhood friendship.

He said he was coming to see me before I went into the hospital. He had never been out of the Deep South. I was excited to be able to show him the city where I had lived most of my life over the past twenty-seven years.

Manhattan was exceptionally beautiful on that very clear night, way up in the sky, at the top of Rockefeller Center. I first came here in 1969 with sixty-eight dollars in my pocket. What wonderful adventures I had had in this most magnificent metropolis. Now I faced the beginning of a new journey, but tonight I would enjoy every note, every smell, every moment.

* * * * *

Patsy came up that weekend and in one of her favorite restaurants we were having a glass of red wine at the bar while waiting for our table. My wine tasted a little bitter. Patsy said, "I'm going to get a good bottle at the table."

The more expensive wine tasted bitter to me too. The chemo had already started to change my body chemistry. I just hoped it was killing the cancer cells.

The second chemo treatment was about the same: a tourniquet, a butterfly needle in the vein, Karen and another nurse reading out the contents of the bags and the three big

hypos with the tough red drugs. Karen remarked, "You have large, good veins."

I had large veins from hard labor. As teenagers in that small town in the 1950's we all worked. We unloaded boxcars full of burlap sacks of flour, sugar and potatoes for Ernest Yeager's stores. I pumped gas at Earl Danzey's Gulf Station. I was the janitor at the grammar school during my junior and senior years, which I could do at night and have the afternoons free after school for football practice.

David Redfield worked in the Wilson's Drug Store and Jessie Thomas in the butcher section of Yeager's. I wanted to get strong for football so I loaded pulpwood. The pine trees were cut down with chain saws and then into five-foot, three lengths. You picked up the log, hoisted it on your shoulder, heaved it on the truck and then did it again, all day long. I was the only white in the crew and the black guys I worked with taught me to lift without hurting my back and how to pace myself so I wouldn't burn out. We worked very hard, long hours; we talked and laughed.

When we worked in the woods that were too wet for trucks to maneuver, we loaded the wood on steel pallets and pulled them up to the road with an International Caterpillar. One day we found a beehive in an oak tree down in one of the bogs. The straw boss was white and wouldn't go near it. But one of the black men climbed on the Caterpillar, another jumped on the side and they drove into the swamp. They cut down the tree and chained it on the back of the caterpillar.

As they dragged it out, the cloud of bees swarming around the caterpillar was loud and thick. You could barely see the machine or the men. We all gathered around as Mitchell, the strongest man I have ever worked with, took a big chain saw and cut the log length-wise into two halves. The hive was over four feet long. As the honey poured out we caught it in tin cups, Coke bottles and in our hands. The hive was broken up into big chucks and put into the water barrel. Bees were swarming everywhere. It was unbelievable but nobody got stung and when I asked why, Mitchell just looked at me, "Bees don't bite at dis time."

These men were open and free talking about their lives and sex. Even today, that subject is taboo in most of white society. There were all kinds of stories and laughter about sex.

“You ain’t a man till you had the clap. But you don’t want to get dat bull head clap. No suh, not dat bull head clap.”

* * * * *

I knew that soon my hair would start falling out from the chemo. Not a good look for auditions. I had to tell my agents. When I arrived at the CED office, an agent in reception pulled me aside.

“Are you all right? When you called me to cancel your auditions a couple of weeks ago, I heard someone in the background say the word ‘biopsy.’”

I began to shake a little.

“No, I’m not all right. I have cancer.”

“Oh my God.”

“Ask Sharon if I could talk to her for a minute.”

Sharon Bierut was the first person that I met at the agency. In an instant, she was right there; we went into a small studio used to record auditions for clients. She looked at me and I just blurted it out.

“I have cancer. I’ve just started chemo. I didn’t want to tell you. I really shouldn’t be going on auditions. In a couple of weeks I’ll lose my hair . . .”

“Don’t worry about ‘the business.’ I buried my best friend last week. He died from cancer. We’ll handle this however you want.”

“I’m not sure, I don’t know, I haven’t thought it through.”

She took my hand and looked me right in the eye.

“We won’t do anything right now. You’re just not available to audition for the next few days.”

She squeezed my hand harder.

“You can call me anytime if you just need to talk, and God bless.”

* * * * *

Dr. Chatham had started me on an oral drug, Prednizone, and told me it would give me a robust look and lots of energy. Evidently it had kicked in; I felt vigorous and walked a lot. Every doctor said this cancer had nothing to do with the way I had lived my life. They didn't know why the immune system allows a certain T cell to go berserk and grow in an abnormal way. I had never been a heavy smoker. I didn't even smoke cigarettes until after Ole Miss. I bought my first pack when I was working as a juvenile probation officer in New Orleans before I was Heston's stand-in.

I thought I needed to learn to inhale so I could smoke pot. I had heard how wonderful pot was and intended to try it. The first night I got high I found myself on my back, on the floor of a fancy French Quarter apartment with my forehead burning, and my brain very woozy. I couldn't form a sentence and everyone around me kept saying, "Are you high? I'm so high, is this good shit or what." I just wanted to get out of there but I couldn't move for hours.

The next time I saw Dr. Chatham I told her pot was not my kind of drug but that I'd heard it could help during chemo. Without a second's hesitation she said, "No. No way. You've shown a significant response to the first cycle of chemo. We can continue the CHOP at full dose but this means the chemo is already compromising your lungs. We cannot risk the possibility of spores from marijuana getting in there to complicate things further."

Her judgment wasn't legal or moral. It was purely scientific.

* * * * *

I got in about 8:15 that night and checked my messages;

"Anthony, this is Felicia Behr. Please give me a call in the morning."

Executive Producers don't call you at end of the day to chat. I first met Felicia Behr when she took the helm at **As The World Turns** in October of '96. We talked then about the return of my character: James Stenbeck. I didn't hear anything for weeks, so after Thanksgiving I phoned her and

she said that bringing back James Stenbeck was “still on the table.” Now they had a story line for me.

“Hello, this is Anthony Herrera and I’m returning Felicia’s call.”

“Good morning, Anthony, this is Felicia.”

“Good morning.”

“We’ve got a great storyline and we’re ready to put you to work.”

“Felicia, I am very pleased to get this call and would like very much to come back to work. That’s not the problem, but I do need to talk to you.”

“This story will start in six to eight weeks so why don’t you come in next Thursday morning.”

“No, this can’t wait until next week. I need to talk to you tomorrow.”

“Can you be here at 9:30 in the morning?”

“Yes, thank you. I’ll see you then.”

I phoned Sharon Bierut. I felt I needed an agent to go to this meeting with me. We talked it over and agreed on Carey Morgan. She was very bright and personable. I phoned back and told Felicia’s assistant that I would be bringing an agent with me, but not for the usual reasons.

The next morning at 9:30 we were shown into Felicia’s office and after we exchanged the standard greetings I told her.

“I have cancer. It is very serious and very rare. I’m being treated at Sloan-Kettering, chemotherapy. I’d love to come back to work but this is something you should know.”

We chatted for another few minutes. I can’t remember what we talked about. Carey was poised and professional. I said I would talk to my oncologist and see when she estimated chemo would affect my ability to work full production days.

Felicia was also very professional and said she would talk to the head writer and to Procter & Gamble.

Carey and I left CBS and jumped in a cab. It began to rain. It rained very hard and we got stuck in traffic. Cary said that Felicia was shaken about my having cancer.

“She was upset. I bet she’s lost someone to cancer, someone very close to her.”

I saw Dr. Chatham at two that afternoon. She said it would probably be mid-May before fatigue from chemo would prevent me from working, but that my energy level would drop gradually; also, that I could expect to start losing my hair in three or four weeks.

After I left the hospital I phoned Mickey Dyer-Dobbin, the executive in charge of P&G Productions. She took my call immediately.

“Hello Anthony. I have already had a conversation with Felicia and the writers. We are going to try to make this work.”

“I wanted to tell you myself but it seems you ladies are way ahead of me.”

I phoned Felicia, I wasn't on hold but a split second. These folks were serious. I gave her an account of what Dr. Chatham had said about my energy decline and not being able to work beyond mid-May.

“I need to talk to your doctor, if you don't mind.”

“Don't mind at all, I wouldn't trust an actor either.”

Ms. Behr chuckled. She got my humor. I had read years before that a man in his mid-forties was told he was going to die. He bought videos of his favorite Marx Brothers movies, watched them over and over, and laughed a lot and didn't die. I knew that Groucho and Harpo couldn't defeat Mantle Cell Lymphoma, but some humor from time to time could help me get through the day, or the hour, or even the next minute.

The head writers, producers, and other powers at Proctor & Gamble worked it all out. They started the character in the story line three weeks earlier than originally planned to accommodate my treatment schedule. This was a wonderful and ironic turn of events.

Later that night I found a cable documentary about the “History of the Transplant.” In the early 1900's the Rockefeller Institute imported and sponsored a French doctor unable to continue his work in France where they thought it too radical.

He operated completely shrouded in black robes with only a small opening for the eyes, and required the same garb for his surgical team. He experimented with grafting the limbs of one animal onto another. His approach was primitive and

eccentric by today's standards, but a bold beginning. It was the 1930's before the medical community even understood the concept of rejection. The first bone marrow extractions were very atrocious. One scene from the 40's showed two brothers in the process of donating marrow for their sister's transplant. The doctors had to drill into the brothers' thighbones; and their screams seemed more like a horror movie than medicine.

There was a race in the medical world to perform the first heart transplant. A team of young doctors in Boston was working with an infant with a very weak heart and only a few weeks to live. Other than the heart, the baby was in good health. Another child was born in California without a brain. There was literally a vacuum in his cranium, and the infant only had days to live.

The California baby was flown to Boston and they prepared both infants for the transplant; the healthy heart was to be removed from the baby born without an upper cranium and put into the baby with a failing heart.

Because of the power of Catholicism there, the hospital's administration did not lend much support to this pioneer team of doctors. Current thinking deemed any heartbeat as evidence of human life. The anesthesiologist assigned to the surgery, described later as a "grandfatherly type." He would not administer drugs to the first infant until his heart stopped beating because he felt he would be ending a life, so he waited until the infant's heart stopped. The transplant was performed, but because of the delay both babies died.

One week later Dr. Christian Bernard performed the world's first successful heart transplant in South Africa.

Years later in an interview one of the surgeons was asked why the senior establishment of the hospital did not give them the support they needed to perform the procedure successfully. His answer was clear and strong.

"They didn't have the guts. They didn't have the vision."

The filmmaker also interviewed the mother in California. She was sitting in a lawn chair in her backyard in a working class neighborhood.

“How could you let yourself go forward with these doctors, in their experimental attempt to save another child?”

In a clear soft voice the mother answered.

“Because of the rightness of it.”

I clicked off the television and stared into the darkness. This was the best of people and the best of brains striving to improve the human condition, working from the best part of themselves and highest part of the human spirit.

“Because of the rightness of it”

These were the big boys.

8

I was now in a world that required all of my strength and focus if I was to survive. I have assets. One of the most important emotional building blocks in my life came at the end of my freshman year at Ole Miss. It was a Wednesday night and I was in the university library trying to study.

I had been to several dances and dinners at the Sigma Chi house and had met most of the members. This night was the fraternity's last chapter meeting of the year. I had been brought up for a bid the week before and one member had black balled me because we had never met. Not only did all of the insecurities of being a teenager rise up in me, but a deeper, darker dread from constant negative reinforcement implanted in me by my parents.

The fraternity meeting ended about 9:30 and it took fifteen minutes to walk to the library. It was 10:30, the library closed at 11:00. My anxiety was such that I could barely breathe. Then at five minutes to eleven two Sigma Chi's, Wyn Howard from Vicksburg and Dynamite Ed Perry from Oxford, appeared and motioned me over.

"Can you come outside with us?"

I grabbed my books. They both looked glum and I thought, 'I didn't make it.'

We went through the big glass doors. The second we were out side Wyn jumped up and grabbed me, "You made it. You made it on the first round. You are a Sigma Chi pledge."

For me it was a marvel just to go to Ole Miss, to make decent grades, but now to return my sophomore year as a Sigma Chi pledge was fantastic for me. I had been accepted by the best of the best in my university and that gave me a level of self-confidence that I had never known before in my life.

* * * * *

Stem cell transplants are performed to create new blood and a new immune system in the hopes that the cancer will not grow back.

Cancer cells grow faster than any other cell in the body, and chemotherapy ***kills all rapidly growing cells:*** the “good guy” cells and the “bad guy” cells. The gastrointestinal tract is made of rapidly growing cells. That’s why one’s appetite and taste buds are affected relatively quickly. This is also why you lose your hair with certain chemos, like the one they were giving me: CHOP. CHOP kills a lot of stuff in the body including hair follicles.

A patient gets chemo to kill as many cancer cells as possible -- the bad guys. But at the same time chemo kills a lot of the good guys, like the white cells necessary to fight infection. So, before Dr. Janice Gabrilove and her team at Sloan-Kettering developed Neupogen, the patient and the doctors would have to wait for the good guys to grow back before beginning another round of chemo to kill cancer cells.

Once the cancer cells are being attacked and the stronghold of the disease is weakened, the chemo needs to be administered on a consistent basis to kill cancer cells as fast as possible. But if the good guy cells continue to be killed-off at the same rate, the body, the blood, and the organs become weakened. It becomes very easy for infections to develop in the heart, lungs, kidneys, liver, and gastrointestinal tract.

Neupogen stimulates the bone marrow to over-compensate and produce more white blood cells as the normal supply is being killed-off by chemo. White blood cells are regularly re-supplied to the bloodstream in amounts high enough to fight infection, while the chemo continues to bombard the cancer cells. Because of this drug, chemotherapy can be administered regularly, with fewer worries about the chance of infection due to a low white blood cell count.

Neupogen revolutionized cancer treatment.

I needed to have shots of Neupogen daily because the CHOP chemo was causing my white cell count to drop dramatically. If I didn’t learn to give myself the shots, I would have to go to the hospital every day for a nurse to stick me. This would have been an unnecessary cost. James Stenbeck was just about to reappear. I did not want to take the time to get through mid-town Manhattan traffic, running from CBS

on West 57th and the Hudson River across town to Sloan-Kettering, one block from the East River, just to get a shot.

On television it looks easy. They just stick the needle through the rubber bottom of the vial of liquid, look serious, pull the plunger down, and fill the cylinder of the hypodermic needle with the drug.

But it was not so easy; I had to take a class on:

How to give oneself a shot with a hypodermic needle:

The class was in a small room on the 17th floor where we got our chemo treatments. There were six of us in the class. Five of us ranged from age thirty-five to sixty-five, and there was one teenaged girl from the Dominican Republic. She didn't speak English and neither did her father. The nurse took us very carefully through the procedure. First, wash your hands. Dry your hands with a sterile paper towel.

The best places to stick the needle through the skin are the thighs and the stomach. The diameter of the needle was very small and it was about half an inch long. This was a subcutaneous shot, which means "under the skin." It was not an intra-muscular shot, which required a longer and thicker needle.

The nurse gave us each a new box of hypodermic needles containing twenty-five to start with. An important rule was not to let the needle touch *anything* and if it did touch anything, throw it away and start over. To eliminate bubbles in the cylinder, hold the hypo up and thump the side. This usually worked. Then take an alcohol pad out of its sealed packet, rub the spot where you are going to stick and then stick the needle through your skin. When we got to that part the Dominican girl started crying and whispering to herself in Spanish. The nurse tried to comfort her but couldn't. She tried to communicate with the father who was getting upset. My Spanish is elementary. All I was able to learn was that this girl was only seventeen years old.

This young girl has cancer, she has to undergo chemotherapy in a foreign country, and now she has to stick holes in her skin; no wonder she was crying. It was finally

determined that she should be given her shots in the hospital. I never saw the girl or her father again.

* * * * *

That night I had to give myself my first shot. I got everything ready just like I had learned. Before I stuck the needle in my thigh, I thought, this is part of this damn disease -- just do it!

The thought of it hurt more than the little needle. I put the used needle in an empty plastic bottle and sealed it. I had been instructed to save all my medical trash and take it to the hospital for disposal. I felt a slight sense of accomplishment at being able to stick a needle in my leg, push the plunger and send the Neupogen flowing into my body.

I woke up in the middle of the night with a bizarre pain in my legs. It felt as if my bones were going to explode. Gradually the pain subsided and I thought, "***What the hell is this?***" and tried to get back to sleep. Then the pain started again. It was radiating up and down inside my bones. There was no going back to sleep with this level of pain. I had no idea what was happening.

I called the twenty-four hour lymphoma hot line and the resident on duty explained that the Neupogen was stimulating the marrow in my bones to over-produce and that the new cells could not get out of the bones fast enough, and were creating pressure inside the bone. He recommended Tylenol. I turned the apartment upside down. No Tylenol, no painkillers of any kind. I had left my backpack at the studio and thought there might be some left in there, but it was 3:45 in the morning and I doubted if the dressing rooms would be open.

For a few minutes the pain would go away and I would think, 'Ahh, good' and would almost be back to sleep and like a devil, it would sneak back. Mild pain at first, and then it would build like a crescendo to a peak that was almost unbearable. Then it would slowly subside. This went on until dawn.

I checked when I got to the studio, no Tylenol with Codeine in my bag. By the time I finished the morning of taping, the pain was gone.

When I beeped-in there was a message from Dr. Chatham to call her.

“I heard I kept you up last night.”

“No, but you woke me up at 3:30 and didn’t let me get back to sleep.”

“Try $\frac{3}{4}$ of the dose tonight and see if that helps.”

Fortunately there was almost no pain the second night and from that point on, Dr. Chatham allowed me to give myself $\frac{1}{2}$ or $\frac{3}{4}$ of a dose as long as the white blood cell counts stayed at a level necessary to fight infection.

The third morning I woke up with hair on my pillow; I reached back and felt my hair. I had always had very thick hair. Gradually patches of my hair felt different. With a slight touch, a bunch of hair came out in my hand. My hair follicles were dying. Over the next couple of days more clumps of hair appeared on my sheets.

“Basha, I’m starting to look like a mangy dog.”

“What kind of dog is that Anthonee?”

English is Basha’s fourth language after Polish, Russian and French. I explained that mange is a skin disease that causes the loss of hair. We both laughed.

I looked into the bathroom mirror and reached back and felt another lock of my hair. It came out in my hand. I went out and bought a new can of shaving cream, a pack of disposable razors and put on a Dean Martin CD. Music of the 50’s -- an era of hope. As a kid in Mississippi I had never seen or heard of pizzas. I thought the lyrics went, *“When the moon hits your eye like a big piece of pie.”*

It takes longer to shave one’s head than I would have imagined, three hours. That included being very careful. I knew I didn’t need any extra cuts and bleeding. I didn’t want to lose any white blood cells and chance an infection. I only had one little cut but it didn’t bleed much. I looked bizarre and was very self-conscious even though I was in the apartment by myself.

Gaye Brown had called from London and wanted some blue jeans for her son Charlie, so I delivered a pair to a friend

who was going to England. It was a nice evening so I walked. I knew **everyone** would be looking at my shaved head. As I passed people, street after street, no one took any notice of me. I realized this was New York City and I would have to have a boa constrictor wrapped around me before anyone would give me a second glance. I did wish I had thought to get a hat, though.

When I delivered the jeans to David, who had been one of the producers on the soap, he handled the news about my having cancer well. He was kind. I still had some energy so I decided to walk back home. The night air felt very strange and cool on my baldhead. As I got near the Broadway area there was an opening of what looked like a new disco but in fact was a glitzy computer show. I was dressed fairly well so was whisked right in past the line at the door. Bingo! I got a free beer and a cap with a Microsoft logo to cover my shiny head.

I walked on along the great White Way. I enjoyed the lights of Broadway. When I first arrived in New York there was a huge sign with a man blowing smoke rings, advertising cigarettes, right up there in Times Square. I had been in this city a long time. I had never acted on a Broadway stage. On 47th Street I shut my eyes and put my hands over my ears trying to shut out all stimuli. It nearly worked. Was this what death would be like? I would never even see this street again, let alone act in one of these theatres.

