

# A CHANCE OF HEART

*A one-shot fanzine by and about  
fannish heart patients*



Edited by Laura Haywood-Cory with pieces by Tim "Uncle Timmy" Bolgeo, Steve Davidson, Laura Haywood-Cory, Bill Mills, Randy Robbins, Douglas Warren, and T.K.F. Weisskopf. All of the Celtic knotwork used throughout is copyright © Cari Buziak and can be seen at her wonderful website, <http://www.aon-celtic.com/>.

## **Jack Jardine Appreciation by Bill Mills**

*(Ed note: this first appeared in Mike Glycer's File 770 and is reprinted with permission)*

Author and longtime L.A. area fan Jack Jardine (aka Larry Maddock) passed away April 14, 2009 after a long illness. In addition to ongoing cardiac problems, Jardine suffered a serious stroke in 2005 from which he never fully recovered. He was 78 years of age at the time of his death and is survived by his daughter and two grandchildren.

Larry Maddock is the penname under which humorist and social critic Jack Owen Jardine (born October 10th, 1931) wrote science fiction and mystery stories from the 1950s through the 1960s. His writing career was preceded by several years in radio as a disc jockey and creative director for KALF radio in Mesa Arizona. As Larry Maddock he may be best remembered for his highly-acclaimed "Agent of T.E.R.R.A." series, featuring the exploits of debonair, time-traveling secret agent Hannibal Fortune and his sardonic, shape-shifting alien colleague Webley.

During the same period, under the names Arthur Farmer and Harry Barsted, he produced a series of classic ultra-softcore novels whose titles typify their era, including "Lesbo Lodge", "The Nymph and the Satyr", "Gay Divorcees", "Malibu Nymphs", "Love Me", and "Sin Ship". Ironically those very titles can be found today being sold by book collectors for as high as \$150 each! A quick search of Ebay or other online collector's book shops will bear this out.

After the 1960s he concentrated on non-fiction essays about human sexuality, often written under his own name. Throughout the 1970s he could frequently be found at various Southern California science fiction conventions as a participant in panel discussions on subjects like writing professional sci-fi or the complexities of human sexuality, or the slightly obvious, sex in science fiction... and often sharing the dais with such notables as Larry Niven, William Rotsler, Paul Turner or Theodore Sturgeon, to name just a few, all of whom he counted as friends.

In the 1990's Jardine officially retired from writing. A talented artist and an avid student of computer animation he devoted much of his last years to producing experimental animations on his desktop computer, and living the leisurely 'good life' in beautiful Northern California.

His daughter, (who Jardine swore was conceived in the attic of the house of Forrest J Ackerman in which Jack and wife Julie were then temporarily living!) has announced plans to have the body cremated, but no official plans for a memorial have been set.



### **My Hospital Stay by Randy Robbins**

My name is James Randall Robbins. I'm 41 years old in the year 2009. I publish a couple of zines; that's my hobby. I'm a former rock drummer, nothing big. I was in a band with my uncle Jack called Eargazm. Me and my buddy Duke formed a band called Sink Witch that morphed into a trio we called the Get-Backs. I've got a wonderful wife of 16 years, two awesome kids, Tabitha Jamie, 16, and Tanner James, 15. Readers of my zines know these kids' cartooning work.

Another thing that defines me now is that I am a heart transplant patient. Another person's heart beats in my chest. It is a miracle of modern medicine. I never wanted to be defined by such a thing, but there it is. My last zine came out earlier this year in February. I wrote briefly of my dad's passing in October 2007 and how I had visited him and cared for him in his last days. My dad was suffering from endocarditis, heart disease, and his lack of insurance, heavy smoking and emphysema made him a poor candidate for heart surgery. He ultimately chose to go home on hospice care rather than submit to a facility for six weeks of antibiotic treatment that we couldn't pay for.

Through all of that ordeal one glaring reality was my own good health. After Dad passed and I returned home, I put out that last issue of *Narcolepsy* in February. Soon after, I'm not sure when, maybe around April or June, I was feeling weak and sick and it was starting to affect my job and everyday life. I've always been youthful and looked young for my age and virtually never had to see a doctor. But by summer I was feeling like crap every day.

It first manifested itself in sore fingertips and sore toes, then in sore legs. On some days I could barely walk. Soon I was having daily fevers; I didn't feel like doing anything. I wasn't much fun to be around. I was soon seeing my family practice doctor who had no idea what was wrong with me. He said I was depressed and under stress. I had gone from 150 lbs. to 115 lbs. I was missing work and feeling terrible, so one day I woke up after another night of soaking wet sweats and told my wife I had to go to the E.R. I thought they would just send me home, but they took me in and gave me a dose of Dilaudid, which made me pleasantly high, then they admitted me to the hospital.

After several tests the many experts started focusing on my heart. Within days I was diagnosed with endocarditis, a bacterial infection on my aortic valve. In a couple more days I went into surgery and they replaced my wasted valve with a mechanical one. A few days later I was home slowly recovering. My whole stay at St. Joseph was about ten days, a period of time that felt like a month. I was home for a few good days and I finally felt like fulfilling all the zine orders for the people who requested a zine and sent a few bucks within the last few months, about ten or so.

All summer I had felt so crappy and I had decided to scrap the whole zine. After a couple of days home I changed my mind and decided to keep it going. I wrote back to some people but didn't really mention my heart condition. Again I didn't want to be that guy, the hospital patient. On my fourth day home I had an appointment for a routine EKG. I had more zine work to do and my wife was working from home on the computer. We were happy my life had been saved. So my routine follow up would hopefully take about ten minutes so I could get back home.

An EKG is an ultrasound, so after a few minutes my doctor was called and they rushed me back to the E.R. and admitted me. It was a Thursday so after Friday and a whole weekend of eating crappy food and watching Food Network with all their awesome cooking I finally heard on Monday that a different heart valve, the mitral valve, had torn and was leaking. They also didn't like the way my heart was ejecting the blood.

Then Dr. Palafox dropped the bomb: they were transferring me to L.A., either Cedars-Sinai or UCLA because in case I needed a full transplant it would have to be done there. I didn't want to leave Orange County; it's my home and L.A. ain't so great. I was also overwhelmed by the news that I might need a whole new heart; it seemed like such a huge deal.

I must say that by now I had received so much support from my friends and co-workers, even financial help. It was awesome. Even my boss came to visit me. Hearing that I might need a full transplant was a hard blow; I was on a real down low. The deal is basically you wait around for who knows how long waiting for a matching heart.

I had no idea that by going to that one appointment that I would be in the hospital for months. The original ten days was nothing. Since my heart wasn't even pumping right it would turn out that yes, I would need a full transplant. I thought I might die. Fortunately the first hospital to call back with an open bed would be where I would transfer and that turned out to be USC. I didn't know it at the time but they are the nation's #1 heart transplant hospital, the best in the world. I was hearing that this awesome team of surgeons did Arnold Schwarzenegger's heart surgery.

The day of my transfer by ambulance, the team that delivered me to USC was from Laguna. They just happened to be playing Tenacious D on the stereo, a good sign. They gave me a shot of morphine and we were off. Upon arrival in L.A., I told those guys how jealous I was that they were heading back to beautiful O.C. while I'd be at USC for who knows how long.

To get a heart transplant you have to get on a waiting list. To be sitting in ICU unable to go home will put you at A1 level, top of the list. It took weeks of tests and blood cultures to get on the list. If I got to go home and wait it would be a longer wait and I could possibly catch some other infection and I'd be off the list. I had to be in ICU, bacteria-free and kept up with IV meds. All the patients on the ICU floor are generally old and very sick. They are in for cardiac reasons, not necessarily for transplants.

I was feeling pretty good and most nurses took my age to be 25 or so. They were always surprised that I was 40. While in my crappy ICU room I had set up a table next to my bed with books and iPod and DVDs and of course zines that I was writing up for *Narcolepsy*. I wrote back to a lot of zine makers, including a long letter to Gianni Simone in Japan. He writes long letters and I like to return the favor; he's one of my best correspondents. Soon after that, my P.O. Box (which my wife was checking regularly) was filling up with zines; Gianni had posted a note on Zine World's website about me. It was titled "Ill zinester."

The support from the zine community was so inspiring, I started working harder on getting my zine writing done. I sat in that room, on the list for almost all of September and all of October and then the day came.

My wife just happened to be there and she couldn't be there every day like back at St. Joseph. There are many reasons L.A. sucks. In Orange County, hospital parking was a few bucks; in L.A. it was costing us \$8.00 every time she visited. If you don't park somewhere safe your car will get fucked. If you leave and it's dark, you'll get fucked. Nice place. But on that day she was visiting and the nurse came in and took my lunch away. I couldn't have any food. That was unusual because I didn't have any tests coming. The no-eating could only mean they had located a heart for me.

The way it goes is they usually don't do the surgery until 1 or 2 in the morning. I was wheeled into the O.R. and given the gas. After a few minutes I felt like I was coming on to LSD. Next thing I knew it was morning. My chest had been cut into yet again. A few days later I got to leave ICU and move upstairs to a more respectable room. I stayed for another two weeks and on November 7<sup>th</sup> I got to come home. The surgery went as well as can be expected. My follow up appointments have been excellent. My life now involves about 20 pills a day. A small price to pay because I am here and alive!

My wife bought me a portable DVD player to pass the time in the hospital. I saw all the Judd Apatow movies, *Knocked Up*, *Superbad*, *Sarah Marshall*. Most notably I saw the awesome *Iron Man*. It's a trip because Iron Man has this special power pack he wears over his heart keeping him alive. Without it he'd die. That really hit home with me, the whole heart thing.



### Some Heart Transplant Numbers

- ♥ There were 2,210 heart transplants performed in the United States in 2007 and 2,192 in 2006.
- ♥ Each year thousands more adults would benefit from a heart transplant if more donated hearts were available.
- ♥ In the United States, 73.7 percent of heart transplant patients are male; 67.6 percent are white; 19.9 percent are ages 35–49 and 54.7 percent are age 50 or older.
- ♥ As of May 30, 2008, the one-year survival rate was 87.5 percent for males and 85.5 percent for females.

## HEART-Y THOUGHTS by T.K.F. Weisskopf

Over the last few years due to loved ones' heart and stroke related illnesses I've had altogether too much contact with ICUs and CCUs and hospitals in general. I've been a spectator for the most part, but like many a fan my weight and activity level make me a candidate for the CCU if I don't get very serious about exercise and weight loss real soon now.

Seeing what I've seen, I know that hospitals only help the strong. The weak they kill off slowly and through disease. Probably the single most important hospital statistic that they won't tell you is how many people die of secondary infections there. Much better not to get there in the first place.

I have some other bits of random thoughts on the subject, the first being that American waiting rooms are interesting crossroads, and by and large confirm a positive view of our culture even if doctors don't.

Second being that a clearly defined medical directive is a damned good thing to have, no matter what your age or health condition. It will make it much easier on the person who has to make medical decisions for you if they not only know your feelings on the subject ahead of time, but can legally back them up with the hospital.

Jim Baen's struck me as eminently sensible, and if your state allows, you might want to see if you can follow his lead: try all heroic measures for 10 days, IV food and fluids, artificial respirator, the lot. If that doesn't work, take me off of all the tubes, crank up the pain killers and let me go.

Finally, that if you can keep yourself in reasonable health long enough for the medical research industry (should it survive socialized medicine) to help out, you may have a lot better hope of recovery from a heart attack:

ROCHESTER, Minn., Jul 20, 2009 (ASCRIBE NEWS via COMTEX) -- In a proof-of-concept study, Mayo Clinic investigators have demonstrated that induced pluripotent stem (iPS) cells can be used to treat heart disease. iPS cells are stem cells converted from adult cells. In this study, the researchers reprogrammed ordinary fibroblasts, cells that contribute to scars such as those resulting from a heart attack, converting them into stem cells that fix heart damage caused by infarction. The findings appear in the current online issue of the journal *Circulation* <http://circ.ahajournals.org/>.

"This study establishes the real potential for using iPS cells in cardiac treatment," says Timothy Nelson, M.D., Ph.D., first author on the Mayo Clinic study. "Bioengineered fibroblasts acquired the capacity to repair and regenerate infarcted hearts."

This is the first application of iPS-based technology for heart disease therapy. Previously iPS cells have been used on only three other disease models: Parkinson's disease, sickle cell anemia and hemophilia A. The ultimate goal is to use iPS cells derived from patients to repair injury. Using a person's own cells in the process eliminates the risk of rejection and the need for anti-rejection drugs. One day this regenerative medicine strategy may alleviate the demand for organ transplantation limited by donor shortage, the researchers say.



## **Sloppy Joes That Won't Clog Your Arteries** **by Laura Haywood-Cory**

Toni makes a good point in her piece that people in general, including fans, don't always eat right and exercise. Not to take any personal responsibility away from any of us, but one small thing that concoctions can do to help is to have healthy fare on hand. This sloppy joe recipe is a good example, for those con suites that are allowed to serve hot foods. The recipe scales up well—I've successfully doubled it and frozen the leftovers and reheated them. What I *wouldn't* do is make it with vegetarian meat substitute. I've tried it, and the flavors completely overpowered Boca's faux meat crumbles. *Not good.*

1 1/2 lb Ground Turkey Breast or Chicken Breast  
1 Onion, Chopped (optional, see below\*)  
1 cup Low Sodium Catsup (Heinz makes a "no added salt" one, but no-sugar ones also tend to be low salt)  
1 Green Pepper, Chopped  
2 T Brown Sugar  
1/2 t Garlic Powder  
2 T Prepared Mustard  
3 T Vinegar  
1 T Worcestershire (reduced sodium if you can find it)  
1 t Chili Powder

In a skillet, brown (or "white," actually) the turkey or chicken breast. Since these are low-fat meats, it helps to coat the pan with a little olive oil first. If you like onions, you can chop up the onion and fry it in with the meat. Whisk together remaining ingredients in crock pot. Stir in meat and onion mixture. Cook on low for 6 to 8 hours or on high for 3 to 4 hours.

\*Me, I don't like onions but I like the flavor they give things, so what I do is I cut the onion in two, and plop it on top of everything else after I've put all the other ingredients into the crock pot. Then when I'm ready to serve it, I just scoop out the two onion halves and throw them away—it's the best of both worlds.

Yield: 8 servings.



## **ELSEWHERE ON THE NIGHT THE BED FELL DOWN** **by Steve Davidson**

On the night that James Thurber's family had its adventure with the bed in the attic, I was having a heart attack.

Thurber's account starts relatively early in the evening. I think it was just about the time that his father hit the floor that I woke up with arm pain.

I was living in Florida at the time, operating a small sporting goods distribution company and had been getting arm twinges for about a year prior—and had been successfully ignoring them up until the night in question.

To further set the stage: running your own company is full of stress and sacrifice. In my case, one of the sacrifices was going without health insurance. In fact, it had probably been at least two decades since my last general physical.

In my favor (read inappropriate and unjustified assumptions about the validity of predictive powers as applied to future health) that last physical revealed that I was in fine shape—perfect blood

pressure, perfect cholesterol, good heart rate and good general overall health, despite being Type A, a smoker, a drinker of too much caffeine, a user of too much salt and in general a poster boy for successful defiance of conventional health wisdom.

I therefore felt comfortable in ignoring the arm pain I was experiencing. The mental dialogue went something like this: it's just stress affecting me in yet another strange way—or—if it is a heart attack, hey, it ain't that bad and here I still am.

Truth to tell, the arm pain was little more than an annoyance. It would come and go (usually following physical exertion) and wasn't so much a pain as a vaguely uncomfortable constricted feeling in my upper arm. As if someone had wrapped an ace bandage around my bicep too tightly—throb, throb, throb.

After an hour or after a day it would go away. Stress relieved or just another 'minor' heart attack successfully ignored. My tolerance for pain would come into play later on.

Along about 1:30 am on the day in question, I was awakened by a more intense version of the arm pain. Strong enough to wake me up and strong enough to prevent me from being able to go back to sleep.

This time was different though. The pain progressed to my right arm as well and increased in intensity. That had never happened before and to say I was a bit concerned is to say that I had to work mightily hard at ignoring it. Eventually I decided to get up, hit the bathroom, have a smoke, maybe something to eat and then try to go back to sleep.

On the way out of the bathroom I glanced at myself in the vanity mirror; what stared back at me was a pasty white visage tinged with gray. Mostly white on the face and gray up along the sides of my neck, maybe even a little under my chin—but I wasn't really making minute examinations.

I decided to skip the snack and got back into bed. I also decided that I'd wait another 15 minutes and see how I felt: if the pain began to diminish, I'd (try to) go back to sleep. If not, I'd reluctantly awaken my wife and ask her to take me to the emergency room.

Right as my head hit the pillow I broke out into a cold, full body sweat. Streams ran down my face, pooled on my stomach, pooled under the small of my back. The arm pain ratcheted up from a handleable annoyance to a serious pain in the...arms.