As I crossed 50th street --I couldn't believe it -- there was a short fellow standing at the corner with a boa constrictor wrapped around his back and shoulders. This reptile was at least seven inches thick at the fattest part of his body and over five feet long. I stood a polite distance away and watched. The man wanted someone to notice him in the worst way and as the pedestrians scurried by, I realized that I was the only one in all of New York City paying any attention to this small man and his very large snake.

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My wig was made at Bob Kelly's on West 46th Street. The wall in the entranceway was covered with 8 x 10 glossies

of some of the greatest actors ever. I thought I am right here getting ready to sit in a chair and be fitted for a wig, just like Fredrick March, Elizabeth Taylor, Meryl Streep, John Randolf and Hume Cronyn. I had worked with John Randolf when I was Heston's stand-in. I had admired some of these familiar faces for years; there was Tony Randall in a Shakespearean costume. As I looked at the photos, I got over my uneasy feelings about being there with cancer, for a hairpiece. Then I thought how fortunate I was, to be part of the acting profession. If you haven't been raised in show business, just sitting in the same room where all these great actors had been was exciting.

The wig-maker said I looked familiar and that we had worked together before. I told him I didn't think we had. I sat in a barber's chair in front of a mirror. He took several Polaroid's from different angles and then he brushed my hair, flattening it down tightly on my head, and began to methodically apply strips of long white tape in all directions on my head. He explained that he was making a skullcap. He had worked with several actors being treated with chemo over the years, and found this was the best way to get an accurate shape of one's head.

"It was a beard," he said. "I made you a beard for a soap, **As The World Turns.**"

"You're right. That must have been '81 or '82. We were going back in time and I was a 17th century English Lord."

I watched as he carefully added strips of tape and, before long, there was a solid white cap covering my head. Just as he finished he caught my eye in the mirror and said, "I've made wigs for a lot of cancer patients. I wish you luck."

* * * * *

Dr. Chatham explained that I was continuing to respond well to the chemotherapy and that she could tailor my chemo treatments to accommodate my work schedule. I learned later from Nancy Cody-Lyons that Dr. Chatham was very pleased I had gone back to work.

My typical clinic visits with Dr. Chatham were brief; a nurse would come in and take my temperature and check my

blood pressure. Dr. Chatham would come in and feel the lymph glands in my neck and under my arms; then I would lie down on the table and she would listen to my heart, lungs and stomach. We would chat briefly and she assured me that the chemo was doing exactly what it was supposed to be doing and that would be about it.

The day I went in for my third treatment I was very down. I didn't know exactly why, but it was like the bottom fell out. I had been doing so well with my "**adventure**" plan. I had been complimented by several of the nurses about my positive attitude. I was determined that Dr. Chatham was not going to see that I was slipping into despair. So I carried on about work at the studio and how much I liked my chemo nurse. I thought I had her fooled.

I sat on the end of the table buttoning up my shirt after she finished. She turned back on her way out. She grasped my right hand and squeezed it very hard and pulled my face close to hers. She locked her steel blue eyes with mine, just held them there and squeezed my hand even harder. This lasted for a good minute. She slowly let go and left the room without a word. My positive energy was back. And I said to myself, "**Damn, she's good.**"

Nancy suggested that I attend a seminar for patients who were facing a bone marrow transplant. She would be conducting the program, and the panel would include a psychologist and two previous transplant patients. We would be able to ask questions and voice our concerns.

"You need to come to this and bring someone close to you who will be seeing you while you are in the hospital."

Basha is nearly always late. She wasn't this night. There were about fifteen patients, each accompanied by a spouse, family member or close friend. The two former transplant patients were Bill, a fellow in his early thirties from Pennsylvania, and Janet, an attractive woman in her mid-forties from Brooklyn, New York.

I was headed into the unknown, into pain and a grueling battle with the possibility of dying. I appreciated the generosity of these two people, who had both been in remission for several years.

Nancy opened the evening with information about the bone marrow or stem cell transplant so that the non-patients would have as much of an understanding as possible. I realized that having cancer is like being in a bizarre fraternity, and as with any selective order, there are a lot of new terms, phrases and rituals to learn. It is the dark side of Mother Nature that provides one with this involuntary membership.

The sooner the patient, his family and friends absorb the new vocabulary, the less a patient's condition will seem strange and alien. As they become used to hearing and saying phrases like systemic, blood count, white blood cell, hemoglobin, x-ray, CAT scan, Gallium Scan, etc., the jargon becomes more familiar; but the knowledge and understanding of these terms in no way diminishes the horror of the bone marrow transplant.

The oncologists are after the particular stem cells that create the blood and immune system. There are two ways to obtain these stem cells. Historically they have drilled holes in the bone to extract the marrow. A newer technique, using Neupogen, is to stimulate the bone marrow to over-produce stem cells and then circulate the blood through a centrifugal device. This is the less invasive method used to harvest stem cells.

I was told that I was too old to be considered for a donor transplant. I was fifty-three. Instead I would get an autologous stem cell transplant; they would take out my own stem cells and freeze them. Then they would continue to cook me with chemo and radiation to kill the cancer before re-infusing my cells and hoping for the best.

The most dangerous period of time during treatment is when one's immune system is "taken to zero" or rendered completely non-functional. If any infection enters the defenseless body, there is no immune system to fight it and the patient usually dies.

Janet told us that now she felt healthy and led a normal life. She also tried to prepare us about "***Shake and Bake***". "You'll be given a drug called "ampho" to protect your lungs from pneumonia. This will cause chills, it will make you shake and shake, and it will feel like your muscles will tear away from your bones. They won't. You'll get very cold even if you

have a fever and you think that you'll never warm-up or quit shaking, but you will."

I could tell from his dress and speech that the young man from Pennsylvania was a country boy. He said he had resisted taking any kind of dope for pain because he was afraid of becoming addicted.

"I finally did take the 'rescues', and once I did, I realized that I could have saved myself a lot of suffering if I'd done it earlier. I didn't get hooked on anything."

Janet interjected, "I found out the same thing."

If one met either Bill or Janet today, they would never suspect what they had been through. They both said, each in their own ways, that the autologous stem cell transplant combined with total body irradiation is the closest thing to hell that could be devised and conducted by civilized man in a civilized society.

9

The CBS Television studio on West 57th street was the home of **As The World Turns** when I first appeared as Stenbeck in January of 1980. Over the years my character had been thrown out of an airplane, trapped in a burning house, shot in the back by his son and suffered several deadly fates off camera. But somehow he always managed to return and stir problems for the citizens of Oakdale. He became known as *“the man you love to hate.”*

I felt safe in this environment and after the first day the actors, make-up people, technicians, and wardrobe staff were all too busy with the production day to pay much attention to my baldhead. Larry Briggman, who plays John Dixon, called me Q-ball a couple of times and then quit. It was just Briggman’s attempt at humor. We had worked together in 1974-75 and I knew he meant no malice.

Work was the best therapy possible. The story line for James was never dull. He was always very busy seducing ladies while bolstering his financial empire. In this story line I was selling some stinger missiles on the black market. How James acquired stinger missiles was never discussed but he had some and decided to pick up some extra cash.

The physical and mental demands of the show distracted me from the battle raging in my body between my cancer and the chemotherapy. But just as Dr. Chatham predicted, my energy level decreased steadily as the number of CHOP treatments progressed.

Basha had found a special soft-foam mattress cover developed for NASA in a health catalogue. It cost three hundred dollars but I ordered it for my dressing room. This was something new in my life, spending money for my comfort and care. By the beginning of April I would have a twenty-minute lunchtime nap in my dressing room, and one a bit longer at the end of the day. The three hundred dollar mattress cover was worth every penny.

When I saw Kathryn Hayes, who plays Kim Hughes, she asked in her character’s blue-blood style, “How long do you think you’ll be with us?”

“I don’t know, Kathryn. I mean I *really* don’t know.” She suddenly realized that her question had a double meaning, under my present circumstances, and her hand went quickly to her chin.

“Oh, Anthony, I didn’t mean. I wasn’t implying . . .”

“That’s all right Kathryn. It’s a damn good question.”

* * * * *

Karen Klem had left and I was assigned a new chemo nurse. During my fourth infusion of chemo, I was sitting in the same room on the 17th floor with several other patients, working on my dialogue for the next day. My new nurse, Elizabeth introduced herself. She was different from Karen Klem, somewhat voluptuous.

“Where’s Karen?”

She had gone to another floor to work with post-transplant patients. I don’t like change. I trusted Karen. Who was this Elizabeth? Before long she won me over with her sweet smile and warm personality. She arranged a pillow and tray so I could study my script with a minimum of discomfort while the needle in my arm fed chemicals into my bloodstream.

One way I learn dialogue is to write out each line or speech. I was busy scribbling away when I noticed Elizabeth bring in a tall, distinguished-looking man in his late sixties accompanied by an elegant, refined-looking woman, obviously his wife. He sat in the corner chair and I could overhear Elizabeth explaining the procedure. This man rolled up his sleeve, and I thought if I had to cast someone as CEO of General Motors or the Secretary of State for a big Hollywood film, he would be perfect; distinguished, confident and a commanding presence.

His wife nodded courteously, and I asked if this was his first treatment. It was. I related that not much in the way of side effects had really happened to me the first time, except my taste buds changed. He smiled politely and I went back to work on the script.

A couple of minutes later all hell broke loose. As soon as Elizabeth put the needle in his arm the man completely fell

apart. He started moaning, sobbing aloud and writhing in his chair. Then another nurse ran in, closed the curtain around his chair and helped Elizabeth calm him down, which took a good ten minutes.

There were five other patients in the room and our compassion for this man could be felt among us without looking at each other. The emotions fueling his outburst were what we all had felt our first day and continued to feel every time we had that needle stuck in our arms.

* * * * *

To escape the stressful atmosphere of the room, I went away to a wonderful memory. I had met Gene Hackman when he was filming **The French Connection**. It was January; he was standing in the middle of Madison Avenue at midnight, in the snow, playing a scene where his character watched the bad guys from France dine in a fancy restaurant. I introduced myself during one of the breaks and told him I was studying with Stella Adler; that must have meant something to him and we started talking. I told him how much I admired the way he played the “Don’t sell that cow” scene in **Bonnie And Clyde**. When the assistant director came over to tell him they were ready to do a take, I would get out of the way, but Mr. Hackman would say, “Don’t go away -- this will just take a minute.”

We talked for two hours in the middle of the street while the temperature dropped and the snow kept falling, just Gene Hackman and me. He reminisced about his first years when an off-Broadway play could be produced for seven or eight thousand dollars and how he performed in one play after another for years. I now realize that he was probably bored and I was giving him a chance to tell stories, which is something most actors love to do. But he was kind enough at the end of the shoot, about 5:00 a.m. to introduce me to the casting director and suggest that maybe he could find some work for me on the film.

I was chosen to be an extra for the big chase scene on the subway, where a young French actor brandished his character’s .45 automatic and said, “You stop this train and I

blow you in half” to the conductor. Just before the take, the Frenchman would jump up, grab the hanging bar on the subway car, and do fifteen chin-ups to get his adrenaline pumping. I noticed him do this repeatedly that day, thought how clever he was, and how people watching this film would never imagine that playing that scene involved chin-ups.

Good memories helped me through the chemo sessions.

* * * * *

In my early years as Stenbeck on the show, remembering the French actor, I would jump up and down when the stage manager began the count down. Even though I may not have been sure of the first line of dialogue, at least when the little red light on the top of the camera came on, my face would be filled with energy.

The next morning was a hard day in the studio. The story line was reaching its peak and my character was in a lot of trouble, as usual. This particular day one of the daytime magazines was holding a photo-shoot on the set. Lillian, the hairdresser, always took great care of me and made sure the wig fit right, so I never had to think about it while taping scenes. She double-checked that it looked all right for the photo shoot. I also had an interview. What if the journalist noticed? Would he ask why I was wearing a wig? I didn't want the press to know. The producers and I hadn't worked out exactly what would be said to the public.

We were all working under pressure to accommodate the photographer, and to get actors back for the afternoon's rehearsal and taping.

The minuscule patch of lace that held the front of the wig on my head was glued down and covered with makeup, but it protruded a little. If any of the cast or crew saw it, they never commented. The fellow who interviewed me was young, his attention was focused on his note pad and his list of questions about James and the story line. Minutes later I was back to the studio floor, going over the blocking and taking a last look at my lines. This work was intense and there was no time to think about cancer but the chemo had begun to wear

me down and I wasn't jumping up and down before the camera rolled.

* * * * *

Dr. Chatham explained that Dr. Janice Gabrilove would be in charge of the transplant. Somehow I managed to miss my first consultation with Dr. Gabrilove. It was right there in my daily reminder for February 7th at 4:30 p.m. in my own handwriting. When I called to reschedule, Dr. Gabrilove responded with a smile in her voice.

"Mr. Herrera, you stood me up."

"Doctor, I promise I'll show up this time."

"See you on the 23rd at three o'clock."

Dr. Gabrilove was a native New Yorker. However, if she had been raised in a small town in the South or the Midwest, in high school she would have been head cheerleader, most popular and valedictorian. She was petite, and I thought it a bit bold for a patient to think of one of the great pioneers of Hematology and Oncology as "cute" but I thought she was cute. Our discussion about Mantle Cell Lymphoma was not cute.

"In your opinion, why did I get cancer?"

"I don't know. At this time we, the medical community, have no idea why."

She began to go over the transplant procedure. Their objective was to eradicate the Lymphoma with CHOP and ICE chemotherapy.

"Then we will do a stem cell harvest. We will stimulate your bone marrow to over-produce stem cells with a regimen of Neupogen shots, so there will be an over-population of young "baby" stem cells in your blood stream. Your blood will be centrifuged through a machine, which will remove the newly developed stem cells. These cells, destined to create your new blood and immune system will be tagged with your name and then frozen."

"Have you ever lost anyone's cells?"

"No."

"Has that clinic ever lost anyone's cells?"

"No."

“I thought you could take the stem cells out of my bones.”

“We used to and sometimes we still do, but I prefer this method.”

“Why?”

“It is not as difficult for the patient and we get ‘cleaner’ cells to work with.”

“You’ll be in charge of the transplant?”

“Yes. Dr. Chatham will still have a role in your care. But as far as the transplant, from beginning to end, you are under my care.”

“What will happen? I mean I’ve been told it will be a very rough time, that I could die.”

“Yes.”

“Will it work?”

“We hope so. But I don’t know for certain.”

“Oh. How do they do it? I mean the transplant itself.”

“After the total body irradiation and chemotherapy protocol, your immune system will no longer exist. We’ll give your body a full day of rest. Then we will bring your cells to your room, while they’re still frozen. We will put them in a warm bath, thaw them out in your hospital room, and once they are up to normal body temperature, we’ll re-infuse them back into your blood stream.”

“Oh.”

“Then they should scoot right back into your bones and start back to work. Since they are your own cells, they will feel right at home. There will be no graft versus host problems. The cells came out of your body. That’s why we call it an autologous transplant.”

“Auto, like in automatic transmission?”

“Not bad. Autologous means cells derived from the same individual, you are both donor and the recipient.”

I came up with a southern country boy analogy. “If a barn is my body and we have rats in the barn and they will keep multiplying until they squeeze out or strangle or devour every form of life, we either kill them or they kill me. So we take some babies from every animal, and hide them away from the barn, and then stand outside and fire .22 rifles and .30-.30 rifles through the side of the barn, hoping to kill rats. Then we

move to the other side of the barn and fire with shotguns, hoping to kill from a different angle. But to make sure we've got all of the rats, we douse the inside with kerosene and set it on fire, but then put out the fire just before the beams and supports are burnt, so the barn won't fall down. We then put the baby animals back in, so they will grow and multiply and live happily ever after, we hope."

"That's pretty good; I'll use that metaphor, if you don't mind."

"Please do. Will the radiation and chemo kill every last one of the lymphoma cells?"

"Again we hope so, but I don't know for sure. If not, we hope that your new immune system will take care of any that are left."

"I think I understand."

"Mr. Herrera, I have said 'I don't know' three times since we have been talking. Does that upset you?"

"No, doctor. You can't know everything. But if you bullshit me, I'll see through it and that would upset me."

She smiled. "And I can learn from you."

Her words stuck in my mind: "***Does that upset you?***"

"Dr. Gabrilove was concerned about my emotional state as well as the disease. She knew that patients wake up before dawn and review everything their doctor had said to them. They weigh every word, every pause in their speech, trying to make some sense out of why they have cancer, why has this happened to them and wonder if they are going die. I was more than a big white rat to this doctor.

* * * * *

I asked for a psychiatric consultation, and was referred to Dr. Holland. She was originally from Texas and still had a trace of a Southern accent, which was a comforting touch for me. I explained that I'd had years of psychotherapy and had recently been working with a Dr. MacCavoy here in the city. I told her I didn't think I would slip into a depression during the difficult times ahead. We went over my psychiatric and family

history, including what was a bi-polar episode at twenty, but in those days it was called a “nervous breakdown.”

She pointed out that my mood was cheerful overall, and that I was grounded, but not euphoric. She agreed that leaving my abusive parents and living with my grandparents had made a significant, positive difference in my life.

She asked about my relationship with women and whether I had any emotional support. I explained that my ex-wife and I were now close friends, but that now I was romantically involved with a woman who had a drinking problem, and I didn’t think she would have the wherewithal to be there for me consistently through the upcoming ordeal. Dr. Holland thought I should continue to see Dr. MacCavoy while in the hospital, and said she’d also be available if I needed her.

My next meeting started on an upbeat note. Laura Sudarsky said that I should have lunch with her friend Christopher Horan at Sloan-Kettering. He worked in the Medical Physics Department and was in charge of Radiation Safety. He made sure that the use of radiation didn’t get out of control and spill over into other rooms and nuke people. He was a big cheerful Englishman, and his diction was so British and humorously delivered that it sounded slightly incongruous to hear him addressing such a serious subject. His manner was more like what one would expect to see on Monty Python. We gossiped some about our mutual friend, who had been somewhat wild and adventurous in her youth. She’d spent one summer working on a rescue helicopter in the Bahamas, and once jumped thirty feet to get to the victims of a speedboat crash.

After a chuckle, Christopher asked about my family. I told him since my grandparents died; I hadn’t had very much contact with my parents or siblings.

“You are going to need a strong support system.”

“I have a few close friends. They mean a lot to me, and I know I can depend on them. But, I’m doing okay. I’ve had tons of psychotherapy and I feel ready.”

His mood changed. He picked-up his coffee cup but didn’t drink. His voice was suddenly serious.

“Keep these friends close, because there will come a time when you will lose control.”

“You will lose control.” Those words dominated the rest of the day and that night. From his tone of voice, I knew he meant that I wouldn’t lose control of my bladder and bowels. He meant that I would lose control of my ability to reason, to hope, to dream about getting well. I would be in such a state of agony that I wouldn’t know what was happening to me and I wouldn’t be able to do anything about it. I would have to depend totally on others.

* * * * *

My mood lifted the next morning when Charles Durning called. He was in town, opening on Broadway with Julie Harris in **The Gin Game** and had two tickets for me that Friday night. I would take Basha.

In the early seventies there were three popular bars frequented by actors: Jimmy Reys, where almost everybody was out of work, Joe Allen’s, where about one third of the patrons were working on television or off-Broadway and half the staff were working off-off-Broadway. Charley-O’s on 46th Street was the watering hole for the Broadway crowd. After my waiter’s shift when I felt up and confident, that’s where I went. One night Jason Robards and Colleen Dewhurst were at the next table.

That’s where I got to know Charles Durning. After several decades of acting and over a hundred plays to his credit, he landed in a Broadway hit, **That Championship Season**. I lived on 50th Street and 1st Avenue and Charlie lived on 50th and 2nd Avenue, so we would often walk across town together. I was intrigued by the wealth of stories he had to tell about his years in the acting profession. He had also just been reunited with the love of his youth, Mary Ann. Their story was in many ways like a fairy tale. When first in love, they were forced apart by cultural tradition; her parents, both from Italy, had arranged a marriage to the boy of their own choice. Now, twenty years later, Charles and Mary Ann had been reunited because her daughter had come into Charlie’s dressing room and introduced herself. Charles and Mary Ann had both been married, divorced and were falling in love all

over again. For me, in my mid twenties, both his acting and real-life stories were mesmerizing.

One night in the drizzling rain, I made a remark about my struggle to become a working actor, I'm going to give it two more years and if I'm not working on a regular basis by then, I'm going to quit."

I was stunned at Durning's reply.

"Then quit tonight."

"What?"

"If you're only going to give it two more years, then quit tonight. You have to commit for a lifetime to be an actor."

I knew in my gut he was right. That conversation changed my life.

I had seen Charlie and Julie Harris some twenty years before in **The Aupair Man** at Lincoln Center. They were wonderful in that production. As **The Gin Game** began to unfold, a glow seemed to appear around the two actors as they talked and listened to each other. What a joy it was for me to watch the richness and depth of their performance that only comes after a lifetime of work and dedication to one's craft.

Mary Ann had just discovered that she had a serious health problem. After the show Charlie invited Basha and me to his hotel to see her. Charles and Basha discussed World War II; Basha's father had been a prisoner of war in Germany, as had Charlie. Charlie had landed at Normandy on D-Day and fought in the Battle of the Bulge. Mary Ann and I got involved in a discussion of life-threatening illnesses and the trials we each faced, going into private wars of our own.

When we said goodnight, Charles and Mary Ann both leaned out the door and waved goodbye as Basha and I got on the elevator. That picture of the two of them stayed in my mind. We were all smiling, but I thought to myself "***this might be our last visit.***"

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10

In the studio, my time in the hair and make-up chair was always upbeat. Lillian the hairdresser was great. The wig only took some three minutes to get right. I had less hair on my face and we had to fill in my eyebrows with make-up. But after a couple of weeks that was routine too, and I took more time to lie down in my dressing room on my expensive mattress cover. My energy had diminished each week just as Dr. Chatham said it would.

I had to move and found a short term sublet on West 72nd Street one-half block from Central Park. It was only one room but there was an elevator and it was in the rear of a big building, away from all the street noise so it was very quiet and peaceful.

One night I had watched a program on ethics and morality. The next morning I was up very early and walked to work. A fine mist hung in the spring air and the grass and trees in Central Park looked like a page in a fairytale book. I was in a meditative state; enjoying nature's beauty, pondering morality and ethics as I unconsciously drifted into the street at Columbus Circle. I was jolted out of my reverie by screeching tires and a cab driver cursing me in a foreign language as he sped around me. I jumped backwards and yelled, "Yeah. Screw you too . . ." And within a couple of seconds was back to contemplating the beauty and complexities of the universe. I laughed to myself and thought, "***That's life in Manhattan.***"

* * * * *

ICE chemotherapy takes twenty-four hours to infuse and requires an overnight stay in the hospital.

An Argentine doctor in her sixties, whom I'd never met before, examined the veins in my arms. She asked how I got such superb, big pipes. I told her about some of the physical labor I had done in my teens, and she remarked, "See, it is still paying off; you won't need a catheter to get ICE." That was good news. Even though I'd been told it was a relatively

simple procedure, I dreaded having the catheter, or port, put in my chest.

It was May 28, 1997. It had been thirty-three years since I had to spend a night in a hospital. There was a curtain between my bed and the other patient in the room. He was a jet airplane mechanic from New Jersey, and six months earlier, a local oncologist had said there was nothing more they could do for him; that he was going to die. A friend had convinced him to at least just drive into Manhattan and take a look at Sloan-Kettering. At 6:30 that night, after circling the block three times, they parked and walked into the Emergency Room.

“They started working on me right away. Dr. Moskowitz came in and took over, and he worked on me until 1:00 the next morning. That was four months ago, and tomorrow, I’m going home.”

I felt less alone as we talked way into the night. Even though nurses and doctors were coming and going all through our conversation, the curtain was never pulled aside. I never shook his hand or saw his face, but I remember his name was Bill.

* * * * *

I had finally gotten a lease on an apartment on 84th and Third. After the ICE infusion I wanted to find out if I had the strength to walk the fifteen blocks home. I did it.

The writers on **As The World Turns** added two extra days’ work after the week I was supposed to have finished. I usually took a nap in my dressing room at lunchtime and then slept for about an hour after taping.

Luckily these scenes took place in a jail cell. I would put on my prison jumpsuit as soon as I was through with make-up and into my wig, go to the studio floor and lie down in my cell. Days on the set of a soap are long, hard and tiring under normal circumstances. I was very low on energy and hugging hell to put my scenes on tape. I finished at 7:30 that night.

I said goodbye to the crew and they all wished me luck. I went to my dressing room, changed out of my costume and

needed to lie down for a moment. I didn't wake-up until 2:00 the next morning.

* * * * *

I had thought that my second meeting with Dr. Gabrilove was to go over more details about the transplant. Instead she wanted to check me over physically, check my hemoglobin and white blood counts, and see if they were strong enough to do another bone marrow aspiration. Nancy Cody-Lyons was in on this visit and had another long list of questions. Dr. Gabrilove examined me and then stepped out to get the lab results for my counts.

Dr. Levine and his drill immediately sprang to mind; I said to Nancy, "I have some Tylenol with Codeine in my bag; I'm going to take a couple just in case we drill into my bone."

"She's not going to hurt you."

I had grown fond of Nancy and thought I could trust her. She was tough and direct, but I had trouble believing they could remove any bone marrow without causing incredible pain. Even though it lasted only fifteen seconds, nothing I had ever gone through had come close to the shock or amount of agony I had experienced at the hand of Dr. Levine. I didn't know that the human body was capable of feeling, much less enduring that kind of torment.

Dr. Gabrilove returned and announced, "Your counts are fine."

She patted the table as a signal for me to climb up on it and started taking out instruments from the cabinets. I lay face down, unbuckled my belt, and gripped the end of the table with both hands. I could hear the clink of the metal instruments.

"Would you please lower your pants just a little?"

I did and grabbed the top of the table again.

"Mr. Herrera, you can let go of the table, you will feel something cold on your skin. We are going to go slowly and I will need you to tell me if you are feeling pain or pressure."

She wiped the top of my buttock with a swab that numbed my skin. I gradually eased my grip.

“Now I am puncturing the skin and adding some anesthetic. Okay? Now I am moving through the muscle, do you feel pain or pressure?”

“Pressure.”

“Okay. Good.”

“Now, a little further, getting closer to the bone. Pain or pressure?”

“Pressure.”

“Fine, now I am touching the periosteum, which is the layer of connective tissue covering your bone. Pain or pressure?”

“Uh, pressure.”

“Mr. Herrera, you may have to be a hero over at CBS but not here. Pain or pressure?”

“Pain.”

“All right. We just add a little more anesthetic. Let me know if there is pain.”

“I will. Yes that’s better.”

I could hear the tiny tink tink, as what I assumed was a needle adding anesthetic into the drill, which had penetrated layers of my skin and muscle, was now through the periosteum and into the bone itself.

“Pain or pressure.”

“Pressure.”

I heard the tiny tink again. Silence, then all I heard was the soft sound of what I realized was the turning of a manual drill. A couple of other little sounds and that was it. There was a bit of an uncomfortable, dull sensation in my bone and muscle, but it was over.

Nancy applied a bandage I remained perfectly still and said, “I don’t want to offend either of you ladies but in my opinion, that Dr. Harold Levine is a sadistic son of a bitch.”

No one said a word. Dr. Gabrilove sat down to label the vials of fluid and marrow she had aspirated. I took a quick breath to hold back the tears welling-up in my eyes. My emotion was not the result of physical pain, but relief and gratitude for Dr. Gabrilove’s kindness.

“Why did that doctor do that to me? Why the hell did he put me through so much agony?”

Dr. Gabrilove looked right at me and simply answered, "Some doctors think that the patient can take it. That's not my philosophy. I'll be right back."

Nancy was writing in my chart.

"You were right Nancy, she didn't hurt me."

Nancy's look went right into my brain. "I'll never lie to you."

I knew what she meant. If I was going to die, and she knew it, and I asked, she would tell me.

When Dr. Gabrilove returned my spirit was stronger, "Doctor, medical science is moving fast, you developed Neupogen, in Scotland they just cloned Dolly, why can't you just give me a couple of pills for this lymphoma and let me go back to work?"

There was a quick smile in her eye as she replied, "Maybe in a couple of years, Mister Herrera. Not quite yet. But keep that positive attitude. We know that a positive attitude helps the immune system."

* * * * *

My next consultation was with the Chief of Radiation Oncology, Dr. Yahalom. It is the practice in teaching hospitals that the patient meet with one of the Fellows or Residents before seeing a senior staff member. Dr. Hoffe was a tall, blond and very well presented young lady who looked like she came from old money.

She looked at my eyes, throat and ears, then listened to my lungs, heart and belly. We went through the litany of questions I had been asked a thousand times since January 10th: birth date, profession, prior medical history, etc. I told her that I drank heavily in my late thirties and early forties, and that it could be said that I had abused alcohol. With charm and perfect manners she looked at me and asked, "And how long have you been in recovery?"

"Recovery? I don't believe in recovery any more than I believe in 'closure.' I loathe euphemistic clichés. In my late forties I decided that I was going to control my drinking rather than have my drinking control me, and if I live through all of

this, the first thing I'm going to do is open a bottle of Champagne."

"Oh" she said. After our interview, every time I passed her in halls of the hospital, she always greeted me with a smile and a warm, "Hello, Mr. Herrera, nice to see you."

Dr. Yahalom came in with my chart. He was in his mid-forties and had a take-charge personality. As he examined me, "You look younger than fifty-three."

"I look like crap now compared to before the chemo. I played a lot of squash before I was hit with cancer."

"You still don't look fifty-three years old."

Then we went over the list, the same list they all went over. When we got to alcohol, I started to explain again, "In my late . . ."

He glanced at my chart and cut me off. "Your liver's fine."

He went right on down the list and then explained in general terms why they were choosing to use radiation and what a "local boost" meant in oncological radiation. A local boost was required because MCL is a particularly insidious lymphoma; it is especially hard to kill because it hides in the body. It is a mean and sneaky lymphoma.

They would radiate the tonsil area of my neck first, because that is where the disease originated. I interjected with my analogy of the "rats in the barn" Dr. Gabrilove had liked, and Dr. Yahalom proceeded to give me his more succinct version.

"I was an Israeli Army Officer. Terrorists occupy the village. We are going to attack with machine-gun fire, but first we are going to hit their headquarters with a few rocket grenades."

Then he went over potential acute and chronic side effects of the treatment: in terms of the neck and left tonsil region, I could develop dental problems and xerostomia. Risks associated with Total Body Irradiation included fatigue, change in taste sensation, cataract formation, pharyngitis, esophagitis, pneumonitis, sterility, hypothyroidism, and induction of a secondary malignancy. He spent a good deal of time going over all of this, then he gave me a booklet on the TBI process.

When we finished, Dr. Yahalom told me I would have to get tattoos for the local boost of radiation. The path of the radiation beam had to be exact.

That night I realized he had made no moral judgments or even cared if I drank too much during a certain period of my life. “Your liver is fine.” Likewise, Nancy Cody-Lyons didn’t blink when she asked if I’d had an AIDS test. These doctors and nurses were fighting cancer with science not with society’s values. If I had been a heavy smoker and had damaged my lungs I would not have been able to tolerate chemotherapy and they couldn’t proceed with the transplant. Without the stem cell transplant, their best effort would have been to prolong my life for a few months with chemotherapy.

Dr. Yahalom had looked at me like a side of beef as he determined how to cook me with radiation in order to kill the Lymphoma, without killing the rest of me in the process.

* * * * *

I was not comfortable with the fact that I would have tattoos, tiny spots, put on my face and neck. I met a tall, black man with a great smile and a very deep voice. He made James Earl Jones sound like a tenor. He explained that the tattoos would be invisible to the naked eye.

“How can the technician who is going to zap me with radiation see them?”

“Laser.”

Even though he spoke softly, “laser” seemed to resound throughout the room. Laser -- there was another word that sounded futuristic, like **Star Wars** and nuclear medicine. This was the cold reality of cancer; lasers and radiation aimed at my own jaw and neck.

“Will the radiation beams hit my vocal cords?”

“I don’t think so.”

“Can you find out for me?”

“Yes.”

This man’s voice was like listening to music. I ask him what was the most difficult part of his job.

“Little children, they are usually very frightened.”

“I guess they are. I’m not little, and I’m very frightened.”

“Sometimes it is hard to get them to stay still.”

“How do you manage?”

“I tell them stories.”

“You have the voice for it.”

He smiled. “Thank you.”

“My voice is important for my work.”

“I know, ‘Mr. James Stenbeck’, I watched you on the show in the eighties. Don’t worry, no one will bother you, we’ve had lots of celebrities here.”

“I read that Bishop Tutu was suffering from cancer and was in New York. He was treated here, wasn’t he?”

“Yes.”

“I lived in South Africa. He is a great man.”

“So you see Mr. Herrera, you are in good hands, I tattooed Tutu too.”

* * * * *

How could a kid deal with cancer? I thought back to that first weekend, the snowstorm, the painkillers and the champagne. I had lived fifty-three years, but the idea of this ordeal for a little kid to face left me shattered.

I imagined a frightened child, getting poked with a needle, not really understanding, and having to get radiation shot through their body because of something called cancer. A friend’s daughter, whom I’d known since she was seven, was on the 11th floor of this hospital with terminal brain cancer. Peter Hammer was my friend. Cleavon was like a brother. Cancer took them away from me. These two men were emotional guideposts and stabilizing forces in my life. And two years ago Evans Harrington, my major professor at Ole Miss was diagnosed with cancer. Now this damn disease might kill me in the next couple of months.

I was slipping out of the saddle.

Stella Adler had said many times to her students, “Darlings, don’t ever forget, it is the duty of drama to uplift the human spirit.”

Back at my sublet I put on a video of my favorite film, John Ford's **The Searchers**. John Wayne portrays the protagonist, Ethan Edwards. In one of the first scenes, Ward Bond, who plays the Captain of the Rangers, says to Ethan:

"I haven't seen you since the surrender. Come to think of it I didn't see you at the surrender."

As Ethan straps on his revolver he retorts, ***"I don't believe in surrenders."***

As the story unfolds Comanche warriors slaughter his brother's family and capture his niece. There are moments in the film between Ethan and his brother's wife that strongly suggest that the little girl is his daughter. He spends the next seven years searching for her. Ethan is an angry man. Despite all odds and difficulties he doesn't give up. The French filmmaker Godard remarked about the ending, "Every time I see John Wayne pick up Natalie Wood, I weep." Martin Scorsese simply says it is my favorite film. Spielberg watches it before every project. When asked why, **"The Searchers** inspires me."

After fighting the evil of the world and the evil within him, Ethan's humanity prevails. I watched all one hundred and nineteen minutes of the film and at the end I felt stronger.

11

The next day, I had to be zapped with the first local boost of radiation. The waiting took a lot longer than the procedure. I got on the table and shut my eyes. I didn't want to witness what they had to do to me. Then I heard, "Mr. Herrera, this is Dr. Yahalom, the radiation will not hit your vocal cords."

There were nine more days of local radiation. I also had to prepare for the "harvest" of my stem cells, by regular injections of Neupogen.

The collection of my stem cells was much more civilized than the horrific scenes in the PBS documentary on The History of the Transplant.

During the five-day regimen of Neupogen, I could not waver from the prescribed amount even if there was the radiating bone pain. If that occurred, I could take Tylenol with Codeine. The objective here was for my bone marrow to over-produce. Then they would centrifuge my blood through a machine and harvest the baby stem cells for an autologous transplant. If they didn't get enough cells the first time, we would wait forty-eight hours and try to collect more. This would give the bones two days to produce more young stem cells. The timing was very important.

Nancy Cody-Lyons scheduled me for June 20th and June 22nd. As she hung up the phone with the doctor in charge of the procedure she muttered, "jerk" under her breath. She wasn't aware that I'd heard her.

After the second shot of Neupogen I had to take Tylenol with Codeine for the pain.

On the 20th, I was due in the blood department at 8 a.m. for the six-hour procedure. They made me comfortable in a bed raised almost to a sitting position. A slender, frazzled doctor came over with a stack of patient records. He didn't look at me.

"Herrera, Mantle Cell Lymphoma, Dr. Moskowitz patient?"

"No."

"You're not Herrera, patient number 388308?"

"Yes. I am."

“You’re not Dr. Moskowitz’ patient.”

“No.”

“Who’s your transplant doctor?”

“Dr. Gabrilove.”

“Really?”

He looked through his stack of orders again,

“Oh. Oh. Yes. Dr. Gabrilove. It’s right here. It doesn’t make any difference.”

“It will make a difference if someone labels my cells with Mr. Brown’s name rather than Mr. Herrera. I want to watch my cells from the time they are taken out of this contraption, put in one of those little baggies, to when they’re labeled with Anthony Herrera date of birth 1/19/44 patient number 388308.” Nancy was right. This doctor is a jerk.

The night before I had been on the phone with Patsy. As a joke I said, “Hope they don’t lose them.” She didn’t get it and replied, “You’d just have to do it again.”

“No. They burn my immune system down to zero. If they lose my cells, that’s it. I’m gone.”

The doctor came over a few minutes later. “I was a bit rushed. I spoke to the nurse.”

“I appreciate you telling me.”

Again my big veins were an advantage. Because of the nature of the procedure, the gauge of the needles was larger than normal. I watched as my blood flowed out of my left arm into a clear tube, through the centrifugal device, and into another clear tube, before circulating back into my right arm. The engine gently hummed away and I asked my nurse, “How much does this machine cost?”

“About thirty-five thousand dollars.”

“What? That’s it. Where is it made.”

“Chicago or Detroit, I’m not sure. Why, something wrong?”

“Yes. I don’t want a Briggs-Stratton lawn mower motor gathering my stem cells. I want a machine made in Switzerland or Germany that costs at least a quarter of a million dollars.”

She gave me a blank look and then giggled. “If this one messes up we’ll order you one from Europe.”

“Thank you.”

“You’re more than welcome. I know you’re particular, so I’ll label your bag of cells right here in front of you.”
I liked this nurse.

* * * * *

The next week I had my second round of ICE. After I’d checked-in and was all hooked-up for the twenty-four hour chemo infusion, Dr. Moskowitz came in to see me. Mantle Cell Lymphoma was rare and he followed my case with particular interest.

This time the fatigue got to me; I slept most of the night and the following day. When we finished, I didn’t even consider walking home. Fortunately I found a taxi right outside the hospital. This course of the ICE chemo made me feel like I had a mild case of the flu. I just wanted to sleep. I let the answering machine pick up my messages and I listened to them when I had the energy. One was from United States Senator Thad Cockran, "Hello Anthony, this is Thad calling from Washington. I've heard you were having some serious health problems and I wanted to wish you the best."

Thad was the dorm manager my freshman year at Ole Miss and lived across the hall. We had been in touch occasionally over the years and he was actively supportive of my PBS production of **The Wide Net**. I listened to his voice every day until I went into the hospital. It made me feel that I was still part of my home state. I looked up to Thad as a freshman in 1961 and ever since have admired him as a gentleman and as a United States Senator.

The lab report came back from Dr. Gabrilove’s aspiration. No lymphoma found in my bone. We would proceed with the transplant.

I hadn’t heard from Lucas in Wiggins so I called him.

“I go into the hospital in a couple of days. Are you coming up?”

“Anthony, you see, I’ve never been on one of those big planes. Kinda scares me.”

I was stunned and didn’t hear much of what he said after that. He went on to make more excuses and ended with, “Let me know when you feel better.”

Basha and I once spent the 4th of July with Lucas and his family. A few years later I went to Wiggins and spent Christmas with them. I felt very close to his wife and daughter. I was hurt but couldn't emotionally afford to dwell on it. I even had a bit of a sad silent chuckle at the irony. Lucas is a hunter. A fellow who takes great pride in killing a deer with a 30.06 rifle but he is afraid to get on an airplane.

* * * * *

Two days before I was to check into Sloan-Kettering I received a call from a lady in admissions. She had a long list of questions. We went through the usual; address, date of birth, insurance information. She sounded young and was polite. However, when it came to my family she seemed to want to force the issue that they should be notified in case of an emergency. She couldn't understand why someone with five siblings and with living parents wouldn't want them contacted in case of an emergency -- a nice way of saying -- *if you die*. I finally had to say, "Miss, this is the way I want it. Please contact Barbara Plewinska if there is an urgent situation." I gave her Basha's number and address.