I instantly knew two things: it was time to go to the ER—and it was probably a good thing that I hadn't been able to go back to sleep. Karen (my wife) was soundly and deeply asleep. I woke her up as calmly and gently as I could, but I knew it was not going to be a good scene. Karen is not one of those who handles emergency situations well.

"Honey, wake up. You need to take me to the Emergency Room, I think I'm having a heart attack."

She looked at me with that quizzical, slightly annoyed expression people get when they're awakened at two thirty in the morning for no apparently good reason.

Fortunately it only took a few seconds for her to grasp the situation.

Cue Rod Serling.

Picture Steve. A seemingly ordinary man who suddenly finds himself on the brink of oblivion.

(Rod takes a drag from his cigarette, exhales, and then uses it to emphasize his talking points.)

For some, the arrival of the grim reaper is a welcome respite from pain and suffering.

For others, he comes as an unexpected and unwelcome guest.

For Steve, the harbinger of the end will come as neither of these. He will come in the guise of a third-rate Vaudeville comedian, the type of comic who tells bad jokes and then waits for a laugh line that will never come. Steve is about to take a slow ride to hell by way of the Twilight Zone.

(Fade to black as Serling coughs.)

I got dressed.

I waited as Karen—looked for a pair of pants, frantically opened and closed dresser drawers, trotted back and forth between the master bedroom and the master bath, opened and closed dresser drawers...

"Will you stop fucking around, get dressed and let's go."

It was the first time (and the last) that I have ever cursed at my wife. Such was the depth of her confusion and panic that my words didn't register, though my tone obviously did. She got dressed, grabbed the car keys and we left the house.

Why, you may well wonder, did I not just call 911 and request an ambulance?

A seemingly reasonable question. One which reveals your utter ignorance of emergency services in Florida and life in the swamp lands of the County Seat of Flagler County, Florida, the City of Bunnell.

Karen and I are both firebugs, scanner and all. But we never followed the fire trucks because we actually wanted to see the fire before it burned itself out. We once watched a pumper and a ladder truck make three round trips up and down our road, looking for an address three blocks over. But although that example provides some small insight into the lack of skill and professionalism of the local volunteer emergency services, it is another story.

We lived no more than a 15 minute drive—at the legal speed limit—away from the emergency room—a brand spanking new emergency room in a brand-spanking new hospital. I figured a 15 minute ride by ourselves was better than a (minimum) 15 minute wait, plus a 15 minute drive. Yeah. We got in the car and headed out, Karen driving at her sedate, no less than five miles an hour under the speed limit rate.

“Karen, I know you don’t like to speed but you are going to have to go faster,” I said, as I sat hunched over and rocking slightly. (Oh yes, the pain and discomfort had definitely increased at this point.)

Karen upped her MPH to the speed limit.

I tried, I honestly tried not to monitor the speedometer, but I just couldn’t help it; I could do that or think about other things and I opted for the speedometer.

“Karen, you are going to have to go faster.” (Clenched teeth talking here.)

I don’t remember what she said—something about it being dark, a narrow road and not liking to drive fast, but to her credit she managed to get up to about ten miles an hour over the limit.

I was determined not to let this upset me—not a good idea at this particular time and place.

We hit the center of town—a gas station, a bail bondsman’s and lawyers office building, a Habitat for Humanity thrift store and the County Courthouse.

Not to mention just about the only traffic light in town. Which was red.

“What should I do?” asked Karen as she slowed down for the light.

“Just blow through it! It’s 2 am on Sunday night!”

Much to my shock, amazement, approval, surprise and absolute satisfaction, she did.

~\*~

The town cop pulled us over right in front of the Courthouse steps.

(Remember that. In. Front. Of. The. County. Courthouse.)

I’d met a few of the local town cops in prior years. The best of them had moved on to become county sheriffs, state police or moved on to training gigs.

We got pulled over by one who was never going to become a sheriff.

Karen and I waited a few minutes for the cop to walk up to the car. No cop.

We looked at the flashing lights behind us through the rear window. There he sat behind the wheel of his car.

Karen rolled down her window and leaned half way out of the car. She began screaming like a crazy woman (which she was at this point).

“My husband is having a heart attack! My husband is having a heart attack!”

I sat and ruminated on the irony of dying in front of the county courthouse, in Bunnell, Florida of all places, five minutes away from the emergency room because some officious bastard was following whatever the formal rules of engagement were for that evening.

Karen’s continued screams and arm flailing had no effect whatsoever.

The thing we were waiting for was backup.

(Had there been a call out for murder suspects—or even rabid teenagers who spat on the sidewalk—that night, I might be willing to make excuses for the police’s caution. Having lived in Bunnell for several years, I know that the worst thing they ran into was goat theft.)

The second car arrived and came to a screeching halt. More lights flashed. Karen continued to scream and flail. The cops approached, one to either side, hands on their holsters.

“License, registration, insurance.”

"My husband is having a heart attack, we just want to get to the emergency room."

"You know you made a left turn through a red light?"

"My husband is having a heart attack."

The cop on my side gestures for me to roll down my window. I do.

"So you think you're having a heart attack, huh?"

"I AM having a heart attack."

He looks me over and doesn't seem to be too impressed.

Karen says "Can we just go to the hospital?"

"No, stay right here."

The two cops retreat to the back of the car and have a conference; obviously this particular type of incident requires a tremendous amount of thought and consideration.

The cops return, one to either window.

"We're calling you an ambulance."

And they do. To the wrong address.

I clearly hear the exchange over the radio and the address given. They're sending the ambulance several blocks away to a gas station that is not across the street from the court house.

"Officer" I say, "You gave them the wrong address."

What – you expected him to acknowledge his mistake?

So we waited. Ten minutes go by, fifteen minutes go by, twenty minutes go by. No ambulance.

For the past ten minutes Karen and I have been discussing making a break for it. Just as I'm about to tell her to do it, one of the cops comes back to the car and says "This is taking too long, we called a second ambulance."

Hope you sent it to the right address this time buster.

Five minutes later, TWO ambulances arrive at our location.

The cops grin. Then they have a conference with the EMT's.

"Guy thinks he's having a heart attack."

"Oh yeah?"

"Yeah."

Folks in this town must believe that one of the symptoms of 'guys who think they are having a heart attack' is deafness.

The EMT's confab. One of the busses leaves. An EMT comes over to my side of the car and says (you guessed it) "So, you think you're having a heart attack?"

"Yes. I think I'm having a heart attack." (No sense fighting city hall – or even the county courthouse...)

"Ok, well, let's get you in the ambulance and we'll check you out."

They open my car door and let me walk to the ambulance. Thinking you are having a heart attack is not as serious as actually having one—otherwise they'd have wheeled the gurney over.

As I step up into the ambulance, one of the cops comes over and tells us that they're letting my wife drive on to the hospital—no ticket. Well, thank goodness for small favors, right?

I'm directed to lay down on the gurney. There's a driver and two techs in the back. One of them is prepping an EKG machine, the other hands me two baby aspirins, tells me what they are (orange flavored by the way) and then slips an oxygen mask over my face.

Curiously, the ambulance is not moving. It just sits by the curb. I watch Karen pull away and begin to seriously wonder if she will ever see me (alive) again.

One of the techs asks me to unbutton my shirt and they stick the EKG leads to my chest.

I'm positioned in such a way that the tech sitting at the monitor is at the head of the gurney where I can't see him. The other tech is at my feet by the rear doors of the ambulance.

That tech—let's call him 'Toes'—asks "So on a scale of one to ten, can you describe your pain level for me?"

I just love that question. It's the epitome of Einsteinian relativism, isn't it? What scale of one to ten? Are we talking pain for fun here ("Mistress may I please have another?"), or pain not for fun, where one is equivalent to an Abu Ghraib style waterboarding and ten the 'please kill me now before the alien baby bursts out of my chest'?

I really think that future training for EMTs ought to modify this little getting to know you teaser question with some grounded and familiar examples: "On a scale of one to ten, where ten is the pain you'd experience from accidentally dropping a fifty pound weight directly onto your testicles when they just happened to be resting on a steel potato masher, please describe your pain." (Suitably modified for gender, of course.)

The fact is, I'm a pain slut and answering that question has never been easy for me. I played professional paintball for two decades and one of my primary roles was drawing fire—because I liked the rush I got from getting 'lit up' (and it was always very satisfying to take multiple opponents off the field with me). In relative terms, my 1 is probably the average person's 5 or 6.

I don't know whether I ought to over-estimate my answer or under-estimate it: if I low-ball—maybe no one will take me seriously. If I high-ball, maybe they'll think I'm exaggerating to gain sympathy or trying for a prescription of some really good stuff.