Later that night I tossed in the darkness and thought of the young lady in admission -- when she went over the spelling of my last name and religion, she assumed I was Catholic. I said no. Protestant? No. Jewish? No. Then I ask her if she had seen the film **Breaker Morant**. She hadn't. Then I went off on a monologue about during the Boar War in South Africa that Morant was about to be unjustly executed by the British and asked if he wanted a verse read from the Bible and he responded that he was a pagan. His fellow soldier who was also being unjustly executed asked, "What's a pagan?" Morant answered "Someone that doesn't believe that God's in his heaven dispensing justice throughout mankind." At that point the young lady interrupted, "Mr. Herrera can I put down other?" I laughed quietly, "Yes, of course. Sorry to ramble on."

Most of my answers must have sounded odd. I had lived so long away from my brothers and sisters and my parents that it seemed normal. But it is not normal at all.

In the morning doctors will put a tube in my chest to infuse more chemo into me and they will start spraying my body twice a day with nuclear particles.

I go into the unknown tomorrow and if I am able to deal with each event with dignity so that I approve of my behavior, then I believe that I have a better chance of staying alive. If this treatment kills me? Well . . . Peter Pan said, ***“To die must be an awfully big adventure.”***

12

I used the main entrance on York Avenue, went through the Admitting Office quickly, and expected I'd have at least a day to relax before any serious procedures began. I mentally reviewed what we learned at the seminar in March about the six-to eight-week stay. I unpacked my laptop, books, a picture of my first wife, Lane, my second, Basha, and one of John Wayne. I also set up a CD and tape player, and put two VHS copies of my documentary film **Mississippi Delta Blues** on a shelf by my bed.

I could see the ivy-covered walls of Rockefeller University, the Fifty-ninth Street Bridge and a few tugboats making their way down the East River. So far so good.

A nurse appeared with pills in a little plastic cup, and presented me with a printed schedule outlining the rest of my day. I was due for TBI (total body irradiation) on the fifth floor in thirty minutes, and then the seventh floor where they would place a catheter or a "port" in my chest to infuse me with hydration, chemo and other drugs. The next stop was the eighth floor for a chest X-ray to make sure the port had been put in the vein and didn't puncture the lung, and that the line was in my vena cava. I was to go back to my room for lunch and then return to the fifth floor for a second session of TBI.

I took a tape of **The Best of Bob Wills** and went to the Nuclear Treatment Center on the fifth floor. They showed me into a rather large room with a desk and phone. One wall held numerous rows of slots, each containing a lead shield. There was my name: Herrera # 388308 - d.o.b. - 1/19/44.

They placed the lead shields on a thick sheet of plastic and then the technician introduced me to a strange contraption mounted on a small platform with locking wheels so it could either be rolled around or stationary. The platform was about three feet long and a foot and a half wide. It had a bicycle seat, two sturdy metal bars some six and a half feet tall on each end, and two bars running across the top. The bars featured protruding bolts, to which thick, clear plastic sheets were attached by big wing nuts at the front and rear. There

were two thick leather cuffs, linked to the top bars by stainless steel chains, which hung down on each side.

There was a heavy, white, long-sleeved canvas jacket with brass buckles on the back hanging in the middle of this rather odd-looking apparatus.

They explained that my body position was very important; and movement had to be kept at an absolute minimum. They would secure me in the jacket, and my arms would be held by the cuffs, so if I fainted, as some patients did, I would not fall and hurt myself.

An inch-thick, full-length plastic plate on adjustable pipes supported the lead shields to protect my lungs from the radiation.

This equipment looked more like it was designed for the clientele of a sophisticated S&M establishment, rather than patients in a hospital.

I never took my watch off. I had bought an Ebel watch in London in the mid-eighties, before they were marketed in the US, and it was the only decent watch I had ever owned. I worked with it on. I slept with it on. I played squash and showered with it on. I never took it off. They insisted. They said it had to come off for the total body irradiation. I objected. They insisted. I took off my damn watch. I was allowed to keep my pajama bottoms and a t-shirt, and that was it.

Stella Adler said many times. "When you are in new or unusual circumstance; watch, observe details and remember how you reacted physically. The emotions are stored in your muscles and sinews. So I thought take mental pictures, listen for different sounds. That'll be better than worrying about the atomic particles flying through me.

I never fooled myself. This wasn't a movie or a play. It was real enough. I tried to deal with each new development, whether it was a peculiar piece of machinery, or an inexplicable procedure, or even pain itself, as a challenge in this adventure. Mother Nature had cast me in this role, without my consent.

This approach seemed strange to some. When I told my friend Doris Ann Benoist from Natchez, Mississippi she was shocked at my analogy, and exclaimed with her fervent

aristocratic southern accent, “**adventure, adventure?** How can you possibly use that word? Anthony, my dear, this is a tragedy.”

“It may very well end in tragedy. In a real life adventure we cannot predict how it’s going to end.”

“Well, this just seems all so **awful** to me . . . I just don’t understand how you can say an **adventure**, but I’m going to pray for you every day anyway.”

* * * * *

I had to straddle, rather than sit on the bicycle seat. They bound me up in the canvas jacket and cuffs and explained again that the seat and the jacket and cuffs were to protect me from injury if I fainted. I didn’t ask what percentage of patients faint. I understood and accepted the straightjacket and the bondage cuffs.

The technician was a big fellow from Brooklyn. He and a nurse double-checked that all my buckles were fastened, and my lungs were protected. At the seminar we were told we could bring our own music for the nuclear sessions. I asked them to put on the tape I brought and they were most pleasant about it. The music started and when they heard Bob Wills’ “**Take Me Back to Tulsa**” they stopped and looked at me as if I had just come down from the moon. I couldn’t let this go by, so I began to explain that this was western music, western swing, and that Hank Williams was country music while Bill Monroe was really mountain music.

They indulged me but did not seem interested. They finalized the preparations and then explained that the procedure would take twenty-four minutes, with four-minute blasts at the beginning and the end, and some longer, six-minute blasts in the middle. They would be in a booth and able to see me, but I would not be able to see them. They pointed out a microphone and speaker on the wall; I could communicate to tell them if I felt dizzy or faint, or if I felt I was going to throw up.

I would face the machine that would blast-out the radiation this morning, and then in the afternoon I would be

bolted back in, but turned around and blasted from the back. I skipped any attempt at humor at this point.

The door they hurried out of was a good eight inches thick. I then heard the heavy clang on the outside as they locked me in the Nuclear Medicine Radiation Room.

A voice came through the speaker.

“Okay. We’re just about ready. Are you doing all right?”

“Just fine.”

I thought to myself, ***“Is this guy kidding! Am I doing all right? I’ve got a deadly cancer in my body, I’ve been pumped full of enough chemicals to drown a goat, I’m bound up like Houdini in a contraption that I couldn’t escape from if I tried, I’m looking at a machine that will in seconds start to spray nuclear particles through my body, I could die from the amount of chemicals and radiation I’ll get during the next three weeks, and now this clown wants to know, Am I doing all right?”***

He does this all day long, five days a week. He was not the reason I was in that room. I was the 10 a.m. patient #388308. I should try to cooperate. And I did.

“Here we go.”

The machine made a low dim whirring sound and it went just like they said; still for four minutes, then a little rest, then again and again . . . the six minutes sections and so on, for twenty-four minutes. My legs got a little tired, but other than that it was not too bad for being nuked for the first time. When I could shift my attention to the tape player though, Bob Wills never sounded better.

***“Take me back to Tulsa,
I’m too young to marry.”***

* * * * *

My next appointment was to get a port put in my chest, so they could pump-in more chemo and pump it in faster. The port would also be used later to re-infuse my stem cells.

I met a handsome, young doctor who Dr. Gabrilove had told me was Sloan-Kettering’s best at this procedure: inserting

a “triple lumen catheter”. He said it would take four or five minutes. There were two nurses, and one asked me if I wanted a general or local anesthetic. I said “Since I’ve never been put under and all you’re going to do is put in a little tube, a local.”

They rubbed my skin with something cold and injected a local painkiller.

The doctor assured me, “This will numb the area where I’ll be working.”

The first probe was a bit uncomfortable. Then the second probe under my collarbone. Then the third and fourth. He was sticking a 21-gauge needle in my chest, trying to locate the vena cava. He was not succeeding. I could sense and hear his frustration. I said, “If I’m ever in a scene where I’m shot by an arrow -- now -- I’ll know how to play it.” The pain intensified with each attempt until I muttered, “***Son of a bitch.***” One of the nurses gave me her hand and said, “Squeeze”. I squeezed. She yelled. “Arrrrgggghhhh . . . I forgot to take off my rings.”

I had nearly broken her fingers. We all agreed I should get some morphine. They started the morphine drip. A very big camera was positioned over my chest and partially covered my face. Normally something this close makes me very nervous but I was in too much pain to care. The procedure took forty minutes and if the morphine kicked in, I never felt it.

* * * * *

Joel Aronowitz and I had worked together for years at CBS. He was an assistant director and editor. Joel often brought the right dose of humor to the set when things started to deteriorate after working a string of twelve-hour days. His wife, Linda had cancer and was on the eighth floor. Joel came up to my room while I was eating lunch. He was going out to get Chinese food for Linda. I looked at the chicken breast, potatoes and broccoli I had started, and decided to stick with what they had brought me. Joel thought the arrow in the chest line was funny. He made a joke about being a good

Jewish husband and helped take my mind off the pain in my chest.

At 5:30 I had my second blast of TBI for the day. The morphine was starting to feel like a hangover from drinking too much mead. I'd never even had a sip of mead but that's how awful I felt, like there was something sweet, thick and heavy creeping slowly through my system.

I had to take off my watch again. The ritual of getting into the contraption for the machine to spray me was the same, but I forgot to bring my music. The same fellow from the morning was in charge but there was a different nurse, younger, pretty with dark hair tied-back in a ponytail. They strapped me in, facing the back wall so the machine could blast me from the rear. They hurried out and closed the big door.

Before the machine began to whirl, I felt warm, then nauseous. I was bolted in, between two pieces of plastic in a straight jacket with my wrists in leather cuffs. The nausea got worse. I called to the speaker above my head.

"I don't feel too good. I think I'm going to be sick."

Nothing. Then a bit louder,

"I think I'm going to throw up."

"What?"

"I'm going to vomit. Somebody get in here."

"You don't feel well?"

"No. I don't feel well."

"Do you think you're going to be sick?"

"Yes! I'm going to vomit. I can't see the bucket. Please get in here! Get in here!"

"Okay. Okay. Wait a minute!"

The young nurse pushed the big door open. Just as she came into the room, somewhere behind me a phone began to ring.

"The bucket is right there."

The phone kept ringing.

I yelled, "Get me the bucket. It's right there! Get me the bucket!"

The phone kept ringing . . . for some inexplicable reason this nurse crossed behind me, went to the far end of the room and answered the phone. I belched once, and then I

belched again and up it came. I vomited all over the plastic shield in front of me. I vomited all over the floor. I vomited all over myself.

The technician and the other nurse came in and immediately started unscrewing the big wing nuts holding the plastic shield in place. The younger nurse crossed over to us and just stood there.

It was a mess. It took a few minutes to get the shields off, the cuffs off and the canvas jacket, which was also covered with vomit.

The young nurse shook her head in disbelief. As I got down off of the little platform, I remarked.

“I guess I shouldn’t have had lunch.”

The young nurse, “Well, what did you eat?”

I gestured to the quart or so of liquid and lumps all over the contraption and the floor, and answered.

“Take a look!”

They cleaned the floor, the equipment, and me and then helped me into a fresh straight jacket, bolted me back into the contraption and proceeded to spray radiation through me.

There were three more days of TBI that week. They went by without incident. I never vomited or saw the pretty young nurse again.

* * * * *

The surgeon who installed the triple lumen catheter in my chest came by the next day and explained the complications necessitating multiple attempts at the procedure; my clavicle, or collarbone, was considerably larger than most. He assured me that he had eventually been successful, as the x-ray showed the tip of the lumen was resting nicely in the vena cava and had not punctured my lung.

With a triple lumen catheter port in your chest, they can hook-up multiple IV lines attached to the bags of chemo and other fluids they need to infuse into your body. Mid-pole is a stainless steel rack holding a pump, which regulates the infusion of various fluids at designated rates. My pole held

two bags of chemo, one of hydration fluid and a smaller bag of some kind of antibody. The pump was blue and needed adjusting each time one bag would empty and they added a replacement.

During my first two days on the eleventh floor, everything was strange and new: the trays of food, this view of the river, the nurses and the 7 a.m. "vital signs" drill to record my temperature in centigrade, weight in kilos and blood pressure. Then breakfast. I lost all taste for food, but for some reason I did like Diet Coke, Gator Aid and Carnation Instant Breakfast. My intake of the Instant Breakfast seemed to keep them happy, as did the Gator Aid because of the electrolytes.

On the third day the novelty of being an inpatient evaporated, and it seemed as if I had lived in Room 1116 for weeks. The total body irradiation was sapping my strength. I had no interest in going on-line or even turning on my computer, but music provided some escape. I listened to Willie Nelson and Louis Armstrong. I had known Willie and Family since 1987 and had heard his repertoire many times back stage.

When I toured theatre I always had selected pre-show music before each performance. One of my favorites by Mr. Louis Armstrong was the last song and as the lights went down I always made my entrance during the second verse of:

***"Give me a kiss to build a dream on and
My imagination will thrive upon that kiss."***

* * * * *

The mucus in my mouth and throat was changing, becoming thick, so I had to use a flexible straw to drink. I tried to sleep when there was not somebody taking my temperature or checking my blood pressure or adding another bag to my poles. There were now two poles, and four blue pumps, and ten or twelve hanging bags of fluids, depending on the hour of the day. The nurses would always tell me what they were adding but I couldn't, or didn't care to try to keep track of the drug and chemo regimen.

At one point that afternoon, after dozing a few minutes, I looked up and Dr. Chatham was standing at the foot of my bed.

“Doctor, if I make it through this, I want to go to South Africa for Christmas. Do you think that will be possible?”

“I wouldn’t think so. Let’s concentrate on what you have to deal with now. How are you holding up?”

“It’s getting interesting on an emotional level. One’s thinking about their life gets a bit serious when mother nature has a 12 gauge double-barrel shot gun, loaded with buck shot, with both hammers cocked back and a very nervous finger on the trigger, pointed right at my forehead. I don’t spend much time worrying about what the casting director thought of my last audition.”

Dr. Chatham gave me a grin and spelled it out.

“The next six weeks are going to be very intense for you. It’s going to be rough. Picture the worst flu you’ve ever had in your life and multiply by one hundred. That’s where you’re going. This is going to be rough, very rough.”

I was silent for a moment.

“Yes. But one advantage, is that, unlike most people at my age, I’m being given the opportunity to stop and really consider my life, where I am, where I came from, and where I’m going. It’s like a mandatory exercise in being honest with yourself and the core of your life.”

* * * * *

13

By day five the TBI and the local boost of irradiation had taken its toll. My left jaw was swollen from the soft tissue burns inside of my cheek. I looked like I had a golf ball between my teeth and my cheek. The radiation had obliterated some mucus glands. I had to moisten my mouth and throat by sucking cup after cup of water through a straw. Then a few days later my mucus got so thick that they hooked me up to a suction machine to prevent me from strangling.

Somewhere toward the end of the first week I began slipping into more of a daze. Throughout the day different teams of doctors and nurses would float in and out of my room. Dr. Kapusinski was the resident Fellow on day rounds for the month of July. He had red hair and was always congenial. When I saw his name I remarked that I had been to Poland three times, once in the mid-eighties, before anyone imagined the iron curtain would fall, and twice since the wall came down.

He smiled, "Really, well I'm a Mexican."

"You're kidding."

"No. My grandfather left Poland for his own safety in the thirties. He tried to come to the States but Immigration turned him away so he ended up in Mexico. He was a painter. He fell in love with that country and made a life there. So after med school I came to New York, and I still haven't seen Poland."

"Will you go back to Mexico to practice when you have finished your residency?"

"I will go wherever I get the best offer for my research. Hematology is my thing. I love being in the lab. All of us have to make rounds."

He stayed a half hour. We talked about music, Mexico and cancer. I thanked him for his time as he left. He simply said, "Talk is important."

The "pain team" came in, introduced themselves and explained they would attend to my "Palliative Care." They checked the contents of one particular bag of drugs. I asked, "What is Palliative Care?"

“Pain and symptom management, which in your case will require varied levels of medication including opiates.”

Their presence momentarily relieved my misery. They were all doctors and all three of them were tall, beautiful women with long, light, flowing hair, or maybe that’s the way they appeared after my first squirt of opium. The painkiller IV line was equipped with a plunger enabling me to self-administer the opiates as needed.

The discomfort became more intense. I developed mucositis, an inflammation of the mucus glands. My tongue was swollen from the radiation. They were always asking, “On a scale of 1-10, how much pain are you in?” I never knew how to respond. So after a few days I asked, “Is thrashing about and screaming a “10”? For communication’s sake we agreed that a thrashing and screaming scenario would be a “10.” I calculated that my mouth and throat were at “7” and the rest of me at about “5”; she quickly wrote that down. I guess they have to keep asking until they have a number to put write in my chart.

They emphasized. “Mr. Herrera, rather than suffer unnecessarily, use the rescues. That’s what the medication is there for, and it is always available.”

It became difficult to sit up. The nurses wanted me out of bed twice a day, even if it was just to sit in a chair. Sleep was never possible for long because the staff was constantly checking my vital signs, feeding me pills, removing empty bags, adding full ones and constantly adjusting the pumps.

A collection of plastic jars made urination relatively simple, but getting to the bathroom to defecate was a major undertaking with its own methodical routine: make sure the suction pipe from my mouth was stowed safely on the table and didn’t fall on the floor, unplug the electrical cords from both pumps and make sure the cords and plugs were wrapped around the poles’ top sprockets so they wouldn’t get tangled in their little wheels. Then, grab both poles, with all the bags wagging back and forth, and roll them six feet to the door and over the threshold bump. If I wanted the door closed for privacy, it took more effort to position all of my equipment inside the bathroom and close the door. The most important

step was washing my hands, as by now I had little or no immune system.

It had been only five months since I had noticed that lump. I took a long look at myself in the mirror. What I saw bore little resemblance to my last series of 8 X 10 glossies. My skin was an ugly, dull, matte gray. I had no hair on my scalp, face or anywhere else on my body. My face was twisted from the golf ball-sized swelling in my jaw, and my eyes seemed to have sunken back several inches into my emaciated skull. I looked like a corpse. I thought perhaps that all this physical anguish was actually purgatory or hell. I didn't study the ghoulish figure in the mirror again.

* * * * *

Dr. Bobbie MacGuffie came to visit. She brought me a book with lots of pictures of Africa. Every few months Bobbie goes to Africa with "Americares." She has built and maintains several hospitals in Kenya. She flew to Rwanda during the Tutsi and Hutu war and told me how they'd cleaned out a building filled with abandoned infants. She and the other doctors put the dead babies in a trench. They put the live babies outside on the ground, scrubbed down the floor of the one room "hospital" and then set-up makeshift beds for the babies with blankets on the floor. She wore a silver-dipped, fifty-caliber machine gun bullet around her neck, which she'd removed from a little girl's thigh after it had killed the girl's mother. She also specialized in burns and reconstructive surgery at Nyack Hospital in New York. She was that kind of doctor. It meant a great deal to me that she had found time to come into the city to see me.

She knew a lot about pain.

"The body doesn't remember physical pain. If it did a woman would never have more than one baby."

"Bobbie I'm dealing with it better than I would have imagined. But what you just said will help. When extraordinary pain hits, I'll just think that it will end, hopefully, and then that moment will be gone. Bobbie, life seems different. I see life so differently."

"No, Anthony, you just see more."

After she left I realized that I was seeing more. The core of my life had been about work. Work and the adventure of leaving a town of fifteen hundred, going to Ole Miss, New Orleans, Hollywood and New York.

Work, as top priority, had not always resulted in a positive way to live. When Basha and I married, I didn't know how to bond with her but I knew how to work. There were problems in getting the final funding for **The Wide Net** and I put all my energy into getting that film done and I did. I would wake up in the middle of the night in a panic about the project. Now I know that I should have been waking up in the middle of the night to embrace my bride.