This time around I opted for 'honesty' (whatever that really means) and said "ummm, seven or eight"—suitably high, but not the max.

"HmMMM HmMMM," says Toes.

Head (the tech behind me whom I can't see) must have made some sign to his buddy, because it becomes obvious that they are exchanging non-verbal communication.

As I lay there waiting for them to do whatever they're going to do (still sitting by the curb), the tightness in my chest begins to diminish. I figure this is probably due to the oxygen hitting my system, and I figure this is also something I ought to tell the tech.

"Hey, I'm feeling a little better."

Toes nods. "Where's your pain now on a scale of one to ten"

"Oh, I'd say...five or six...?"

Toes looks over me at Head. They exchange super-secret EMT facial expressions. Head mumbles something to the driver and the ambulance (finally) pulls away from the curb.

At this point in time Karen has been sitting in the waiting room of the ER for about fifteen minutes. The admitting nurse—having received a communication from the ambulance—finds her and says "Good news. Your husband is not having a heart attack."

Karen is now very much relieved.

The ambulance ambles along sedately, no siren, no rushing about. How I don't know, but I have gotten the unmistakable vibe that thinking I'm having a heart attack is the prevailing attitude on the bus. Unspoken is the belief that I'm a panicky hypochondriac with a bad case of intestinal gas.

We're probably about halfway to the ER when my pain spikes through the roof. The sweats start again and I get a fluttery feeling in my chest, like something is moving around in there.

The EKG meter starts cooking off, sounding like a telegraph message sent by an operator with epilepsy. It's anything but regular.

Head says "Whoa! Look at this!" as he passes the machine tape over me to Toes.

Toes takes the strip and looks at it. He turns as white as I'd been earlier in the evening. I swear I didn't think it was possible for someone's eyebrows to crawl that far up their forehead.

The panic in the back of the ambulance is palpable. And mildly interesting that none of it is mine. If I'd had any real interest in the goings on at that point, I think I'd probably have run the quote about what happens when we assume—you know, the one where you split the word up and point out that the result makes an ASS out of U and ME.

I didn't bother, but I did feel a strong sense of satisfaction: See? TOLD YA I was having a heart attack.

The siren goes on and there's a surge as the ambulance cranks up to full speed. The ride is short since we couldn't have been more than a few hundred yards away from the hospital.

Head and Toes bang the gurney off the bus, spin it around to line it up with the entrance, bang it through the first set of double doors, bang it through the second set of double doors and manage to get themselves and the whole gurney inside the ER where the whole kit and caboodle comes to an abrupt and shuddering halt, stopped dead in its tracks by Nurse Ratchet.

That's probably not her real name, but it's better than going along with the prevailing naming convention. The body part I'd pick for her isn't acceptable in mixed company.

Here's what the scene looked like from my perspective:

<u>Nurse Ratchet</u>	<u>Me</u>	<u>Head &amp; Toes</u>
"Take him into Exam one"	Huh. Acoustical tile in the ceiling	"No. We need to take him in there!"
"No. Take him into Exam one"	Where's there?	Head jerk.
	Oh. Resuscitation 1.	"We NEED to take him in there!" Head Jerk, gurney shove
"You take him into Exam one!"		
Steps back a step	One tile, two tile...	
Steps back some more.	Heh, they're pushing her with the gurney.	"No! IN!. THERE!"
"Um....OK."	Three tile, four tile	Shove. Shove.
Consternation.	What next? Five tile...	Relief
		Relief

I'm wheeled into Resuscitation One. They have acoustical tile in the ceiling in there also.

The fact that I've been taken into a special room in the ER doesn't really register. What does is the fact that I've run into my third separate set of officious bastards (female variety this time) of the evening. What also registers is that the ambulance crew obviously didn't radio in the change of status. Boy am I racking up the law suits.

They transfer me to the exam table, re-attach my chest leads to another monitor, wrap a blood pressure cuff around my arm.

A nurse brings in two large rubber pads with metal posts in the middle of them. One is to be attached to my chest, the other to my back—but I still have my shirt on. But getting my shirt off means that the leads have to be removed as well as the blood pressure cuff. So much for planning.

After a bit more fumbling and bumbling I'm situated to everyone's liking. The pads are pretty interesting—no paddles. If they need to use them, they just plug me in. Pretty nifty tech. Hey! They think they might need to use them...

This thought is bouncing around in my head when the head technical nurse arrives—a literal breath of fresh air. Confident, take charge, calm, efficient. He gives me a tab of nitroglycerin, explains that I'm having a heart attack and that he'll be giving me two injections of a clot buster drug, half an hour apart.

Head and Toes and Ratchet leave. I ask this competent guy if my wife can come in to see me, I'm sure that she's now beside herself between the waiting and the crashing entry. (I can't remember this guy's name either, so we'll call him Cool.) Cool calls another nurse in and sends her out to get Karen from the waiting room.

In the meantime—clot buster injection number one. Cool explains that it may burn some as he picks up one of those horse needles with a two liter soda bottle attached to the non-pointy end. (This is,

incidentally the same clot busting drug that was widely reported as being tainted—at least the Chinese produced version. I got mine about two months before the deaths associated with its use began to occur.)

Karen comes in as Cool is finishing the injection. No real burn and at this point the nitro has lowered my blood pressure and I'm not feeling all that bad. Karen is closely followed by The Administrator. Literally pinched face, tightly pulled back hair, spectacles and holding the regulation clipboard. The Administrator backs Karen into a corner of the room and begins pestering her with the need to fill out the admittance paperwork.

I can't hear what they're saying, but it is obvious from body language that: Karen is upset. Pissed. Not going to back down. Is following advice and instructions regarding the non-signing of paperwork that one has not thoroughly read. The Administrator is being aggressive, pushy, officious.

I'm feeling pretty feisty at this point, so I call Karen over and tell The Administrator that I'll fill out the paperwork. But first, I need to see my wife. I make sure that Karen knows I'm going to be OK and her relief is plain for all to see.

I take the clipboard and commence to read. The Administrator registers her impatience by pacing and huffing and puffing. Karen informs her that "He never signs anything without reading it first." I am, obviously, a recalcitrant trouble-maker.

I hit the first problem paragraph. I will NOT consent to the hospital bringing in whomever they please to work on me, consult or whatever. I cross out this paragraph, initial it and begin replacing it with my own wording.

Second problem paragraph: I do not grant the hospital permission to do whatever they want to me. I cross it out, initial and write.

The Administrator begins to protest. The blood pressure monitor begins to beep. Cool waits a few seconds and then walks over. He takes the clipboard out of my hands. "This is obviously upsetting you a little bit. We can fill this out later." He shoves the clipboard into The Administrator's hands and gently but firmly ushers her out of Resuscitation One. He closes the door and smiles at Karen and I—a knowing and understanding one.

Karen and I talk for a bit more—I ask her to call my folks (mostly because I think she needs some moral support): she suggests going home, feeding the cats and gathering up a few things (I ask her to make sure to bring the book I'm currently working on and some lounge wear—I refuse to wear one of those silly gowns) and she leaves for home.

Cool announces that it's time for the second clot buster and we talk; the nature of my malady is a major heart attack; I'll be sent to the ICU and in the morning (the not just AM morning) a cardiologist will be in to see me. Cool's prognostication is that I'll need a stent.

Passing FYI: I've yet to be seen by a doctor of any kind.

~ ~ ~

You thought we were done? The odyssey over? Ha!

Following the second clot buster and a mild sedative, I'm wheeled upstairs to the ICU. I'm given a nice two-patient room I've got all to myself. In fact, there's only one other occupant in the entirety of ICU.

Naturally my ICU nurse—Filipino—is barely intelligible in either direction. She gets me settled—no, I will not put on a gown, my wife is bringing loose clothing, and I get hooked up to blood pressure, heart rate and who-all knows what else monitors—there's at least four leads coming off my body—not to mention two IVs (blood thinner, pressure reduction).

I'm told that my job is to rest. At this point (about 4 AM) that's all I want to do.

A little while later my nurse returns, informs me that my wife is in the waiting room and "they'll let her in to see me after they've finished their shift change."

Excuse me?

I call the nurse back over and tell her that she will let my wife in to see me now—not after the shift change. We argue. (She ARGUES with a heart attack patient in ICU.) I tell her in no uncertain terms that there is no reason why my wife (who I am sure is still stressing) has to wait for her and her friends to have cigarettes and coffee.

The nurse spends fifteen minutes re-arranging the Kleenex box on my bedstand. Then she leaves. For her break. Not to let Karen in to see me.

After about fifteen minutes, Mr. Shield—the nurse—comes into my room, leans over the bed, gets right into my face and says, “Listen you, I’m not here to be your punching bag.”