* * * * *

Carnation Instant Breakfast in the mornings and a Diet Coke in the afternoons became the only sensations that offered physical relief from the persistent, feverish anguish pervading every cell in my body.

The pain team would always come in when I was dozing and seemed to emerge out of some thick mist.

"Why aren't you taking more 'rescues'? You can, you know. Are you afraid you'll become addicted?"

"As much as I hurt, I don't give a damn if I become addicted or not. It just doesn't seem to help."

"Remember the pump will only allow you a certain amount of Dilauded. Only one dose every fifteen minutes, so don't worry about taking too much."

"Okay, but I feel awful whether I'm loaded on painkillers, or not. I just don't want to go too far."

She gave me a curious look but didn't respond. I think she wrote down my last remark.

Dr. Gabrilove came in at least three times a week. She kept a close watch and *always* made me feel better emotionally. She assured me things were going according to plan. The physical misery was a given.

My favorite music helped a lot. I listened to Willie Nelson's "The Red Headed Stranger" and Louis Armstrong's Greatest Hits over and over. These two artists had their work

cut out for them in Room 1116 at Memorial Sloan-Kettering, and they did a great job.

14

Once a week, they administered “Ampho” to protect my lungs against infection. They covered my face with a mask and I inhaled the vapor, which coated my lungs with the drug. After my first blast of Ampho, I realized why Bill and Janet had exchanged such a knowing glance when they mentioned “**Shake and Bake.**” I suddenly got very cold and starting shaking. They gave me Demerol. My entire body was trembling, yet my fever shot up at the same time. They brought in a blanket. The rigors continued. Another blanket. Then the jarring motions of my body would shake the blankets onto the floor. It did feel as if the muscles and ligaments were going to be ripped off my bones. They brought in more blankets. I think there were at least seven piled on top of me, before the weight of the blankets kept them from falling off the bed. The first “**Shake and Bake**” lasted twenty-five minutes.

The contrast between my days and nights diminished. There was the morning routine of having to get out of bed, having to stand-up and get on the scales. I no longer thought it was odd to have three tubes dangling out of my chest, or the crooked suction tube hanging out of my mouth. If it slipped out when I was asleep, I would gag and feel around until I found it, without really waking up.

Around ten most mornings the Resident and several other doctors would come in, ask a few questions and discuss among themselves how I was doing as far as blood levels and other things I didn’t have the energy to inquire about. I gauged my condition from their initial reaction, and if they didn’t run out of the room yelling “code blue” I guessed that I would make it through the rest of the day. As soon as they left, I just wanted to drift back into the semi-conscious state that would help the time to pass until August 1st when I was scheduled to have my stem cells re-infused.

In the early evening I would wake up, check the clock and then drift off again until 10:30 when Seinfeld came on. I was either bored or insulted by most programs, but Seinfeld’s

cast and writers were clever and consistently funny. For that half-hour each night, I was marginally less aware of the agony.

I perceived time differently; it no longer seemed important to carve it into hours or days or weeks; the room had become my universe. When I would go for an x-ray they would take me in a wheelchair, not for the more common reason of insurance liability, but because I couldn't walk more than a couple of steps.

It was all more and more like a bad dream, lost in the bog of a swamp, light and shadows and darkness mixed, falling and being pulled under by quicksand and seconds before suffocation, being belched back up into the mud. The horror seemed so real, but somewhere in my subconscious I was hoping it was a dream and I could look forward to being relieved when I woke up. In more lucid moments I knew this was not a dream and the only escape from this nightmare would be to die.

* * * * *

I had a dream that tapped into some of my experiences in Hollywood. I had worked with some of the best stunt people in the business like Buddy Van Horn, Kitty O'Neal and Ron Rondell.

I learned firsthand how they make cars flip-over in the movies: they fit the car with a crude cannon on the back floorboard and load it with dynamite and a piece of a telephone pole as the projectile. When the stunt man swerves hard in one direction, the cannon is fired simultaneously, and as the car tilts, the blast propels it into a full flip. The number of times a car rolls-over is controlled by the quantity of dynamite in the cannon.

That month in Room 1116, I had two very powerful dreams. The first one started on a movie set in a stunt car with two bucket seats in the front and a cannon fixed to the floorboard in the back. Dr. Gabrilove was driving in a dramatic action scene, with a shoot-out between a gang of terrorists and the good guys. Then things changed; the flames we were driving through and the explosions in the street were not controlled, but real. The terrorist's guns were not firing

blanks, but real bullets and some were hitting our car. We were in real danger of getting killed. The commander of the terrorists jumped in the back of our sedan as Dr. Gabrilove raced through the battleground. He had a automatic pistol. He was going to kill us. He and I fought. I twisted the pistol from his hands, hit him several times in the head with it, and tied him to the cannon in the back. Then I climbed into the front seat next to Dr. Gabrilove as she continued to guide the car through the flames, explosions and the enemy's line of fire.

It was one of those dreams that are very real. The details were crisp, the objects had real textures and I could smell the smoke and burning rubber.

When I came to the reality of my bed. I thought that some where in my subconscious I had a lot of trust in Dr. Gabrilove. She was at the wheel and I was fighting. Working together we had gotten away from the bad guys.

* * * * *

Fever was a constant. It ranged from 101 to 103 degrees. I had burns from the radiation boost covering the inside of my left cheek, so I sprayed and rinsed my mouth with antiseptic solution as often as possible. I had diarrhea and developed an infection at the tip of my "port." With my immune system at zero, they had to pour drugs into me to prevent the slightest infection from spreading.

Dr. Frank was the new Fellow on rounds. His ties were always kept very neat with tab collar shirts. He was very intense and would stand silently by my bed. I could see him suffering from a sense of helplessness, at not being able to ease my suffering. I wanted to tell him it was all right, not to worry. But it was not all right. His empathy made me know that he cared about my condition and that helped.

One day he walked around my room and looked at the pictures on the wall and studied the poster of **Mississippi Delta Blues**.

"How can I find a copy of this film?"

"There's one right here."

I pointed to the shelf under the table by my bed.

"You're welcome to take it and view it at your leisure."

“I’m interested.” He smiled. “I play clarinet in a jazz band with a bunch of doctors.”

The pain team came back. They seemed to get more beautiful. In my state, just their smiles made me think I was drifting off the planet. Again we discussed the “Rescues”; I had only taken six rescues in the previous twenty-four hours. They thought six was a moderate amount.

That night from out of a deep sleep, a hammer-like thud hit my chest, and the piercing pain jolted me so strongly that it catapulted my upper body into a vertical position. I felt like there was a vise grip on my heart. I couldn’t breathe or talk, but fortunately a nurse in the hall heard the sounds I was making from the pain. As she ran into the room, I was clutching my chest and she grabbed an oxygen mask and held it to my face. The excruciating pain intensified but then something in my chest snapped and all my muscles slowly began to relax.

Still gasping, I explained, “I thought I was having a heart attack. I used to treat my grandmother for angina pectoris with nitro, oxygen and bourbon. I helped my grandfather treat her for years.”

“Yes . . . Mr. Herrera.”

Cold dollops of goo were being swabbed on my skin and they hooked me up to an EKG machine. A couple of other nurses and interns appeared as the needle scratched its jagged lines across the monitor. All watched intently. A voice I had never heard, from a face I’d never seen said, “Mr. Herrera, You didn’t have a heart attack. Your heart rate is normal.”

Another voice said, “Mucus probably backed-up and blocked your esophagus and caused what seems to have been a violent muscle spasm.”

They unhooked the machine.

“We’ll check on you in an hour. If you need anything just ring.”

* * * * *

One day during this bizarre reality, four teenaged girls came for an unexpected visit. One was my biological daughter. We had seen each other twice the past spring, and

before that it had been five years. She had enrolled herself in school in New York and was leaving her mother's home in California to move in with her half-sister's stepmother in Manhattan.

Basha and I had met with my lawyer in February after I was diagnosed. On the way to his office she picked two leaves off a tree in Bryant Park. She carried them with her and explained that the leaves were a symbol of hope.

I'd originally retained Doug to handle the paternity suit my daughter's mother filed sixteen years ago. Over the years I had grown to respect him, because even though we became friends, his primary concern was always what he thought to be best for the child.

I signed my new will. Basha witnessed it and the lawyer made it legal. Basha was visibly nervous; she thanked the lawyer, looked at me with a firm smile and left, still carrying her leaves.

"Doug, as far as my daughter is concerned, I could give a damn about the law. I am not talking to you as a lawyer but as my friend."

"Okay. Fine."

"Doug, as you well know, this child was conceived by deceitful means and for mercenary motives. There has been so much that is morally wrong and emotionally wrong about this child. I want to do what is right."

"Then you have to tell her. If you die, and you might, and you haven't told her you're sick, it will affect her for the rest of her life. Maybe not right away, but years from now when she's grown, a decision not to tell her will cause her major problems."

"We haven't been in touch in four or five years. Her aunt tells me she wants nothing to do with me."

"She may say that to her aunt, her mother, and even to herself but it is not the truth, not when it concerns your possible death. I would suggest a letter."

"She may never get it. The mother is not mentally balanced. You've seen enough for yourself, even in court."

"Oh yeah. My secretary still can't believe her rampage here in the office. When she was yelling that the judge was a

lesbian and that the CIA controls the orphanages in this country and all babies should be born in Cuba.”

“Oh yes. So, you think a letter is best.”

“Yes.”

I took a long pause trying to think what to say or ask next. Doug watched me closely and then said, “You’ll find a way.”

It took three days of staring at a blank computer screen before I could write a word. Then I thought of a scene from the movie, **Donovan’s Reef**. The character played by Jack Warden meets his grown daughter for the first time. To break the tension, he poured some rum in their teacups and quoted from **Alice In Wonderland**;

***“The time has come the walrus said
To talk of many things
Of sailing ships of sealing wax
Of cabbages and kings.”***

There was no soft way to word my letter after that. I made it personal and direct.

My daughter’s aunt, her mother’s sister, was a friend of many years. I phoned her and asked if she would hand-deliver the letter to my daughter. Under the circumstances she agreed without hesitation.

A week went by. I had sent the letter overnight. At the end of the second week I phoned the aunt. She had been busy. She said she would take it in person, that day, to my daughter.

The aunt called that night; “I made the mistake of phoning first and my sister wanted to know why it was necessary for me to hand-deliver your letter. So I told her. Her first words were, ‘Is it for sure he’s going to die?’”

“Did you hand the letter to her or my daughter?”

“Yes. She read it and was shaken. She is going to call me in a couple of days. Do you think you’re going to beat this?”

“I have no idea. Overall I’m in good spirits.”

“I am very glad to hear that. Try to stay that way.”

The next week I’d met my daughter’s twenty-two year old half-sister for lunch. She told me she thought my daughter

needed me in her life, and how much she hoped that we would get along. I replied that we had always gotten along and that the age-old problem was really her mother's tirades at what a bastard I was. The young woman sitting across from me burst into tears and sobbed, "I know. I know. I'm not going to raise my children to hate men."

I reached over and offered her my hand. She readily took it. We agreed there was a chance that something good could come out of my having cancer. How we all might be able to grow in a positive way, and be better to one another.

My daughter had called my room earlier and said she was coming to see me. For a fifteen year old she is very independent. She has had a successful career as a feature film actress since the age of five.

She came in with three friends. We exchanged some empty words. She stayed about ten minutes and left. After that I didn't hear from her.

* * * * *

My second survival dream seemed like it lasted for three days. The bedcovers were tangled around my middle and arms and legs. They felt as heavy as a horse blanket. I couldn't get them off and there was something very strong moving and writhing in the covers and all over me. This creature was very powerful, about six feet long and skeletal. It moved constantly. It wrapped itself around me and would crawl up and down my torso. I tried to get the blankets off of it. Somehow I knew if I exposed the creature to light, it would lose its power. I couldn't get my hands on it and I couldn't control the blankets because of its serpentine force. Then there would be a lull in the struggle. I would pull the covers back but it would twist and writhe further underneath, avoiding the light.

It was as though I was trapped in the binding covers, fighting to breathe, feeling suffocated and unable to control the contortions of this force that was trying to consume me. I finally caught the creature's head under the blanket. Its skull was shaped like a cross between a dog's head and a snake's head. I got a tight grip, and with all the strength I had in my

being, I crushed its skull. It continued to thrash but slowly the life left its body as my grip tightened. I could smell burning bone as its skull disintegrated in my hand.

15

I was released from Sloan-Kettering on the 21st of August 1997. With Basha's help I went to my apartment on 84th and Third Avenue.

My diet consisted of chicken broth and fruit that I could peel. The doctors didn't want me eating anything that had been grown close to the ground such as; lettuce, strawberries, tomatoes, etc. Fruits and vegetables with thick rinds, such as bananas, oranges and avocados that had to be peeled were safe.

For the most part, I slept and watched old movies, comedies; I didn't want to see anything but funny stuff. **The In Laws** with Peter Falk and Alan Arkin is my favorite American comedy made in the last forty years. Within a month, without realizing it, I had memorized every line of dialogue in that film.

The Video Room was on the corner of 84th and Third Avenue, about a hundred feet from my front door. After about ten days, I would ease out to rent a movie and talk about film with Howard, the manager. Within a few weeks I had seen every comedy they stocked.

The street smells of food, dogs, exhaust and just the air itself was very intense. Every few feet a new odor was blasted into my nostrils. My olfactory nerves must have just started to kick back in.

I made my own chicken broth, and one night ventured to have a minuscule bite of a short thigh. It was an odd sensation, as if I had put a tasteless, course rubber object in my mouth. I chewed and ate it anyway.

* * * * *

Basha and I would go on short walks. At first she would put her arm around my waist for support. Then one Sunday afternoon we crossed Fifth Avenue and went into Central Park. I made it without assistance, even though a rest or two along the way was necessary.

Basha, as usual, had on a unique outfit: green leather Italian World War II pilot's pants, an antique silk blouse and a vest. She looked particularly radiant and beautiful. I felt so lucky that this special friendship had survived our tumultuous marriage and divorce. It was a perfect autumn afternoon and the leaves were just starting to change color. Lots of squirrels were running and jumping on trees, then checking us out before racing up the trunks; the air was crisp with a gentle breeze. I was very relieved and very thankful to be alive.

* * * * *

As The World Turns put me back on contract in late October. My energy was low so I only worked two days a week with just a few pages a day.

Cindy Hsu, the anchor for the CBS New York noon news called to ask if I could make an appearance that week, and discuss my treatment for lymphoma. I jumped at the chance and phoned Dr. Chatham to ask her what she thought was the most important thing I could say about cancer treatment.

"Make sure you have the right diagnoses."

I thought that a bit simplistic at first, but with a little thought, I realized how right she was.

I was still wearing my character's wig, but decided to do the news without it. My hair was just growing back and no more than meager stubble. My baldhead made more of an impact. They posted my e-mail address on the screen for less than twenty seconds and I was deluged with an amazing amount of e-mail from people with questions about all sorts of cancers.

Felicia Behr and some other producers watched the news broadcast in the booth. Felicia said, "Let's go without the wig from now on."

The lady has guts. It made sense as James had just been released from prison: an inmate hairdo.

She added, "Yes, and you have an Anthony Hopkins look."

I replied, "But I want a Caesar Romero look."

The mature folks in the booth laughed. The younger set was bewildered by the name, Caesar Romero.

* * * * *

The New York Sports Club, where I first discovered the lump, was only three blocks from my apartment. I began to go over and just watch a few squash games. One night I passed a café and it was as if suddenly a part of my brain was re-activated: I wanted fish. I went in and ordered broiled bluefish. It was delicious. Every night for the next three weeks, I ate bluefish.

In October it was time for my three-month check up. I was nervous. They had me scheduled for a CAT scan and a Gallium scan. A CAT scan shows form and shape. In a Gallium scan, the nuclear substance Gallium seeks out, clings to, and dramatically highlights unusual cells like lymphoma cells, so they appear like fireworks exploding in the sky. When a radiologist has noticed an irregular shape or blip on the CAT scan and then sees something glowing in the same spot on the Gallium scan, in my case that meant lymphoma.

It sounds strange, but one gets used to being stuck with needles and drinking strange tasting, thick liquids. They injected me with Gallium. It is “nuclear,” so the nurse carries it in a lead container labeled “Nuclear Material.” The injection is simple. The nurse ties a tourniquet around your upper arm, takes a hypodermic needle out of the lead container with the nuclear label, sticks the needle in your vein, pushes the plunger and that’s it. There are nuclear particles floating around in your body. It takes forty-eight hours for the Gallium to do its seeking and clinging. Then you climb on to a table, the huge camera moves over your body and scans the images into a computer.

In November of 1997 there were no strange shapes, blips or lumps on my CT, nor was there any irregular glowing on my Gallium scan. When I got the results I went by and caught Dr. Gabrilove between patients. She exclaimed,

“Here’s my star.”

She was almost as excited as I was about my progress. I was in remission, or to use a term I liked even better at the

time, “NED”: No Evidence of Disease. And there was more good news; if my blood work continued to improve I would be able to go to South Africa for Christmas.

* * * * *

Patsy and I were trying to make plans to go somewhere for Thanksgiving. I just wanted to have the holiday in her home, but her children were going to be with their father, and she wanted to go somewhere. She had been invited to a wedding in Oxford, Mississippi and I wanted to see Evans and Betty Harrington. I flew to Nashville the night before and we drove to Oxford Thanksgiving day. I had called and Betty told me they would be happy to see me, and that Evans had just come home from some tough chemo in Memphis. He wasn't in good shape.

Early Friday night I drove out to Evans' and Betty's home in the country. We ate off of TV trays in the living room since Evans couldn't sit at the dining room table. His face was puffy and legs were swollen from the chemo. He summed up his situation with one swift comment. “The difference is that you went to Sloan-Kettering, and I stayed in Memphis. That's why you're in remission and I'm not going to last much longer.”

That was it as far as discussing cancer. Evans loved to tell stories about poets and novelists. Over the years I had heard most of them many times, but it was wonderful to see his smile and hear the glee in his voice and he related one of his favorites:

“When I was in graduate school here, in the early fifties, Doctor Pendergrass was chairman of the Department. He managed to get a published poet from New York City to come all the way down to Ole Miss for a seminar. He stayed drunk the entire time and in one short week he managed to insult most of the faculty and seduce three wives of three different professors in History, English and American Literature. He covered most of the School of Liberal Arts. I went with Pendergrass when we drove him to Batesville and put him on the train. As the Illinois Central pulled out of the

station, Doctor Pendergrass waved him good-bye, smiled and genteelly said, ‘I prefer my poets dead.’”

We laughed and swapped anecdotes till one in the morning. Betty walked me out. She gave me a big hug.

“I’m so glad you’re here.”

“So am I. How long?”

“His oncologist says probably six months.”

“Is he going back to Memphis?”

“He wants to stay here.”

“Will you be able to handle it?”

“Yes, honey, I’ll handle it.”

It was raining. It seemed right that it was raining. Lights were shining on the courthouse in the square, a poetic sight. It was cold and the rain kept falling as I drove around and around the square. Many of the positive aspects of my life were shaped here in Oxford: Ole Miss, Sigma Chi and Evans Harrington.

Patsy loaned me her car again to go back out the next afternoon. She was generous that way. Evans’ daughter was there with two grandchildren and Betty’s daughter. The house was full of life. Ole Miss was playing Mississippi State, the rival game of the season. During half time Evans remarked, “Never paid that much attention to our athletics until I retired; now I root for the Rebels every Saturday.”

It was a very close game and we were losing. Then, with only twelve seconds left to play, the Ole Miss quarterback threw a spectacular touchdown pass and we won.

By ten o’clock everybody had gone home except Elizabeth. As we capped a near perfect day Betty served up some vodka and tonics, and I seized the moment and was able to let Evans know what he had meant to me and to my life by his favorite medium: stories.

“I was thinking about the time when in Twentieth Century Poetry . . . Once in Stella Adler’s script breakdown lecture I remembered you had said . . . When I was writing the script for **The Wide Net**, I remembered your input on D. H. Lawrence . . .”