Steve don’t take no shit, heart attack or no: “Listen you,” I answer him right back, sitting up and getting into his face “I’m not here to be your prisoner.”

We stare: the silverbacks are gonna fight stare at each other. I break the silence. “Are you going to let my wife in to see me or am I going to have to get out of bed and do it myself?”

He huffs and leaves. (I doubt very much he’s ever run into anyone like me. I expect that most victims of his intimidation tactics are too scared for their own lives to utter a peep, much less answer him back.)

Karen eventually comes into the room—and here I must break the chronological stride of this narrative and relate something that I wasn’t aware of at the time. While walking with Karen from the ICU waiting room to my bedside, Mr. Shield (for the TV show in case you didn’t catch the reference) says to her “Your husband didn’t have a heart attack you know. I don’t know what he’s doing in the ICU.”

Karen informed him that I had, and he had his own argument with her about it—until they looked at my chart with the EKG strip on it. “Oh.” Shield says, “I guess you’re right.”

I’ll belabor the point: notice that he obviously had not even looked at my chart before giving me crap.

Karen comes into the room and the first words out of my mouth are, “I’m getting out of here. These assholes are going to kill me before the heart attack does!” In between arguing with my wife, she informs me that my parents are on the way to the hospital. She convinces me to stay at least until they get there. We talk some more, me relating my encounter (she kept quite about hers).

I tell her that I recognize the type (Mr. Shield) and that I want no one—no one—talking to him about me unless I’m present. Shield is the kind of guy who’s going to try and cut me off from my support network because only then will he have me at his mercy—and he’s got a hard-on for me.

Karen leaves for a bit (the emotional tone was very stressful and she needed to get something to eat—she’ll wait for my parents while I get some rest).

No sooner is she gone and I’ve laid back down to get some shut-eye, than Shield plants himself at the observation window and begins to stare right into my face.

I close my eyes and try to ignore him, but it’s one of those things. He wants me to know that he’s staring at me and that fact alone is making me sensitive to it. I try to ignore it, but I can’t. After all, my job is to rest, and he’s not letting me.

I gesture to him to come into the room. He ignored me. I gesture again. He ignores me again. I ask him to come into the room (the door is open of course) and he pretends he can’t hear me.

OK. We’re playing the game. I get it. I reach up and push the Call Nurse button. He gets up from his post and comes right into the room.

“Yesssss?” archly.

“Can you close the curtain? I can’t sleep with you staring at me.”

“No. I have to stare at you.”

“Close the curtain or I’ll get out of bed and do it.”

“I can’t close the curtain. I have to stare at you.”

“No, you don’t. You’ve got me wired up from here until next Sunday. Now close the damned curtain or I’m going to.”

Stare.

I free up enough lead on the IVs to get out of bed and do. I close the curtain. He opens it. I close it. He opens it.

This could have and no doubt would have gone on for hours, except our curtain pulling contest is interrupted by another nurse. My parents are here.

Shield leaves. My parents, along with Karen, arrive.

Karen has told them what's been going on—including Shield's diagnosis of my wasteful occupation of ICU space (at least I have her support that I'm not suffering from ER psychosis).

My folks (both retired professionals) suggest that the best thing is for me to stay. They are treated to the 'no one talks about me unless I'm there' treatment. Almost immediately thereafter, my mother says something (don't really remember) that set me off. Surprisingly, her response was to volunteer to leave because her presence was obviously upsetting me. We'd also been told by Shield that there was a limit to visitors—two at a time only.

So, my mother leaves and what does she do? She goes to talk to Shield.

"Can't you give him something to help him calm down?"

"Not when he refuses it when offered" Shield says.

Of course I didn't find this out till later, but there you go—cutting me off from my support network.

My remaining half-hour in the ICU (by now it was about 8:30 am, some six hours having passed since we first began our adventure) remains a little befuddled and confused, but it ended with my refusal to stay.

Shield was informed that I was leaving.

"Well, I can't stop you."

"I know you can't. Are you going to unhook me or do I have to do that myself?"

"You're on blood thinners—you're going to bleed."

OMG! I'm gonna bleed! EW, gross. Maybe I better stay after all. Not.

"Yeah. So?"

Shield shrugs. "I have to get gloves."

He dons latex gloves and then pulls out a roll of surgical tape, at which point I'm treated to a show that looks like nothing so much as a six month old playing with their fingers. The tape sticks to one gloved finger. Pulling it off that finger, it sticks to another. The Three Stooges routine goes on and on, yet another obvious delaying tactic. Finally, I can't take it any longer.

"Are you going to stop fucking around and pull these things out?" I say, grabbing a hold of the first IV, pressing on the vein below the needle and starting to pull.

The tape act ends, Shield unhooks me (painfully), I get dressed and walk out of the ICU, out to the parking lot and then Karen, my parents and I drive back to our house.

~ ~ ~

I never did see a doctor, let alone a cardiologist. I had no health care plan at the time, so that might have been a contributing factor—but considering that a close friend of mine had his personal physician SLEEP in his ICU room while he was at the same hospital with a flesh-eating bacterial infection, that the hospital's local nickname is The Morgue, that a construction worker suffered and died from a heart attack while on the grounds and that while I was at another local hospital for my future stent procedure, nurses kept on coming into my room to meet the guy who'd walked out of the ICU, confessed their own stories and told me I'd done the right thing—I tend to discount that.

It's also pretty telling that I was never billed for anything during my stay (both of the area hospitals I visited are owned by the same medical corporation)—a tacit quid pro quo: as long as I didn't sue them, no bills.

I definitely dodged the odds on this one (though some who know me well will tell stories about rattlesnakes that bit me and died immediately thereafter): I'd had 90% blockage of a major artery and hadn't made it to the ER within 30 minutes (far from it).

The best diagnosis is that it was primarily due to effects from smoking.

So what have we learned?

Don't have a heart attack while living in the boonies of northeastern Florida.

Do as I say and not as I do and quit smoking now if you smoke.

DO keep right on driving to the ER—even if the cops are on your tail.

And if you THINK you're having a heart attack—get to the doctor's immediately, or you may find others doing your thinking for you.

#### **REDUCING YOUR RISK OF BEING ASKED TO WRITE SOMETHING FOR THIS ZINE**

- ♥ Not using tobacco is the No. 1 thing you can do to reduce your risk of heart disease, stroke, lung cancer and emphysema.
- ♥ Being physically active can build endurance, control blood pressure, reduce cholesterol levels, aid in weight control and reduce the risk of developing diabetes.
- ♥ Eating a diet that's low in saturated fat, trans fat and cholesterol can reduce the risk of developing atherosclerosis, a primary cause of heart attack and stroke. Consuming too much salt (sodium) can cause high blood pressure in some people.
- ♥ Maintain a healthy weight.
- ♥ Avoid excessive alcohol: One or two drinks a day may help increase "good" HDL cholesterol, but heavy drinking can contribute to high blood pressure, heart disease and stroke.
- ♥ Have regular checkups: A doctor can pinpoint major risk factors such as smoking, elevated cholesterol or blood pressure, excess weight and diabetes.
- ♥ Control your cholesterol: A simple blood test can show your blood cholesterol level. If it's too high, dietary changes, exercise, weight loss, and/or drug therapy can bring it down to a safer level.
- ♥ Keep tabs on your blood pressure: Even if it's less than 120/80 mm Hg, have it checked at least every two years. If it's 120/80 or above, have it checked more often, according to your doctor's recommendations.
- ♥ Keep diabetes in check: Your doctor can detect diabetes or a pre-diabetic condition and prescribe a program to minimize the risk.



#### **A LARGE BUMP IN THE ROAD**

**by Tim Bolgeo**

On Friday, February 27, 2009, I had a routine check on the Bi-lateral Ventricular Defibrillator Pacemaker that was installed in my chest in May of 2008, and they found out that one of the leads that they had attached to my heart, the lead to the back of my heart, had come loose. With the lead off, the pacemaker was not regulating my left ventricle and requiring it to pump efficiently. On Friday, March 6, I went to my cardiologist to discuss what can be done to fix the problem. Because of the severity of the problem, he said that I would have to have a new lead installed ASAP (translated, when he could fit me into his busy schedule). I tried to talk him into performing any procedure the week after StellarCon, March 13<sup>th</sup> to 15<sup>th</sup>, because I was supposed to be the Fan Guest of Honor the next weekend. But he said, "No. My first opening is next Thursday and you will be there."