Just after midnight it was time to leave. Evans was too weak to stand and didn’t have the use of his right hand. I didn’t know how to say the last goodbye to my major

professor, my father figure, but as I stood and put out my left hand, he took it and the words came to me.

“Evans, I sure have enjoyed this.”

Our handshake became very firm.

“So have I Anthony. So have I.”

Evans died two days later.

16

Reading and answering fan mail was one of those things I always “meant to do”. I never threw one letter away and they all usually ended-up somewhere in my dressing room. One day I noticed a letter from Kokomo, Indiana. I liked the sound of the name Kokomo. The letter was neat, hand-written and two full pages long from a Brenda Gabbard. Her husband, Lary, had Mantle Cell Lymphoma and was considering a bone-marrow transplant. She had followed my case through the soap-opera press and was very pleased to know I had survived. I took the letter back to my apartment and put it on my desk.

During the next two weeks it was as if this letter always managed to find its way to the top of the piles, constantly resurfacing on the mess of scripts, notebooks and clutter on my desk. It is lonely enough to get hit with cancer but when the disease is foreign to most oncologists, it is even a more peculiar sort of alienation.

The Gabbard’s telephone number was easy to find through information in Kokomo since he spelled it Lary. Brenda answered the phone. I introduced myself and she put Lary on the line. We talked for two hours. He was forty-eight years old. He didn’t smoke or drink alcohol. He was a vegetarian. He ran up to eight miles, three times a week. He was very happy in his work. He was very much in love with his wife. They had been happily married for twenty-five years. He adored his family.

Lary’s main concern about the transplant was that he would not be able to sleep in the same bed with his wife. I assured him that in his physical condition, he would not want anyone he loved sleeping next to him, both for his sake and theirs. Once initiated into this bizarre fraternity, most of the social decorum and proprieties are gotten out of the way very quickly, and the frankness and openness in our conversation would have astounded most healthy people, especially southern and mid-western folks.

* * * * *

The Christmas Season had not been “jolly” for me since the age of seven. Images of family joy were on television, radio, magazines, and Holiday music was piped in stores everywhere.

In my teens until my late thirties I went to my parents for Christmas. The big event was a tag football game with my brothers and sisters. The first three days were usually upbeat even though we were treading on a thin layer of tension. I always made the mistake of staying too long and then there would be a night in the kitchen when my father with just a few chosen sarcastic remarks would make mother cry.

I went to their house less and less over the years. But kept up the pretext of “being in touch.” The decline and death of my Grandfather changed that.

My brother John called in May of 1983, “Bop and Gam are going down hill fast and mother can’t handle it. You’d better get down here.” I was working on the show long hours and four to five days a week, but I found a flight that left LaGuardia Saturday morning at seven for New Orleans – a rented car and I could be in Wiggins before one o’clock in the afternoon. John would drive over from Austin. Bop just wanted to stay in his house with his wife. Mother would hire a nurse and leave. Gam was losing her grip on reason at times, became difficult and the nurse would quit. I jumped on a plane every other weekend, met John in Wiggins and we would attempt to improve the situation. This went on for a couple of months until my mother stuck them in an old folks home. One lady in Wiggins that we had all known all of our lives said to me, “Why isn’t your mother here taking care of the Blackburns instead of staying out there in Texas with that Latin husband?”

Mother would return now and then and was there when Bop died in October. My father arrived two hours before the funeral and as we all were leaving for the church my father turned to me in the front yard and asked, “Why don’t you walk your mother to the car? I don’t do that stuff anymore.”

That snapped the last thread of the tether to my parents.

The powerful memories of South Africa were luring me back. On my first visit in 1993 I was a guest in a private home in Johannesburg. Lilly, their Zulu maid, and I couldn't understand each other's language very well but we made each other laugh. My return trip kept getting delayed.

"Lilly, today I go home." "Not today Lilly. Tomorrow, I go home."

Finally, after five days I was waiting in the driveway for a taxi, Lilly was standing in the kitchen. We could see each other through the window. She was motioning me away and saying, "Go home. Please go home." She was crying.

Cathryn, a Xhosa woman, ran the house where I stayed when in Capetown. She was plump and shy. When I would arrive she would beam with a smile and then look away. I once made the cultural mistake of hugging her; it was clearly awkward for her, so since that time, she would offer her hand and I would take it.

My first night in Johannesburg, Nick Ashby, a young actor, and I were on our way to a dinner party. I had observed that, other than his driving on the left side of the road, so far I didn't feel I was in a foreign country. The landscape was similar to the hill country of Texas, and the architecture I'd seen the first day was modern and resembled the suburbs in the southwestern United States. This all changed two minutes after our host and three other men greeted us at the door.

"Welcome to South Africa, Anthony. But before I take you in and introduce you to the other guests, I want to hear the rest of the news from this chap here about the lion that recently ate the German fellow." -- I immediately realized – I **was in Africa.**

Two nights later I was invited to another home for dinner. It was a small gathering, and just as we were seated for dinner, the last guest arrived. She was tall, beautiful and elegant, and had a regal air. She wore a white cape, and before she moved into the room I saw a flash of metal as she discreetly handed our host a .38 nickel-plated revolver. He subtly slipped the pistol into the drawer of a console table by the door. The lady was Nicki Van Reenen.

At dinner the conversation soon changed to the German fellow's misfortune. He had been on a safari and was told not to leave the campsite. He was a photographer and had sneaked out late at night to get some shots of animals coming to drink at the river below. They heard him scream, but by the time they got to the river all that was found was one shoe and his camera. Nicki spoke for the first time since she had been seated. "Yes. It always seems to be the foreigners, doesn't it? Could I have some more red wine?"

There was an air of mystery about her. She seemed insular and not interested in much of anything. I was intrigued but kept a distance. I learned that she had been very much in love with her husband of sixteen years, had two wonderful sons and what appeared to be a storybook life. He was tall, handsome, a great businessman, tennis player, loving father and dedicated husband. He had died of lymphoma the year before I met her.

Nicki thought that I might like to "come out to the farm in Stellenbosch." To me a farm is a house in the country with a barn and some animals. But this farm was the Meerlust Wine Estate, the oldest and most prestigious wine farm in Africa. The house was built in the 1700's and was huge. There was no electricity in the house except in the kitchen; all the other rooms were lit by candelabra.

That's where I went for Christmas of 1997.

My memories turned into reality when I landed in Capetown. My strength was low so I slept and rested for two days. Cathryn took very good care of me.

At Meerlust I stayed in a two-story apartment attached to the back of the big house. Dogs and workers' children played on the grounds. There was a new pet. A goat named Roscoe. He was a handsome creature with an impressive set of horns.

For the first time Nicki talked about the death of her husband. "He once said, 'People spend so much time complaining about their lives, their problems that are mostly mundane. What a waste. Then there is lymphoma. That's a real problem.'"

We took a very old worker, who had lived on the farm all of his life, into Stellenbach for new glasses. She was very

gentle with him as she helped him out of the car onto the sidewalk. When we returned to the farm, somehow Roscoe had gotten in my rented car and was eating a map that I had left on the seat. I thought this was funny until I took him by his horns and began to tussle. This was a strong goat. After I managed to pull him out and let him go, he backed up a few feet and then reared up on his hind legs. I jumped on the other side of the car before he charged. At that moment I quickly realized two things: physically I was still very weak, and Roscoe didn't like me.

Confrontations with Roscoe consisted of him guarding Nicki's BMW and putting up nonviolent resistance to our leaving. But then one afternoon when we returned Roscoe was standing at the top of the outside stairs that led to the second floor of my guest apartment. To be polite and to avoid his possible wrath I went into the door below. There in the sitting area were magazines and books strewn all over the floor. I went up an inside stairway to my bedroom and discovered in the middle of my bed a neat little pile of goat pellets and a pungent yellow circle that had the distinct odor of urine.

The maids were humiliated, Nicki was embarrassed, but I was amused. Roscoe was telling me that this was his domain and that I should go away. After a hug from Nicki, I flew out of Capetown on New Year's Eve.

Over the Atlantic I thought, ***“I have been on the other side of the world being welcomed into homes with friends I loved and who showed that they cared about me. I was far away from the stimuli of my childhood and from chemotherapy, CAT scans and cancer.”***

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17

My life in New York was nowhere near normal. My energy level was low and I had to rest a lot. I was in the studio three to four days a week but the work was getting tedious. The new writers did not understand the Stenbeck character. They were writing him like he was John Gotti. James Stenbeck, a European aristocrat, has his own style and follows his own code. Wealthy and powerful figures, in all societies often bend or break rules and laws.

After the stress from the transplant, they estimated it would take at least one year for my body to get back to its normal strength and function. My endocrine system was a mess. Doctor Chatham set me up with Dr. Robbins, an Endocrinologist.

Dr. Robbins was calm and knew how to communicate. He thought a testosterone patch would be the way to start. He explained that testosterone levels have much more to do with the body than just the libido: little things, like in ten to fifteen years my heart muscles would weaken and my bones would become fragile and break easily. It was comforting to hear such long-range terms like ten and fifteen years in reference to my future.

“We better get to work on this. My libido won’t do me any good if my bones are breaking and my heart blows-up.”

“Right, Mr. Herrera,” and wrote out a prescription for ANRODDERM. I was to apply a testosterone patch to the skin of my abdomen or lower back every twenty-four hours, so the drug would ease into my system gradually.

I saw Nancy Cody-Lyons and gave her a carved soapstone hippopotamus for her son. She thanked me and announced,

“You are going to be a help to me here with patients. You are not quite strong enough yet. We’ll talk in a couple of months. Oh and I want you to be sure to come to the celebration we’re going to have in March, for survivors.” And she hurried off.

In late January I heard on the studio PA system, “Anthony, could you come to the office.”

This was like when I was a kid in grammar school being called to the principal’s office. Fear ran through your whole body and you knew you were in trouble. Felicia explained they were taking me off of my contract. She assured me that the hiring of new writers was in the works, I would appear from time to time, and that there would be a big story line for Stenbeck in the fall.

Normally this is devastating news for an actor to be out of work but after Mantle Cell Lymphoma, TBI and an autologous bone marrow transplant, being taken off of contract was just not that big of a deal.

I had always wanted a one-man show. One of the things that I had promised myself in the hospital was to act on ideas rather than just talk about them. During those summers in California at the Will Geer Theatre we did **A Midsummer Night’s Dream** every year and I played Theseus. At the end of the play Hippolyta, his bride, asks him to account for the fantastic tales they have heard on their wedding night. Theseus answers by describing the imagination of the lunatic, the lover and the poet. I named my one-man show: **The Lunatic, The Lover & The Poet.**

I am by no means a scholar. John Ford said, “Mediocre poets borrow, great poets steal.”

I’m not a poet, but I did steal some of the best poetry from some of the greatest writers in the English language, starting with William Shakespeare. There were a lot of poems that I had quoted for pleasure over the years. Getting these fine words ready for an audience was a different matter. I began to rehearse poems with strong visuals. I worked daily and structured the show so that the poems’ content went from childhood to youth, to middle age, and then reflection, old age. For the end of the show, I chose the poem that I read aloud every day after being hit with cancer, Nano’s poem by Tennessee Williams.

Early Sunday morning the phone rang. It was Lary Gabbard's son to tell me his father had died the day before. He didn't make it through the transplant. I had a set of CAT and Gallium scans the next morning. Three days later the results were "No Evidence of Disease". Dr. Chatham was delighted. I was still very shaken that Lary was gone.

Two weeks later I met with Dr. Robbins for the second time. He was not overly concerned that my energy level and libido were still not back to normal. He repeated that it takes about a year for the body to recuperate. That meant another six or seven months, August or September.

"Doctor, my sex drive, is there any way to crank it up on Friday night and turn it off on Monday morning? I'm starting to get some writing done."

He laughed. "It doesn't work that way, Mr. Herrera."

I had booked **Lunatic, Lover & Poet** in twelve towns in Mississippi for April. I handed him one of my show fliers. He was intrigued by the fact that I had a one-man show and had produced it myself.

"Can I keep this?"

"Please do." I was flattered.

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My dear old adversary and friend, Emmet Chassienal sponsored the show in Winona, Mississippi. In the mid-sixties we both were in pursuit of Lane Spell -- a southern beauty. I won her, married her, and we were divorced eleven months later.

I wasn't ready for marriage; neither of us was anywhere near ready for marriage, but we discovered passion together. Her mother kept weeping and saying, "Just a three-dollar piece of paper so you can be an honorable woman." After the nuptials, her mother convinced her that if I wanted to be an actor, one day she would surely see me walking down the highway, a broken bum. That was a long time ago.

Emmet and his wife had worked hard to bring my productions of **Smoke & Mirrors** and **Love Letters** to Winona. One night while publicizing the show before the tour I stayed in Emmet's home. He called Lane, chatted a bit and

then said, "Here's somebody who wants to talk to you" handing the phone to me.

Her first reaction was, "My God. Anthony. I thought you two hated each other."

"We still do, darling, but our love for you has been so powerful over the years that it has overwhelmed us to the point of madness."

"Well, I'm just glad you are alive. I prayed for you and Lord knows, you've always needed it."

"That's probably what got me through - that and remembering your beauty."

Emment remarked loud enough for her to hear, "Make any man want to live."

This phone call ended our twenty-six year silence.

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Three weeks later I was back for the performance and there were two little girls about eleven years old in the front row. During the reception at Emmet's I learned that one of them, Ruthie Gant, had recently had leukemia. I was introduced.

"You all didn't squirm but twice during the whole show."

Ruthie replied, "How could you watch us and say all of those words."

"I always keep an eye on pretty girls, and you both really listened. Did you like the poems?"

Ruthie, "Yes, especially the one about the dog."
The other girl, "And the one about the frozen man."

"Ruthie, I understand you and I are in the same club."

Suddenly it wasn't a little girl meeting someone she had seen on television and on the stage. We were two people who had been through cancer: a beautiful child who had suffered, been close to death and recovered, and a middle-aged man who was very grateful to be working and alive.

Someone wanted to take our picture. I sat on the sofa, with one girl on each side of me.

"Why do I suddenly feel like Maurice Chevalier?"

“I hope you can come to my hospital one day, St. Luke’s in Memphis.”

“I hope so.”

“We could do a fund raiser.”

When we said good night, Ruthie and her friend were just little girls again, shyly and politely remembering to say, “It was nice to meet you and we enjoyed your play.”

Just a few minutes before, this child was not just a child, but a person with pride in “my hospital” and wanting to “do a fund raiser.” She wanted to do something for others with cancer. Some kid.

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The next night I played Meridian and stayed in the home of “Bo” Marseilles. We had been initiated into the Sigma Chi fraternity together at Ole Miss. In his library I found a book of photographs and biographies of famous people. By accident I found a quote that made clear a question about religion that I had been pondering since 1995 in Africa.

As a child I went to Sunday school at the First Baptist Church of Wiggins and when I was eleven I “joined the church.” It seemed the thing to do. When I lived with Bop and Gam, I went to Church every Sunday. Once I went away to the university, I didn’t go that often. As students tend to do I engaged in many discussions till all hours of the night about monotheism, atheism and deism. I decided that I was a deist as was Benjamin Franklin. God was like a watchmaker; he made the universe wound it up and it ran on its own. Deism lasted for a couple of years. After I left the South I didn’t think of religion at all.

However, when Basha and I gave an afternoon party to announce and celebrate our marriage in Bop and Gam’s back yard in 1986, the festivities in the late afternoon ended up as so many do with the women in one group and the men in another. There in front of me were a bunch of guys that I had known since early childhood. We’d had a lot of crawfish and beer, and I was getting questions about being “out there.” New York? Beverly Hills? Questions like,

“Did you ever go to bed with Raquel Welch?”

I had to say “No.” There was a look of disappointment on most faces.

Lucas piped up with a very perceptive question:

“Anthony. Why are you still alive?” Meaning how a country boy from this little town didn’t end up dead from an overdose out there in the big world.

Without hesitation or contemplation, “Lucas, I’m alive because of the values I was taught by my grandparents who used to live in that house and at the First Baptist just a couple of miles from here.”

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After his treatment, I saw Bishop Tutu interviewed on television and he said, “I can honestly thank God for my cancer.”

One day in 1994 when I was driving across the Great Karroo desert in South Africa, I stopped, walked into the desert, looked up and said aloud, “What? What is it about this land that makes me feel part of the universe?” I felt a certain power in my chest and in the sky. As I gazed into the blue, I again said aloud, “Bop? Cleavon? You up there somewhere. I know you have become friends. You are of the same spirit.”

The words that defined that moment were right in front of me in Meridian, Mississippi.

“Everyone who is seriously involved in the pursuit of science becomes convinced that a spirit is manifest in the laws of the universe - a spirit vastly superior to that of man . . . in the face of which we . . . must feel humble”

Albert Einstein

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18

Over the summer Basha and I went to the movies about once a week. I started going to the gym and puttering at squash. I was slowly getting my strength back. I had dinner and visits with friends Tandy Cronyn and Anthony Haden-Guest.

On tour I had noticed how much time per day I spent dealing with lodging. At every venue, renting a motel room, unpacking, packing, and getting to the theatre took at least two hours. If I stayed with friends it was usually more than two hours. Southerners visit.

I had mentioned this to Mike Carter, a friend in Jackson who was originally from Wiggins. He called in May and to tell me he had seen a motor home in our hometown for sale. On my next trip to Mississippi, to book shows for the fall, I bought it. It was a thirty-two foot diesel Allegro built in Red Bay, Alabama. I drove it back to New York and kept it at Bobbie MacGuffie's place in Rockland County.

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In June I saw Dr. Robbins and he suggested that I step-up the testosterone protocol by having injections, rather than using the patches. I said fine. He wanted me to come in and have his nurse give me the shot once a month. I commented that I could do it myself; after all, I had taken a class on giving myself a shot.

“Mr. Herrera, Neupogen shots are subcutaneous, or injected just under the skin, but testosterone shots are intramuscular and require a much longer and thicker needle.”

“If you don't mind, I'd like to try it.”

“Okay with me, but if you find that you can't, don't be embarrassed; come in and let my nurse do it.”

“That's a deal. But I'm tougher than I used to be. I think sticking an inch and a quarter needle in my thigh will be easier than being bolted into that strange gizmo and being sprayed with radiation.”

It took more than I thought but I was able to give myself the shots.

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In August and September there was more work on **As The World Turns** than I'd expected and there were also some more shows to do in Mississippi. So I toured with my RV, "my little house that moves." It was great. The set and new lighting system I had purchased for the show all fit neatly underneath, and my costumes were up top. All the stage manager and I had to do was pull-up and park next to the theatre. It saved time and energy.

In Columbus I was welcomed by Jeffery Rupp at the CBS affiliate WCBI. I began touring in '91 and had been a guest on their Midday Live so many times that Jeff and co-host Bill Gamel would welcome me on the show by saying,

"Anthony, take your usual chair. We'll have your office ready for your next visit."

I had also started going back to Nashville every other weekend to be with Patsy and her children. My physical and emotional strength seemed to be back, and I was finally feeling like a complete person again.

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On Tuesday, October 20th I had the regular three-month checkup with Dr. Chatham for blood work and to go over the CAT scans from the week before. I arrived early so there would be no problem getting to work for the afternoon session. I was busy chatting with other patients in the waiting area when my name was called.

In the examining room I hopped up on the table and waited. Dr. Chatham came in and announced, "I saw something on the CAT scan that I don't like."

In that split second all hope vanished. "Shit."

"I want you to get an endoscopy."

"Why. This is it."

"No. There are new things out there."

"I thought that if the lymphoma came back, there was nothing that could be done."

“No. There are new breakthroughs all of the time. Now, I want you to have an endoscopy done by Thursday. I want a pathology report.”

I made my way to the studio, and into costume and make-up, because the next thing I knew, I was on the studio floor and we were taping four scenes. The action took place in a wedding chapel. My scenes had more movement than dialogue, so all I had to do was move to my next position and deliver a couple of lines. I held onto the script as long as possible and would stuff it under a pillow or behind a chair when the stage manager’s countdown got to three.

I must have heard the other actors because I responded, but Dr. Chatham’s “**SOMETHING I DON’T LIKE**” echoed like a whisper and a howl in my brain.