So on Thursday morning, March 12, at 6:00 am I was admitted to Memorial Hospital in Chattanooga and they attempted to remove the old wire and install the new one. Guess what, it

didn't work. He couldn't get the lead attached to my heart in the normal way and he was a very unhappy cardiologist. The next day after this unsuccessful procedure, I met with Dr. Morrison's nurse, my cardiac surgeon, and scheduled to have open heart surgery on March 26<sup>th</sup>. This time they were going to insert a new wire under my left pectoral muscle between the ribs and directly attach it to the heart muscle. Although considered more than a simple heart procedure, it would put me out of action for a few weeks.

For some reason I felt the cold hand of mortality stroking my neck about this time and I knew I needed something to cheer me up. I asked the doctor if I could go to MidSouthCon in Memphis the weekend before the operation. He said, "If you didn't drive and take it very easy, you can go." Well, my daughter Brandy, her husband Derek, and my two grandchildren loaded me into our van and took me to MidSouthCon to enjoy myself before the operation. When we got to the convention, Gary Shelton took over custodianship of me and got me to my room.

I am the world's worst about going to programming at conventions because I just enjoy people-watching too much and playing cards with my friends. MidSouthCon weekend I got plenty of both. Friday afternoon we found a great table on the 2nd floor outside of the auditorium that was the crossroads of the con. Needless to say, I played many, many, many games of Killer Cutthroat Spades and won a few and was "destroyed" a few times. But I had a great time.

The thing that made me feel the best about the whole weekend was that all of the people at the con who kept checking up on me and who took care of me. The word got around about my health problems so people went out of their way to stop by and pass the time of day with me. I really enjoyed the thoughtfulness of all my friends and they all have my thanks for making the weekend so enjoyable. My special thanks has to have gone out to the concom who really went out of their way take care of their old uncle.

On March 26<sup>th</sup>, Dr. Morrison connected the 3rd wire on my Bi-lateral Ventricular Defibrillator Pacemaker to my heart so that it can't come loose in the future. I still kind of wonder if he reattached it with a Granny knot. . After that, the technician from the pacemaker company stopped by and checked on me. He told me that everything looked pretty good now with the installation of the pacemaker. Then my cardiologist seemed to be happy because he said all of the readings from the pacemaker looked really good. So, I guess my pump will keep on chugging away for a while longer.

Friedrich Wilhelm Nietzsche, a 19<sup>th</sup> century German philosopher, once said words to the effect that "That which doesn't kill you, makes you stronger." Well in the past few years, I guess I've become one strong S.O.B. "mentally." You see, when you start to go through health problems on a large scale, you either start to feel sorry for yourself or you start to appreciate what you really have or you end up someplace in the middle. I have been lucky enough to come out on the end of the spectrum where I realize and appreciate the most important things in my life. Family and friends.

First off, my family is the most important thing in my life. But, what's family? I'll try to sum it up this way. There is the family your born with and then there's the family you pickup along the way. Another way of putting it is that there's Blood Relatives and Adopted Relatives. I am blessed with a very large family of both and I appreciate them all. Then come my friends, those people who might not have been adopted yet, but whom I still hold close.

So let me sum it all up this way, "I am a lucky man who knows what is important to me. And I thank God everyday for the lessons in my life he has taught me."

At least, that's my story and I'm sticking to it. 🤔

## **Help Aaron Allston Pay for Surviving his Heart Attack** **by Laura Haywood-Cory**

Aaron Allston is a writer and game designer. It's a simple sentence that encompasses a career of Star Wars novels, Doc Sidhe novels, gaming supplements for D&D, AD&D, Champions/Hero System, and so much more. I'm a bit of an oddball because I was a fan of his Hero System gaming work before I was a fan of his novels, and meeting him in person at StellarCon 32/DeepSouthCon 46 in 2008 rendered me fangirlishly incoherent.

Like me, at the end of March this year he had a heart attack. Unlike me, he doesn't have health insurance. Thus, his quadruple bypass surgery, follow-up care, and cardiac rehab have created a mountain of bills. He's posted the details of his experience on his livejournal:

<http://aaron-allston.livejournal.com/1221.html>

The Fandom Association of Central Texas has set up The Aaron Allston Donation Fund and Auction, a 501(c)(3) organization to collect donations for his medical bills. Money donated to the fund will be used only for his medical bills, which may include hospital and doctor's bills, rehabilitation therapy, prescribed treatments and medications. To make a contribution directly to the fund, you can go to any Wells Fargo Bank, N.A., branch office and inform them that you wish to make a deposit to the Aaron Allston Donation Fund established in Texas and they can process it there. Or you can make a check out to Aaron Allston Donation Fund and mail to Aaron Allston, Attn: AADF, PO Box 564, Round Rock, TX 78680-0564. ***Please do not make checks out to Mr. Allston directly.*** Checks made to the fund will not affect Mr. Allston's income. And finally, for anyone who would like to contribute to Mr. Allston's medical fund via PayPal, a PayPal account ([gifts@aaronallston.info](mailto:gifts@aaronallston.info)) has been established.

I don't know what the one, right answer is to fixing our broken health insurance system. I do know that it shouldn't bankrupt someone simply not to die.



### **Open Heart** **short fiction by Douglas Warren**

Two masked and gowned figures stood over the prone form of their patient, peering into the open chest cavity. The heart within showed obvious stitches where silvery, artificial tissue had replaced old, diseased muscle.

"But what you must understand," Davey said, "is that it acts as a conduit for infection. Maintaining the open incision gives us easy access to the heart, but the risks are severe."

"Nonsense," Lanscomb replied, "we simply administer a nano-pantibiotic and the risk is limited."

"But we have no idea how the nanos will respond to the convergent tissue. If it isn't close enough to the subject's they could react."

"Doctor Davey, if the convergent tissue isn't a close enough match, the nanites will be the least of our worries."

"No shit. I would have never have guessed that. I just think that there are risks."

“There are always risks...but in this case I am willing to live with them.”

Davey shook his head, “Of course you can live with them, Lanscomb. I just hope the patient can.”

“Bite my ass! I’ve been a surgeon for a lot longer than you have. We still used bypass machines when I started.”

“Look, I’m not saying it isn’t they way to go, but this gent has enough issues to deal with. Adding another variable to the equation might not be in his best interests.” Lanscomb sighed, seeming mollified by Davey’s explanation.

“The patient had no prospects before the surgery. You know the procedure was very experimental to begin with. What good is the experiment if we can’t closely observe the results? Anyway, I’m satisfied that the nanos will take care of any infections.”

\* \* \*

Tiny, molecular machines swam through freshly oxygenated blood, plucking small bits of O<sub>2</sub> from the red cells’ treasure trove. Small enough to be unnoticeable. Individually, the nanos were dumb, like ants, but collectively their purpose emerged.

*Analyze, Synthesize, Rebuild*

*Analyze, Synthesize, Rebuild*

*Analyze, Synthesize, Rebuild*

*Analyze, Anomaly Detected, Analyze, Anomaly Confirmed*

*Working... Working... Working*

*Synthesizing New Pattern, Rebuild*

*Analyze, Synthesize, Rebuild*

*Analyze, Synthesize, Rebuild*

*Analyze, Synthesize, Rebuild*

\*\*\*

Doctor Davey rubbed his goatee, feeling each bristle brush against his wired nerve endings. He peered over at the other man in the room, also wearing a doctor’s smock.

“So, Lanscomb, any idea how to proceed?” he asked. “As you can see, the nanos have interacted with the Myolon<sup>1</sup> in a very unanticipated way.”

Lanscomb’s eyes flashed, “You love this, don’t you?”

“Uh, I love the concept of you being wrong...but it sucks for him.” Davey pointed at Duncan. “The nanos have gone berserk and are replacing his normal muscle tissue with Myolon. We have no idea how far they will go.”

“There is no way I could have predicted this.”

“I agree. There is no way *you* could have predicted this...because it would have required you to take your head out of your ass, which hasn’t happened in years.”

“Oh, shut up! All we have to do is inject him with the nanos’ disabling agent and they will stop. They have not gotten very far, and his heart still appears to be pumping fine.”

“You are brilliant, Lanscomb. That was the first thing we tried, but the nanos are not responding. Whatever caused them to malfunction is interfering with the agent and we haven’t figured out how to shut them off yet. They have replaced nearly all of the normal heart tissue with Myolon.”

“Well, um...” Lanscomb sputtered. “What do you suggest we do?” Some of the anger in his voice replaced by concern.

Davey’s brows knitted, “I had my databot find out what agents they use to deactivate

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<sup>1</sup> Myolon – An artificial material used for muscle grafts. When the graft is properly aligned with the existing muscle tissue, the Myolon contracts and relaxes in response to nerve impulses just as natural muscle responds. Myolon is much stronger and more dense than natural muscle tissue, yet weighs less. After an extensive legal fight, Myolon grafts over a certain volume were banned from the Global Football League in 2017.

Myolon producing nanos. The lab is synthesizing a non-toxic variant. The original compound is hella nasty.”

“How long do they think that will take?”

“The lab rats assured me it will be done in a few hours. I pray it is not too late by then. If it stops the nanos I guess we close him up and hope for the best.”

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Ignorant of the torrent of activity singing through his veins and arteries, Duncan Wilbury slept; senses dulled by narcotics, his thoughts swimming in murky, addled dreams. Dream after dream came; dreams that seemed backed by a chorus of harmonizing voices. They washed over him, drowning him in sensations. Duncan mind, struggling to make sense of it all, crafted intricate explanations of what it all meant, but each crumbled with the slightest breath of logic. Slowly, painfully slowly, his conscious mind began to emerge from the fog. At first, all it caught were identifiable sounds, or snippets of the nurses’ conversations. The pieces began to fit together again. After a time Duncan began to test himself, prodding at the edges of awareness.

The light of self-awareness burned off the mental fog revealing a clear mind with no active thoughts. Like a scene from some cheesy movie, Duncan could hear his own voice in his head asking the question. His eyes shot open.

“Where the hell am I?” The little voice screamed in his head.

In a torrent, reality poured back in: the diagnosis of an aortic aneurysm, getting his affairs in order, his wife’s worries, and the surgical prep. In less than a week Duncan’s life transformed from ‘blah’ to ‘holy shit.’ Again, it sounded like some cheesy movie tugging at the heartstrings about discovering what was truly important. He reminded himself to reassess his classification of cheesy movies. He planned to do that as soon as he got out of the hospital.

Hospital? Of course, a hospital, but this didn’t look like any recovery room he had been in before, and with plenty of sick relatives, he knew what to expect.

Luck favored him in the form of a smiling nurse. “Oh, good morning. It’s nice to see you awake.”

Duncan tried to respond, but no voice came out. The nurse’s smile widened.

“That’s okay, child, you’re fine, just don’t try to talk. You won’t be able to for a while until they take you off the ventilator.”

Duncan’s eye widened “Ventilator?? The doc hadn’t said anything about a ventilator.”

“Relax, child. You are going to be fine. Just rest now.” The nurse’s soft hand stroked his cheek lightly, radiating calm from the point it touched.

With a smile, she strolled from the room, flipping the light switch off as she passed. Darkness and sleep enfolded Duncan.

\*\*\*

*Analyze, Synthesize, Rebuild*

*Analyze, Synthesize, Rebuild*

*Analyze, Synthesize, Rebuild*

*Analyze, Reactive Compound Detected, Analyze, Power Down*

A single nano, heeding the commands of its programming, sent out the chemical signal heralding the end of its existence. The power down signal spread through billions of the tiny machines, causing each to cease its meticulous task and commit robotic suicide, breaking down into component molecules. The nanos passed its chemical death sentence to the next in a chain of quiet destruction.

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“Mr. Wilbury...Mr. Wilbury, wake up.” An unfamiliar voice raised Duncan from the depths of sleep but lacked the strength to bring him to full consciousness.

“Child?” A more familiar voice beckoned. “Please wake up, the doctor needs to talk to

you.” The voice was accompanied by a gentle touch on his shoulder.

Duncan’s eye flickered open, then slammed shut against the bright fluorescent glare from the overhead fixture.

“Hold on, darlin. I’ll turn the lights down.” The glow penetrating his tightly shut lids dimmed. “That should be better.”

Duncan diffidently lifted his eyelids, relaxing his furrowed brow. While still bright, the light was now at least tolerable. His eyes couldn’t quite seem to focus on a largish fuzzy shape floating above him.

“Good morning, Mr. Wilbury,” the fuzzball said. “I am one of your surgeons, Dr. Davey.”

“Mornin,” Duncan croaked. His eyes widened in panic as he recalled the earlier talk of a ventilator. His hand feebly reached toward his mouth.

“Don’t worry; we took you off the ventilator. You can talk now.”

Duncan sighed. That single uttered word left his throat sore and dry. Avoiding another attempt at a painful verbalization, he simply shrugged and gave the doctor a pleading look.

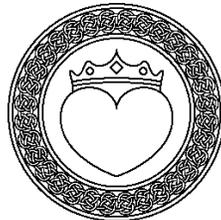
“Just rest for now, Mr. Wilbury. You have a long recovery in front of you.”

Duncan shrugged again. A question in his eyes.

Davey nodded, “Yes, there were some complications...but your vital signs are stable. The initial procedure went just as we planned, but we had some trouble getting your heart started again. After inserting a temporary micro pump through your leg, to aid your heart, we administered some nanos to prevent infection. There was an unexpected reaction from the nanos.”

A cloud of confusion passed over Duncan’s face.

“Congratulations, you are now the owner of an unbreakable heart.”



### **What the &@#^ Just Happened???** **by Laura Haywood-Cory**

On Monday, March 30, 2009, I woke up abruptly a little before 6am, with textbook heart attack symptoms—I had pain in my chest that radiated down my left arm and up into my jawbone and left ear; I felt very hot, very overheated, even though the AC was on, and I felt like I was about to throw up.

I’d never had any pain like this before. It was terrible and frightening; sometimes heart attack survivors will talk about feeling an impending sense of doom—it’s hard to explain if you haven’t experienced it, but I had that, too. I was crying and incoherent, although a tiny rational part of my brain had checked off the symptoms and came to the conclusion of “heart attack” (and didn’t want to believe it).

My husband Paul got dressed, put some shoes on me, which I kicked off in my thrashing around, got his keys, put my shoes back on me, and got me in the car.

We drove to UNC Hospitals, and on hearing the words “chest pain,” they took us in immediately. They did an EKG, a chest X-ray, took blood, gave me an aspirin, and put a nitroglycerin patch on me. We

arrived around 7am; by 8am, the pain had completely subsided, and I felt like an idiot for being there—though everyone reassured me that we'd done the right thing to come in.

Once the immediate crisis was over, I realized that I, a grown woman, was at the ER in my Batman pajamas. I also realized that in my panic I'd simply piled my waist-length hair on top of my head in a twist (no time to brush it first). Ah well, I'm sure the staff has seen worse.

All day long, people were telling us that they didn't think I'd had a heart attack: I was the wrong age (40), the wrong sex (female), no family history, no risk factors, and the initial tests were fine: my EKG was normal, they didn't see any damage on the chest X-ray, and the first round of blood work was OK. They said I'd described such classic heart attack symptoms, though, that they were going to keep me overnight for observation, "just in case."

At 8pm the admitting doctor came around to my room, and he had a kind of pole-axed look about him. He said, "I would have put your chances at having had a heart attack at much lower than 1 in 100, given your age, gender, family history, and general health—but the cardiac enzymes tell the story. You have indeed had a heart attack."

A catheterization the next day revealed the culprit: a small tear in my right coronary artery that then proceeded to dissect the rest of the way, while the cath lab crew caught it all on film. Thus, a thirty-minute procedure stretched out to three-and-a-half hours, as six stents were put in place to repair the shredded artery. They had me on a valium-morphine drip for the operation, so while I was in a haze following pretty colors in my mind's eye for most of the time, I do recall snatches of conversation: "Has anyone gone out to talk to the family yet?" and "Has anyone ever seen anything like this before?" plus some discussion of placing a seventh stent but deciding not to, because it would poke out into the aorta.

What caused my heart attack is a rare thing called a spontaneous coronary artery dissection (SCAD). No one knows for certain why SCADs happen, though they tend to happen to younger women, particularly women who are pregnant or who have just given birth—neither of which is me; I fall into the "idiopathic" group, which I've come to realize is medical jargon for "we really have no clue."

While my tale is nowhere near as harrowing as Steve's, if you find yourself having to go to the hospital, if at all possible, take someone else with you to advocate for your care. We went to one of the better hospitals in the area, a teaching hospital connected to a university with a medical school that has a good reputation. Even so, everything didn't go smoothly.

The night after my cath procedure earlier in the day, my blood pressure dropped through the floor. I'd been kept without food or water since midnight the night before in preparation, and they didn't re-start my IV fluids until sometime around the time they started the catheterization—so a good 12 hours. I was pretty dehydrated. I also have small blood vessels.

The night staff was worried because fluids were going in but none were coming out. They'd up the rate of flow on my IV, and my blood pressure would bounce up a little, then fall back down. Was I bleeding internally? They called a tech in and did an ultrasound. Nope, that looked good. Blood pressure still falling. They sent me downstairs for a CT scan. That was normal too. Blood pressure still falling, though.