I had to work every day for the rest of the week. I waited for Felicia in her office. I told her my bad news and that I’d be having an endoscopy in the next forty-eight hours.

She was concerned. “I didn’t know what it was, but I could tell something was wrong when we were taping.” Without hesitation Felicia picked up the phone and asked Vivien to come in with the week’s schedule. My scenes on Thursday involved just one other actor and one set.

I suggested, “Maybe I could come in for the morning session and get the endoscopy in the afternoon.”

Felicia gave me a quick look. “I’ll produce the show. You go call your doctor and tell her to schedule your test.”

“Felicia, I want to thank . . .”

“Go call your doctor.”

I dreaded the endoscopy. I feared that I would choke. On the video it was clear that the procedure *could be fatal*. For over a year I thought this kind of crap was behind me. It wasn’t. The damned lymphoma was probably back. I felt as if I was trembling with panic but my hands and arms and body were still. The fear was inside. My choices were the same as before. I needed some help to saddle up. So I quoted aloud:

*Oh, courage could you not as well,
Select a second place to dwell,
Not only in that golden tree
But in the frightened heart of me.*

Tennessee Williams may not have suffered from cancer but he suffered. Yet through his suffering he gained the insight and found the positive force in nature. At this moment some of that spirit that Einstein realized and that force that kept the stem on the “golden tree” alive, fused into me and gave me strength to continue to fight.

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The endoscopy procedure involved putting a tube down my throat and into my stomach. Then they can look around, take pictures and, most importantly, get little bites of the wall of the duodenum where they had seen the lumps on my CAT scan. Then the Pathologist would determine if the tissue contained lymphoma cells and if so, what kind of lymphoma cells.

It was about noon by the time I got into a gown and was taken into the operating room. To counteract my dread of them shoving a metal tube down my throat, I tried a little comedy. I had an audience.

“I just want everyone here to know that I didn’t like the sixties, even though I liked the idea of liberalized sex. I didn’t like hippies. I didn’t do drugs. So, I want my drugs now! You folks have the good stuff, you’re trained in how to give it and it’s legal.”

Dr. Shike, Chief of Gastroenterology, was in charge. He had a wit of his own. He turned to a young intern, “Mr. Herrera wants to get stoned. Let’s get him stoned.”

I do remember something in my throat and a voice saying, “That’s it, swallow. You can help us. That’s good. Swallow.”

* * * * *

I heard Basha’s voice somewhere in the distance. Her voice moved closer. I heard another voice, one I had heard before. As I managed to get my eyes open, I saw Basha and Dr. Shike in front of my bed, engaged in a lively debate about vitamins.

As I came around, Dr. Shike concluded by explaining that Sloan-Kettering policy was “no vitamins whatsoever.” Basha wouldn’t be satisfied with that. “Why not?”

“We prefer that patients get their vitamins from food. And some vitamins interfere with chemotherapy. Ah, Mr. Herrera, did you have a nice nap?”

“Yeah, I guess I did. What time is it?”

“Four-fifteen. You got stoned and had a nice three-hour snooze. Just lie there for a few more minutes, and then you can go.”

“What did you see in there?”

“There were some lesions in the upper part of your stomach which could cause some problems.”

“The blip Dr. Chatham saw under the duodenum. Do you think it is lymphoma?”

“Mr. Herrera, I will not speculate. Dr. Chatham should have news from the lab by Monday.”

Basha came with me back to my apartment. We talked. She left. I slept some and suddenly I was wide-awake. Dr. Chatham could have just overreacted. Dr. Shike saw something else in there too. It could be a benign growth left over from all the chemo or an ulcer or who knows what else. It’s not necessarily Mantle Cell Lymphoma.

I didn’t get much rest and had to be in the studio at 7:15. Being very tired was actually good for me this day. Fatigue helped me cope. I had just enough energy to get through the work, and none left over for worry. Worry wouldn’t do a damn thing for me anyway.

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Sunday afternoon on my answering machine, “It’s Dr. Chatham. Please call me as soon as possible.” She’d left her home number. For a second, my heart leaped up in my chest. She has good news and wanted me to know right away. No. She has bad news and wants to be sure to find me.

The lymphoma was back.

19

“Find a doctor you feel in your gut can help you fight the cancer in your body. Get a professional – a psychiatrist or psychologist to help you with your emotions, and get with your preacher, priest, rabbi, your dog or your favorite tree to help you with your spirit. Get these three parts of yourself lined-up and **hit it.**” My words of advice that just came tumbling out on a television talk show in Mississippi, on tour in the spring. Now I had to take my own advice. Mother Nature had dealt the hand and I had to play it.

The next day Dr. Chatham laid out my options. The most aggressive was another bone marrow transplant, in the hope of putting me back into remission. The second option was to use chemo alone as maintenance regimen, which would probably keep me alive for 12-18 months, until my body gave out from the chemo, pneumonia or organ failure.

“What happens if we do nothing?”

“The tumor will grow, seal-up your stomach, and you will vomit up everything you eat.”

“What do we do?”

Dr. Chatham explained, “In January of ‘97 we had a plan, a timetable, a set number of CHOP treatments, then ICE chemo, then stem cell harvest, then radiation, etc. We are now in a very different situation with a different set of problems. There are too many variables to lay out a long-term plan. One hurdle at a time. There is no definite route to take, no way to project a timetable. The next step we take, the next phase we enter will depend on the results of the one before it. We have to get over one hurdle at a time.”

I tried to take a deep breath. “Okay. So. What do we do next?”

“We will start with Rituxan. Rituxan is a protein antibody, not chemotherapy. It is not as toxic to the body and in **some cases** it kills lymphoma cells.”

Kim, a tall, beautiful woman, was now Dr. Chatham’s nurse. We sat down and put together a schedule for four weeks of Rituxan, to be administered once a week in the hospital, intravenously. She explained that I could go about

my life: work, gym, social life in a normal fashion, but cautioned me to be moderate with alcohol; that was it.

“Can Rituxan put me in remission?”

“Dr. Chatham thinks this is the appropriate treatment at this time.”

“How long will it be before we know if it’s working?”

“I don’t know. We’ll finish the four weeks Dr. Chatham has ordered, and then see where we are.”

“Kim. What do you think?”

“We. You, just have to keep going.”

Kim couldn’t give me the answer I wanted. I wanted to hear, ***“This will work. In a month or two you’ll be fine.”***

I left very frustrated and angry. I calmly panicked. I didn’t want to believe the lymphoma was back. With all of the chemo and radiation, I felt I had gone through as much physical suffering as my body could take. That should count for something. But it didn’t.

Dr. Gabilove had said, “You’re my star . . .” Dr. Robbins had referred to the condition of my heart over the next fifteen years. What did they mean by all of that crap? On First Avenue, walking to my apartment was more difficult. I believed that I, or we, had won the battle. So did my doctors.

Later that night I wrote Dr. Chatham a letter. The closing sentence read, “I’ll go back to Africa and get killed by a lion before I die a gray-skinned bag of bones on the 17th floor.”

I was expected to be in the studio at 7:00 a.m. the next morning ready to work. I had forty pages of dialogue and a good story to play; the one Felicia said was in the works when she took me off my contract the previous February. I liked the plot. James was trying to change his ways because he had fallen in love. Love conquers all. Great stuff, I thought, and dove in.

Elizabeth Hubbard plays Lucinda Walsh, the object of James’ affection; she didn’t like the story line and went so far as to be quoted as saying so, in Soap Opera Digest. Patsy read it and remarked, “It sounds like she doesn’t want to work with you.” I thought; let Miss Hubbard act silly if she wants. I was very fortunate to be able to use my mental and physical energy

on my work. Rather than speculate endlessly on what might or might not happen. Worry would not be productive. All I could do now was to keep going. I pictured Bop every morning, his gentle smile and could hear him say, ***“Son, it’s leg over leg to Dover.”***

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Rituxan: It would take four to five hours to infuse, and I would need someone to escort me home. Dr. Chatham checked me out, and I found myself arguing in favor of any alternative to the possibility of undergoing another bone marrow transplant. Dr. Chatham quickly stated, “All decisions on treatment come from me.”

Nancy Cody-Lyons came into my room as they were hooking me up for the Rituxan infusion. “It’s good to see you but, not back as a patient.”

She patted my arm and rushed out. All of a sudden I felt good. This was strange. I had relapsed and I didn’t know what the hell was going to happen to me but I felt energetic. It was Nancy’s visit. She was in another department now. But she took the time to find me, talk to me and pat my arm.

The next couple of weeks consisted of work, Rituxan and worry. Physically, I felt okay. On Thanksgiving I went to a very posh lunch, took it easy for the rest of the day and skipped dinner. Friday my stomach started to hurt. I didn’t feel like eating but tried to convince myself that it was unrelated to whatever Dr. Shike had found in my stomach. Early in the evening I called Sloan-Kettering and the lymphoma resident on-call told me to try some Gas-X. I was relieved he thought that it was just gas, and finally got to sleep. At 4:30 on Saturday morning I started vomiting. Up came my posh Thanksgiving lunch.

Throughout the day the gastric pain got worse. By six o’clock that evening I was in the Emergency Room at Sloan-Kettering.

They were very busy. Finally a nurse appeared with a clipboard and started with questions.

“Mr. Herrera, why did you come in here tonight?”

I explained that I had been a patient since February of 1997; and had an autologous stem cell transplant. I told her about the recent relapse, the endoscopy and the Rituxan, and that I really didn't think this was tumor-related, but instead a symptom of the lesions Dr. Shike mentioned.

She took my temperature, took my blood pressure, weighed me and wrote all of it down very carefully.

I kept saying, "I just want a doctor to check on my stomach."

I kept hearing, "We're very busy. A doctor will be with you soon."

The pain in my gut vacillated between dull aches and sharp pain, but I had to wait. Finally the nurse called my name, put me on a bed and drew a white curtain around me. I waited some more and tried very hard to convince myself that this pain and vomiting was indeed from the ulcer, the lesion, whatever. A tired, young doctor came in reading over my paperwork. "Mr. Herrera. Why did you come in here tonight?"

"Didn't they put that on your clipboard? I've repeated the reason at least five times while I've been waiting on you."

"We're very busy. There were a lot of patients before you."

"Right, doctor, but as my stomach pain increases, my compassion for others tends to decrease."

I repeated all the information for the young doctor, and learned that he was from Virginia, a fellow southerner. He listened, poked, prodded and then told me to drink an entire 8 oz. glass of medicated goop a nurse had brought in. He made me promise to return if the pain did not significantly decrease in a couple of hours.

I went back to my apartment and tried to sleep. Five hours later I was back in the Emergency Room. The young southern doctor was still there. Once I got his attention, we cut through most of the bureaucratic crap.

He sent me downstairs for a chest X-ray. On my way back to the Emergency Room, I got lost in the dimly lit corridors of this monster of a hospital. I was exhausted and couldn't think straight. It was the middle of the night and I couldn't find any people or even a phone. I didn't know where

I was, and kept going down hallways, through doors and finding myself in different hallways. It seemed I stumbled through passageway after passageway for hours. I thought maybe I had died and this was the corridor to hell. Finally, through a double door into a well-lit hallway, I found the Emergency Room.

When we looked over the X-ray, the doctor didn't see anything that concerned him as far as cancer went. I would have to wait until Monday during office hours to see Dr. Shike.

When I got out on the street it was dawn. I took a taxi to my apartment and tried to sleep, but couldn't. The eight ounces of goop wasn't doing any good at all. I began to realize the only explanation was that the tumor had already sealed-up my gut.

* * * * *

20

Monday at noon, I was in the hospital on the eleventh floor. No one had to explain to me how to use the little blue buttons on the side panel of my bed.

Dr. Goy paced back and forth going over the results of the morning's CAT scan and outlining the approach he proposed. Very dashing with a continental accent and wavy hair, his demeanor was more like a French Formula-One racecar driver than an oncologist.

"I want to start with Fludarabine. You've not had this before. There is a chance it may attack these tumor cells."

I was not in a positive mood. "I've never met you before. I'm not agreeing to anything until I hear from Dr. Chatham."

"I'm covering for Dr. Chatham."

"I'll wait."

"Your situation is very serious. Dr. Chatham is not in today."

"Dr. Goy, Dr. Chatham told me, that all directives come from her. That's who I want to hear it from."

"She's not in today."

"Get her to call me."

"I will."

For such a forceful and dynamic man, he handled my obstinate behavior surprisingly well.

Within the hour Dr. Chatham's called.

"Do what Dr. Goy says. He has cleared everything with me. I'll see you tonight."

All of it was back: not just the cancer, the lymphoma, the Mantle Cell Lymphoma, but the needle in my arm, attached to the plastic tubes, hanging down from the plastic bags of saline and chemicals dripping into my body. I had to have a serious think. This wasn't just a lesion in my upper gastric region, and this wasn't a bad dream. The soft sounding but deadly lymphoma was back and had sealed-up my gut. Rituxan didn't work and if the lymphoma kept growing at this rate and the chemo didn't work, I'd be dead within six months.

Dr. Chatham came in about 9:00 p.m. She was wearing a mask, and this precaution shook me. She said we would have to find a new approach to the next hurdle, but that the tumor in my stomach was an emergency.

“I’m increasing the dose of Fludarabine; we’ll try that for another forty-eight hours. Then, if there is still no movement, I’ve already talked to a surgeon. They’ll have to open you up.”

“This is bad, isn’t it, Doctor.”

“Yes, this is bad.”

“Are you telling me I could be dead by May.”

“You could be dead in two to three days if we don’t open-up your gut.”

* * * * *

Basha came to see me the next afternoon. She looked radiant in her antique outfit, wearing a hat with a veil in the middle of the day. On her it worked. She sat on the side of the bed and as we were in the middle of a conversation, she began to weep. I reached over and took her hand.

“I’m in the best hospital in New York, with the best doctors.”

“Oh, Anthonee, I don’t want you to die.”

“Basha, you are very strong. Right now I need for you to be strong for both of us. Look, you survived being married to me and you’re even more beautiful now than you were then.”

My attempt at humor and flattery didn’t work. She kept crying.

“I’m supposed to be taking care of you, and here you are having to take care of me.”

“No, Basha. You’ve helped me get this far.”

She took a deep breath and composed herself. Then in typical Basha fashion, she told me about an article she’d read recently about a cat that had been lost somewhere in the Midwest on a cross-country trip, and then one day, months later walked up to its owners’ home in California.

“And dat cat was a dark red cat, can you imagine.” Even with a sealed belly, I chuckled.

Suddenly my room was filled with a team of some eight doctors and nurses headed by Dr. Goy. He gave them a concise history of my case. Basha left.

Mr. Herrera, we have to try and get the fluid out of your stomach.

“I guess if the pressure builds up too much in there – it could burst?”

“Right. And that would be very dangerous.”

They left. In a few minutes a young Chinese doctor came in carrying a coil of plastic tubing. She said that the tube had to be inserted through my nose, and then pushed down my esophagus and into my stomach. The tube was clear, just a tiny bit thicker than the diameter of a pencil, and had several holes on the sides of its tip. She proceeded to put some lubricant on the tube, placed it in my right nostril and shoved hard. The tip of the tube hit the back of my sinus and I recoiled. The tube came out of my nose. She put it back in my nostril and shoved again, this time harder. Again I recoiled.

“Wait. That hurts like hell. Why not ease it in slowly?”

“No. I was told to push hard.”

“Then get me something for the pain first.”

She frowned.

“I’ll see what I can get.”

I decided to put the tube in myself. When she left the room, I coated the tip with more lubricant, eased it up into my right nostril and slowly pushed it past my sinus, through my esophagus and nearly all the way into my stomach. I started shaking from the discomfort of this long piece of plastic in my body, and began to panic so I slowly pulled it back out through my nose and hit the nurses’ buzzer.

“Yes, Mr. Herrera?”

“Ask that doctor to come back in here please. I can get this tube in with some help.”

“She’s looking for something to help you.”

“I don’t need a pain killer. Just get her to come back in here.”

“All right, Mr. Herrera.”

By the time she came back in I had the tube back past my windpipe and managed to say, “Help me push.”

“You should have waited . . .”

“Just help me push this damn thing.”

She did, and when the tip of the tube got into my stomach, a flood of dull, brown fluid erupted from my mouth and nose. The two-liter container that was supposed to have caught the drainage had not been hooked-up, and as the fluid gushed out of me, the young doctor looked nervous. She scrambled to hook-up the container and it was filled within seconds. I spewed this strange bile all over the bed and all over myself. I looked at the mess and thought of **The Exorcist**.

By the time it was over, the bed was soaked and I was drenched. There must have been at least four liters of liquid locked in my gut. They changed the bed, and I cleaned myself in the bathroom and put on a fresh gown. I suddenly realized why Dr. Chatham and Dr. Goy were so concerned. I was shaken. My stomach could have burst and I would have bled to death.

* * * * *

By the next morning my duodenum had still not opened-up. When Dr. Chatham came in to check on me with her entourage of fellows, nurses and interns, I was not in a particularly good frame of mind.

“I have to be at work on Monday. No matter what, I’m going to be back in the studio Monday.”

“With a tube in your nose?”

“I put it in by myself; I can pull it out to shoot a scene, and then stick it back in.”

“We’ll see.”

They left and I called Felicia to assure her I’d be there.

“Anthony, don’t be difficult. Do what Dr. Chatham says. She is calling the shots; you understand me?”

“Yes, Felicia. I understand.”

Later, one of the young doctors from Dr. Shike’s clinic came in and asked about my stomach, listened with her stethoscope and gently but thoroughly felt my abdomen.

“Any improvement?”

“I can’t tell just yet; we’ll keep a close check.”

She left. I didn't mean to be grumpy, but my mood must not have improved very much, because a few minutes later Dr. Shike came in his operating greens.

"Mr. Herrera, Dr. Chatham is a very fine doctor who is very concerned about you and your condition, and she is also concerned about your life, not just your disease. But if you keep arguing with every point she makes, she will lose some of her resolve even if she isn't aware she's losing it. Do you understand what I'm saying?"

"Yes I do, doctor."

"Good."

He turned and went out the door. It took Dr. Shike at least ten minutes to get from his clinic to my room. He works very hard and is very busy. But he took the time to come to my room and kick my butt. Felicia just kicked my butt. I realized I had crossed the line from being tough and full of resolve to being a pain in the ass.

* * * * *

Chemo flowed into my veins and we had another thirty-six to forty-eight hours to see if it was going to kill lymphoma cells, reduce the size of the tumor and unblock the obstruction in my gut.

Dr. Goy came in. "You want your gut to open-up? Get out of bed and walk."

"I'm going to be back in the studio Monday."

"Good. If you get out there and walk around the nurses' station, you'll have a better chance of getting back to your acting than you will if you just lie here."

He left my room; I knew he was right. I unplugged the pump line, hung it on the pole, put on the paper hospital slippers and my mask and went out into the hall. I started walking, but one wheel would stick and pull the pole to the left. The bags of chemo, drugs and hydration lurched back and forth, so I had to pace myself to accommodate the wobbling wheel.

I started to bitch silently about how unfair it was that this damn disease was back. I caught myself, bitching wasn't going to do any good. So I called on my friend Cleavon.

“Come on Mister Little, I need a little help here.” In my mind I could see the twinkle in his eye and hear his voice,

“Herrera, do what you gotta do.”

I may be headed on expedition through hell but as Hamlet reflected,

***“The undiscovered country from whose bourn
no traveler returns puzzles the will
and makes us rather bare those ills we have
than to fly to others we know not of.”***

I made it around the nurses’ station three times and returned to my room fairly proud of myself. Just as I’d managed to get the mask off, and back into bed without pulling one of the lines out of my arm or one of the bags off the pole, Dr. Goy came in.

“I thought you were going to do some walking to help us open-up your stomach.”

“I did. I did three laps.”

Without missing a beat, he said “Do three more.”

I was really beginning to like this vigorous doctor.

It was extremely tedious going around and around in the hall at a snail’s pace and to compensate for the wandering wheel. One of nurses helped me change all the bags to a new pole. Now that I was rolling, I could rehearse a poem:

The Shooting of Dangerous Dan McGrew.

***“A bunch of boys were whooping it up
in the Malamute Salon,***

***The kid that handles the music box was
hitting a jag time tune.”***

Every time I passed the nurses counter they cheered me on as if I was in the Olympics. I caught a glimpse of my reflection in a glass panel. I looked pretty silly. My hair was sticking out in different directions, my hospital robe was flapping in the back and the yellow duck bill mask covering my nose and mouth added to the comic effect. A strange scene being played on a strange set, but as Evan had said, ***“Herrera, It’s the role of a lifetime.”*** That night more

fluids, more chemo, more pills and with the aid of sleeping pill
-- I slept.

Thursday after my laps, I got back into bed. Bingo. My
gut was opening up. I've never felt so great in all of my life
about passing gas.

* * * * *

21

I was back in the studio on Monday morning. I had lost sixteen pounds. On the elevator one of the actresses chirped. “Anthony you’ve lost weight.”

“Yes.”

“Well, I don’t know what you’ve been doing, but just keep doing it. You look great!”

The previous week had been so surreal that I was amused by her comment. It was a relief to be in the studio, working.

I had cleared the first hurdle; the Fludarabine was killing the lymphoma cells. The next hurdle was to find out if I had a sibling match. Technically it’s called an HLA match, and the best possible compatibility rating is a “six out of six”. A “five out of six” might work, and would be more difficult for the new immune system to assimilate in my body.

I hoped that with two brothers and three sisters, one would be a match.

I called my brother John. He was the youngest of my siblings. He was an Eagle Scout and had played defensive end at the University of Texas. He was the most emotionally independent of my brothers and sisters who were raised in Texas and it was a conscience effort. He once told me, “As a little kid I looked up and saw how Ralph and my sisters were treated and decided that I was not going to let them do that to me. So I spent as much time as I could away from the house in scouts and sports.” He felt the need to try to keep a sense of family. As an adult he once told Mother, “I think of the way you and Daddy treated us as kids and I want to weep.”

John had worked with me on both films I made and we had a great time. He and I stayed in touch.

The most distant was the middle brother Ralph. After Bop and Gam died in the mid-eighties, communication with my other siblings gradually dissipated and by now was little or none. Ralph had come to New York to stay with me during the summer break in 1974. Shortly after his arrival we started a little moving company. I was very tired of waiting tables, which I had done for five years while studying with Stella and

working for free in Off-Off Broadway productions. Two months after we started "Bread and Butter Movers" -- I had an audition for a role on **As The World Turns** and was hired on to play Mark Galloway.

Ralph stayed until December. He went back to Texas with a new wardrobe and five thousand dollars in cash. Before long he decided that New York was the place for him and returned, "to be an actor".

I was written out of the show after one year and moved to California. He stayed in my apartment, continued moving furniture and began to study acting. Years went by and he rarely worked as an actor. Eventually he made a good living as a grip on commercials and movies.

His resentment toward me grew to such an extent that when I returned from Africa and was bouncing from sublet to sublet he refused to let me stay in his apartment even though he spent most of his time on his farm upstate.

I explained to John that I had no chance of survival with an unrelated donor. But with a sibling match I had a shot. After the hospital had the tubes of blood, it would take four to six weeks to find out whether I had a match. I asked John if he would talk to each of them and he said, "I'll handle it."

Once a month for the next three months, I'd spend five days in a row being infused with Fludarabine. I ran into Karen Klem; she was very concerned that I had relapsed. I asked her if she knew any percentages on the odds of finding a "six out of six" match, in a pool of five siblings.

"I've seen cases with only one sibling who was a perfect match, and others with eight siblings and no match."

Karen gave me a quick hug.

"Good luck."

Her embrace changed my emotions so fast it amazed me. Seconds before I was filled with angst. One second of being held in her arms produced a powerful positive impact.

The holidays were coming up and the studio would be dark. Patsy went to Bogotá, Columbia. Basha went to Poland.

I went to Bobbie MacGuffie's to be with her and family. Dr. Janey Hudson, was there too, and we had some very good talks, but she didn't really want to give me advice and kept

saying, “I’m not your doctor.” She did say she had a lot of respect for Dr. Chatham, which was comforting.

“Okay, but you’re both doctors. What kills most cancer patients?”

Janey answered with one word, “Infection.”

I played with the kids. I played with the dogs. These people and this place had been like home for me for the last eighteen years. I rested.

From December 26th through the 30th, I went to Sloan-Kettering’s seventh floor each day, sat hooked-up for four hours for my dose of Fludarabine.

I was invited to a very chic party on Beekman Place for New Year’s Eve. But it was a rainy and cold night. My energy was low. I decided to stay in bed, watch **Casablanca** and sleep.

* * * * *

I always felt better when I was at work. There was another call on the PA from Felicia to come to the office. “Anthony, you have a heavy storyline to finish. You’re working every day. If it starts to get to you, and you need to just get on a plane and go to Jamaica or wherever, just call, and let me know.”

“No. I’ll be here. I mean, I want to work.”

“The offer stands. If you need it.”

Fortunately my workload kept my brain occupied most of the time. Then two weeks later Kim called with very good news: I had a sibling match. The results came back on four siblings and my brother John was a “six out of six” HLA match. This was very good news. John and I got along. Our brother Ralph had not sent in blood to be tested; the reason remained unclear. But much more important, the chemo was shrinking the tumor and now with John as my sibling match, I had the best possible scenario for an allogeneic transplant.

Dr. Chatham made an appointment for me to see a bone marrow transplant specialist at Sloan-Kettering named Dr. Roven. I phoned his office and explained that I had to work that afternoon and would prefer to come in early. He started seeing patients at 10:00 a.m., and I was told I would be

first. I requested that if they knew he was going to run late for any reason, to please let me know, and I was assured that there would be no problem.

I was in the waiting room early and studied my script for the afternoon. I had a 1:00 p.m. call at the studio. At 10:45, I asked the receptionist if there was a problem.

“No problem. The doctor will be with you in just a few minutes.”

Still waiting at 11:30, I suggested that if he couldn't see me that day I could schedule another appointment.

“In just a few minutes Mr. Herrera.”

I became more and more anxious. I calculated that it would take half an hour to get across town, and I'd need at least forty-five minutes to an hour to find out what I would be facing with a second bone marrow transplant. But, I also had a responsibility to the studio, where we had to stick to a schedule to get our work done. It seemed that my attempt to be conscientious meant nothing to these people here; all control was left to the whims of others.

Finally at 11:45 I was shown into an examination room. A young Chinese doctor came in and dispensing with an introduction, told me to get on the scale. I tried to explain that I was running out of time, but he wouldn't listen and said he had to record my weight, height, pulse and blood pressure before Dr. Roven could see me.

“I've been a patient here for two years. I just need to consult with the doctor.”

“No. I have to get this information. This is the procedure.”

“I am running out of time.”

“Take off your shirt.”

“Why?”

“I need to take your blood pressure.”

“You can get a reading with my shirt on.”

“It will not be accurate.”

“No one else at Sloan-Kettering has ever asked me to take my shirt off.”

“For an accurate reading, I need you to take off your shirt.”

I took off my shirt. He took my blood pressure twice. This man seemed to be moving as slowly and methodically as possible. I'm sure my frustration level made my blood pressure abnormally high. As I was putting my shirt back on, he left without a word. I paced back and forth in this small room. I tried to read a pamphlet on the counter, but I couldn't concentrate enough to get through a sentence.

After another ten minutes, Dr. Roven came in. He told me his name without looking me in the eye, and gave me a perfunctory handshake as he sat down. As he opened my folder and started turning pages, he didn't say a word. I asked, "How many allogeneic transplants have you or your team done for Mantle Cell Lymphoma patients who've had autologous transplants plus total body irradiation and then relapsed?"

This doctor still didn't look me in the eye. Instead, he crossed his legs and started pulling on his sock.

"I've always thought that the allo was the best approach to consider."

I asked the question again.

He continued to pull on his sock and mumble about the allo.

"Will you be in charge of my transplant from beginning to end?"

"Here at Sloan-Kettering we work as a team. There will be a team of hematologists and other specialists involved in the transplant."

"You won't be in charge?"

"No. That's not how it's done here."

"Dr. Gabilove was directly in charge of the autologous transplant from my first day on the 17th floor until I was released seven weeks later; she was personally in charge."

"Oh. . . . No one told me that."

His attention went from his sock back to shuffling through papers in my folder.

Our consultation kept going nowhere. I left. The cancer was back. I was getting pumped full of chemo again. In the taxi to the studio, I felt as if my chest had been tightened to the point of exploding in a giant vise grip. As

soon as I finished the first rehearsal, I found a phone in an empty dressing room and called Kim.

“Kim, I think Dr. Roven is a jerk. I can’t work with him; he wouldn’t answer my questions. He wouldn’t even look me in the eye. . . .”

“All right, Mr. Herrera. I’ll tell Dr. Chatham. Call me later.”

“I’m in the studio, I’ll try.”

“If not, first thing in the morning. We’ll arrange someone else for you to talk to.”

Kim had a kind heart and she tried to be comforting. Still, I couldn’t seem to get a real breath. This was one particular instance when having to get to the set, getting caught up in the rush and hurry of the studio and cope with the dialogue were all welcome diversions.

Two days later I met with a very nice lady, Dr. Jakubowski, and she asked me point blank, “Why didn’t you want to be treated by Dr. Roven?”

I saw no reason to dodge the issue. “I’m putting my life in the hands of another human being, a doctor. It is important for me, as the patient, to be able to talk with my doctor, for the doctor to listen and for the communication to flow freely, in both directions.”

Dr. Jakubowski didn’t seem very surprised at my answer. She then explained that Sloan-Kettering doctors had never done an allogeneic transplant with a patient who had already undergone an autologous transplant. I would be their first. The paperwork for a new procedure normally takes six months to process, but she would be willing to make an exception and push it through in six weeks if I agreed to be the first to have the procedure done at Sloan-Kettering.

I thanked her for her candor and told her I’d have to think about it. She said I needed to feel certain about whatever decision I made.

* * * * *

Dr. Gabrilove had assured me when she left to take over the Oncology Department of Mount Sinai Medical Center, that she would always be available to me if I needed her. She

urged me to explore my options at other institutions for the second transplant and suggested Dana Farber in Boston, The University of Nebraska in Omaha and MD Anderson in Houston.

A few days later I phoned Dr. Jakubowski and told her I was going to try and find another hospital. She said she understood and wished me luck. Dr. Chatham put me in touch with Dr. Armitage, one of the leading experts in the world on Mantle Cell Lymphoma and his team in Omaha, Nebraska.

I had the next Thursday and Friday off from the studio and lined up the trip. The University of Nebraska Hospital had just completed an apartment/hotel-like complex attached to the hospital. Patients would be housed in an apartment with a family member or a caretaker and be literally an elevator ride away from the Emergency Room. Dr. Chatham was very interested in hearing about these arrangements. I was feeling optimistic about this trip. Before I left, she asked, "Do you want me to contact MD Anderson in Houston? You might want to visit both on the same trip."

"I don't want to go to Houston."

"Why not?"

"I have family there."

"I would think that would be an incentive. You are going to need a lot of support."

"Dr. Chatham, I have the name Herrera and yet I was raised as a Baptist in Mississippi. Everything about my family is bizarre. They are not healthy mentally. Fortunately, I get along best with John, my donor brother, who will come to wherever he's needed. Contemplating a second bone marrow transplant and the distinct possibility of dying is going to be difficult enough without having to deal with siblings who are still emotionally crippled from childhood."

Dr. Chatham gave a slight nod and left. Maybe she didn't listen. Maybe she didn't care. Or maybe what I had said didn't seem that important to her.

When the tumor was found in my gut a few months ago, I had to take one medical hurdle at a time. I realized that I must do the same thing emotionally. I hoped that I was

going to feel right about what I found in Omaha. If not, then I'd contemplate Houston.

22

The next morning at CBS as I got off the elevator to go into Studio 42, I ran into Dasha Epstein, a Broadway producer I had known briefly right after **The Wide Net** had aired. I quickly reminded Dasha that we had seen the McGuire Sisters show together and we began to chat. She had produced "**Ain't Misbehavin**" and "**Master Harold & The Boys**" and other hits. I told her about **Smoke & Mirrors**. She asked to read it.

She gave me her address and I dropped off a copy of the play, a great review from the Palm Beach Post and another from The Star in Johannesburg, South Africa.

The next day I jumped on another passenger jet and in a few hours I was in the Midwest – the plains of Nebraska. The patient living quarters at the University of Omaha Cancer Hospital were brand new and constructed very well. The first thing I checked out was the bathroom. There were well-located handrails and ample space to maneuver with a pole, pumps and bags of fluid. No matter how much extra effort it took, I wanted to be able to go the toilet by myself.

My room was on the 24th floor and I was the first patient to stay in this wing of the hospital; there was still packing putty at the bottom of the sink. I looked out over the evening lights of Omaha and reflected; this could be home for three months or even longer. I had seen a documentary on Mexican communities springing-up all over the United States and learned that Omaha had quite a large Mexican population, with its own radio station. I'd been told that I would have a lot of downtime with this transplant, and thought I might hire a Spanish tutor, and maybe even take some guitar lessons. This might be just fine.

The next morning I went to the seminar for new patients facing transplants. There were six of us and Nurse Reilly took us through the process with charts and slides. He referred to Neupogen as "growth factor" and mentioned the fact that the injections themselves could be painful. The other patients cringed at the thought of having to give themselves

shots, so he asked me to comment since I'd already been through it. I told them, "It really doesn't hurt that much, just a little pinch," and they all seemed to relax.

Afterwards I was taken to a conference room. Dr. Bierman was right on time, but his opening words threw me.

"Mr. Herrera, I need to know if you are the kind of man who is going to say, 'cure me or kill me.'"

I said something to the effect that I just wanted to stay alive.

"Well, Mr. Herrera, I'm going to spend a few minutes with you, then a resident will come in to answer your questions; and then I'll be back."

"Dr. Bierman, I didn't fly out here from New York to talk to a resident. I came out here to talk to you."

"Okay. Fine."

He went on to talk for an hour and a half about the allo-transplant and the latest findings. One of the most significant studies focused on one hundred sets of identical twins, in which one of each set suffered from leukemia. Fifty had transplants and received their twin's immune system, and fifty had transplants and received another sibling's 6/6 match immune system. The reoccurrence of disease was greater with the fifty who'd received stem cells from their identical twins, and the fifty patients who'd received another sibling's immune system had a much higher rate of survival.

I couldn't quite compute that information and asked Dr. Bierman to go over it again. He did, taking a couple of minutes longer with his explanation, and I thought I understood. I offered a country boy analogy and asked if my comparison would apply:

"We're having a riot in my hometown of Wiggins, Mississippi. Civil order breaks down and they bring our local Stone County National Guard. But the Commander figures out that the local guardsmen are going to have a tough time sticking a bayonet into someone they've grown up with and known all of their lives. But if a guard unit from Montana was transported in to the town, those boys could drive the crowd back, and they would not hesitate to get tough with a bayonet or a bullet."

Dr. Bierman gave me a slight nod of approval and expanded his point. The patient who has an autologous transplant, as I had, was getting the same defense or immune and blood system, which allowed the cancer to grow in the first place. But with an allogeneic transplant, the patient ends up with a stronger, more resilient and sufficiently different immune system to fight the growth of cancer cells.

That was the good news. The bad news was the possibility of not making it through the full allo-transplant procedure. His exact words were, "There is a 70% chance you will never leave your hospital room."

"I have heard about a mini allo-transplant. What would my chances of survival be with one of those?"

"Yes. With the mini allo-transplant, the immune system in your bone marrow would not be burned all the way to zero with chemotherapy, only partially. Therefore, being infused with less toxins, there would be less chance of organ damage."

He went on to say that any oncologist can administer chemo, collect your donor's cells and put them into your body. The complicated period is after the infusion of the donor cells, when they have to maintain a delicate balance using drugs to make sure the new immune system doesn't kill the host, or, that Graft Versus Host Disease doesn't invade and destroy the major organs.

It gets even more complicated. The hematologists and oncologists who've been working on this new approach to the stem cell transplant have learned that a small amount of Graft Versus Host disease (GVH) is beneficial. There are cells within GVH itself that kill lymphoma cells.

"How many of these mini allo-transplants have you done here at Omaha?"

"Seven."

"What time can I call you in the morning?"

"I'll be in my office between 11:00 and 11:30"

It was not possible for me to assimilate any more input at the moment.

* * * * *

My room was very comfortable and I was exhausted, but much too stressed to take a nap. I phoned Laura Surdarsky and gave her an update.

“Go out and have a drink and a steak. You’ve been hearing about nothing but death all day. Don’t sit in that room.”

I called the front desk and asked them to get me a taxi. They said I could expect about a fifteen-minute wait. I went down to reception; no taxi. They called again. We waited. They asked a lot of questions about **As The World Turns** but I didn’t mind because they were very polite.

It was nearly ten o’clock by the time I got my bourbon and steak. At the next table were two young local couples, who also turned out to be fans, sincerely interested and cordial. A little booze, a great piece of mid-western beef and some conversation were a gift.

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Gam used to say, “Honey, no matter how bad something looks at night, it won’t look quite that bad in the morning.”

As I dialed Dr. Bierman’s office I thought she was right even under this peculiar circumstance.

“Good morning, doctor.”

“Good morning, Mr. Herrera.”

“I want to make sure my thoughts on this are correct. You said that the care after the transplant is the most critical. So the post-transplant phase, getting my new immune system assimilated, functioning and working to kill cancer cells, is the most important factor in my decision on where to be treated.”

“Right.”

“Then I need to go to MD Anderson because they’re way ahead of everybody else with the mini-allo.”

“I will be glad to make some contacts for you.”

“I’ll check with Dr. Chatham. That might be best since I’ve been under her care. Thank you for your offer and your information. It has helped me plan the next step.”

“Good luck, Mr. Herrera.”

I hung up the phone and sat on the edge of a bed gazing down at my feet. I didn't think I would stand up. Maybe I could just sit right here for the rest of the day and tomorrow and the next day and the next. Not a good plan.

I went to the window and looked out onto the main street of Omaha. In the late 1800's it was a cattle town. I thought of a scene from **The Searchers** in the early part of the film. The Texas Rangers and John Wayne's character, Ethan, are surrounded by hostile Indians; the same Comanches who had just slaughtered most of Ethan's family. It is night and they are facing attack and possible death at any moment. The captain of the Rangers:

"Do you want to quit, Ethan?"

Wayne looks the Captain right in the eye.

"That'll be the day."

My next trip will be to Houston.

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23

The week before I finished work Dasha Epstien called, she was excited.

“I’ve read your play. I like it very much and want to move forward. Do you have to play the lead?”

“No, I don’t.”

“Good. What do you think of Jim Dale?”

“He’s great. He won the Tony Award for Barnum.”

I phoned Charles Von Nostrand, the president of Samuel French Publishing, and asked him for twenty minutes of his time.

“It is 11:15 can you be here at 2:00?”

I phoned my co-author and he met me at the Samuel French office. I explained my situation and Mr. Von Nostrand was most reassuring that he would take care of my interests. I knew him to be a man of character and I would not have to worry about contracts or my royalties.

He would be the agent if this continued to move forward. This launched a series of meetings between Jim Dale, Dasha Epstien, my co-author and myself. We managed to agree before I left for MD Anderson that Dasha would fly Joe Harmston over from England to meet with her. The conclusion was that we would open off-Broadway in October. This was very exciting because with the track record and financial backing of Dasha and a Tony award winner, we were on our way.

On my last day of working on **As The World Turns**, one of Stenbeck’s plots was about to backfire. While James hides in a cabin deep in the woods and waits for his contact to spirit him out of the country, he overhears his son giving the police directions to his hideout. The SWAT team arrives and surrounds the cabin. They burst through the door, and poof: James Stenbeck had disappeared into thin air.

I said good-bye to the crew. Before I got out of the studio the director, Maria Wagner, and Felicia came out of the control booth. Maria and I had worked together since 1980. There were tears in her eyes. I knew Felicia had told her. After some big hugs, I walked out of CBS and stood on the

sidewalk at 57th Street and looked at the building. Since August of 1974 -- I'd gone through those doors, frantic about the day's work. As the years passed, I became more confident with my craft. As an actor, I had grown up in this building. I hoped I would one day return to my work and the show that had been such a big part of my life.

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