They finally concluded that I was just incredibly dehydrated (ya think?!), so they decided to tap a bigger blood vessel, e.g., one in my neck, to get fluids into me faster. They also decided that I needed an arterial line in my wrist, so they could monitor my blood pressure in real time and also take blood samples from it—it was a little scary, since they made everyone non-essential leave the room while they did it and everyone still IN the room, including me, had to wear a mask. But I was grateful, because after three blood draws/day, they were running out of places to stick my arms. Once all that was done and my blood pressure came up to an acceptable level, I got the first uninterrupted sleep I'd had in several days. Bliss!

Another highlight was being served fried chicken the day after my catheterization. Yes, while I was still in the Cardiac ICU. When my husband lifted the lid and revealed the contents of that day's lunch we looked at each other and laughed incredulously. Were they trying to create repeat customers, we wondered?

I went into the hospital on a Monday. I had had a shower that night, and a sponge bath at some point on Thursday, and finally on Friday I felt ready to deal with the disaster that was my hair. I moved from

the bed to a chair, towing my assorted monitor lines and IV drip with me, got my brush, took my hair out of the twist it had been in for several days, and slowly started working out the tangles and knots. I couldn't keep my arms lifted for too long, but it was something to do, and it **definitely** needed doing. Once it was down and brushed, the nurses' comments to me changed from "You're too young to be here!" to "What long hair you have!"—which was a pleasant change, to be sure, even though once my hair was out of the twist, it tended to get stuck to the tape that was holding down the IV line in my neck.

My hair also provided endless amusement to the guys in cardiac rehab, which was overwhelmingly male. Cardiac rehabilitation, rehab for short, is a supervised program of aerobic exercise and strength training, plus education classes, and stress management. There are cardiologists and cardiac nurses on site. Every day before any exercise takes place, there are blood pressure and pulse checks, and part way through each exercise session, everyone has a mini EKG done.

Cardiac rehab was one of the best things I did, but only about 56 percent of people who are eligible for it actually get referred, and women are referred at a much lower rate than men, unfortunately.

Even though heart disease is the #1 killer of women in the US, cardiac rehab is still very much a man's game; for most of my time in rehab, I was the only woman in my group, hence the aforementioned fascination with my long hair.

Upon first waking up, I was usually too sleepy and uncoordinated to do anything fancy, so I would just put my hair in a ponytail with a scrunchie, then slip an elastic in my pocket and drive to rehab. After our usual blood pressure and pulse checks but before we started our warm-up exercises, I'd then braid my hair, starting out with my arms up and behind my head then quickly flipping my hair over my face so that I could (a) see what I was doing, and (b) so my arms wouldn't get so tired. The guys would stand around and watch in amazement: "I always wondered how you girls did that," and "How do you do that so fast?" and "How long have you been growing your hair?" and from my bald friend Ken, "Do you think I could do that?" while he would rub his hands over his smooth pate and laugh.

I've just finished up the 12 weeks of rehab and am getting back to my old exercise routine. My target heart range is a bit lower, I have a few new pills to take, and a couple of scars that have yet to fade; I wear a medical ID bracelet now, and I'm watching my diet even more carefully (once you start looking for it, you find sodium in EVERYTHING). But overall, life is good.



## WOMEN AND HEART DISEASE

- ♥ Heart disease is the leading cause of death of American women, killing more than a quarter of them.
- ♥ More women than men die of heart disease each year.
- ♥ 23% of women and 18% of men will die within one year of a first recognized heart attack; 22-32% of female and 16-24% of male heart attack survivors will have another heart attack within five years.
- ♥ 12-25% of female and 7-22% of male heart attack survivors will be diagnosed with heart failure within five years.
- ♥ Women are less likely than men to receive appropriate treatment after a heart attack.
- ♥ Women account for only 27% of participants in all heart-related research studies.
- ♥ 34.9% of deaths in American women over the age of 20, or more than 450,000, are caused by cardiovascular disease each year.
- ♥ Over 213,000 women die each year from heart attacks—five times as many women as breast cancer.
- ♥ Over 166,000 women die each year of congestive heart failure, accounting for 56.8% of all heart failure deaths.

## About the Contributors

**Tim Bolgeo:** "Uncle Timmy," as he's affectionately known, is the founder and chair of LibertyCon in Chattanooga, TN. He's been involved in fandom for over three decades now and is retired from his real-world job. He puts out a weekly e-zine called REVENGE OF HUMP DAY; email him at [tbolgeo@comcast.net](mailto:tbolgeo@comcast.net) for a copy.

**Steve Davidson:** Steve Davidson blogs as the Crotchety Old Fan and writes reviews for a number of websites in-between authoring paintball books and editing a paintball news site. Steve attended his first Worldcon in 1977 as Hugo Banquet Manager and wishes he were at Anticipation. He can be reached at [steve.davidson33@comcast.net](mailto:steve.davidson33@comcast.net) and his website is: [www.rimworlds.com/thecrotchetyoldfan](http://www.rimworlds.com/thecrotchetyoldfan)

**Bill Mills:** Bill began his fannish life in 1969 at the LASFS in Los Angeles, California. He was a child actor and has spent most of his life working in the entertainment industry both in front and behind the camera. Currently, Bill is the "Director of Audio Productions" for REB Audio Books (<http://REBAudioBooks.com>) producing audio dramatizations and other audio presentations frequently to be found in the "Best Sellers" lists at the major retailers where they are available.

**Randy Robbins:** Randy publishes *Narcolepsy Press Review*, a zine review zine, as well as *You're an Angel*, *You li'l Devil*, a zine devoted to devil girls. He lives in Orange County, CA. He can be reached at [narcolepsypresszine@hotmail.com](mailto:narcolepsypresszine@hotmail.com), and at P.O. Box 17131, Anaheim, CA 92817-7131.

**Douglas Warren:** A classically trained tech writer (what?), Douglas is compelled to write fiction to break the tedium of writing about microprocessors all day. He hasn't let an aortic aneurysm or a bionic, aortic valve slow down his pen. You can reach him at [dwarren\\_buka@yahoo.com](mailto:dwarren_buka@yahoo.com).

**T.K.F. Weisskopf:** T.K.F. Weisskopf Reinhardt is the nom de plume of Baen publisher Toni Weisskopf. She is a long-time Southern fan and while wearing her fannish tiara says "Vote the Moon Princesses in Huntsville for DSC 50."

**Laura Haywood-Cory** has been active in sf fandom since 1986. She's run clubs, organized conventions, and now has a 'zine—*Get off my lawn!*--that she publishes as a member of the Southern Fandom Press Alliance. She can be contacted at [laurahcory@yahoo.com](mailto:laurahcory@yahoo.com), and she blogs at <http://laurahcory1.livejournal.com/>. She also says "Vote Huntsville for DSC 50."

### About this Fanzine

This project was originally designed to be a one-shot, but if there's enough interest, I can see turning it into an ongoing fanzine. Letters of comment can be emailed to me at [laurahcory@yahoo.com](mailto:laurahcory@yahoo.com), or snail-mailed to 5100 McCormick Rd, Durham NC, 27713. PDF version is available on <http://www.efanzines.com>.

Statistics included here are from the American Heart Association, <http://www.americanheart.org/> and from WomenHeart, <http://www.womenheart.org/>.





### **IN MEMORIAM**

(Ed. Note: *Thanks to Steven Silver for granting permission to sift through The SF Site's archives. Any omissions are due to ignorance on my part and should please not be interpreted as a slight to anyone. Where there was no mention of heart attack, heart disease, or cardiovascular problems in the available information, I didn't list the person. I also limited the list to fans. Names for future issues can be emailed to me; see contact info on the "About the contributors" page.* -lgh)

George Jumper  
Richard Laymon  
Gharlane of Eddore  
Harry Nadler  
Bruce Pelz  
Donald Franson  
Tom Ölander  
Ivor A. Rogers  
Malcolm Ashworth  
Mark Anderson  
David Mansell  
Marjorie Rosen  
Simon van Dongen  
Patrick Kelly, Jr  
Dave Gipe  
Jerry Burge  
Shirley Maiewski

Edward Hughes  
Greg Shaw  
Stieg Larsson  
Sansoucy Walker  
Irv Koch  
Tom Parker  
Judith Ward  
Philip Friedman (Cyohtee)  
Hank Reinhardt  
Robert Legault  
Paul Parsons  
Mike Hall  
Forrest J Ackerman  
Jack Jardine  
Chuck Crayne  
George F. Stanley  
Hal Haag