



my FATHER lost AND found

For 30 years,
I yearned to be closer to him.
THEN HE GOT SICK.
Sometimes redemption
comes in unexpected
ways.

BY CONSTANCE HALE

loss. IT'S SUCH A SOFT, SIMPLE WORD. NO PIERCING VOWELS. NO HARD-EDGED CONSONANTS. NOT EVEN A DIFFICULT RHYTHM. Yet I know, from my life with my father, that loss is nasty, sharp, aching. It cuts repeatedly. In my childhood, my father often left us—for infantry exercises, for hunting expeditions, for his yearlong tour in Korea. Then my mother left him, and the separation opened a gaping wound that never healed.

Thirty-two years later, I am losing my father again. I glance at him asleep on the front seat as our car zigzags through the fields toward Dulles Airport and the plane that will take me home. His once ebullient face is slack, his dove-gray hair, after a lifetime of military buzz cuts, is wavy and unkempt. "Wake up, Dad," I say, gently tapping his shoulder as my brother pulls up to the airport curb. Dad gazes at me as if through a plate glass window, foggy and very far away. I slip out of the backseat to open his door. His running shoes reach for terra firma, stumbling a little.

I remember another airport, in August of 1967, the summer after the divorce. My brother, my sister, and I have spent the month with Dad, getting lost in the North Woods of Wisconsin, eating peanut-butter sandwiches at Grammie Connie's, riding bicycles-built-for-two along the beaches of Southern California. Suddenly we are at the airline terminal in Los Angeles, heading toward the tarmac and life with Mom. We won't see him again for a year. Dad is waving at us through a plate glass divider, smiling, but his face is a geography of sadness. I glance back again and again, my heart feeling as if it is stuffed with golf-ball-size lumps of bread. There he is, waving, smiling. I force myself not to cry, not to worsen his pain. Finally, we turn a corner. I glance back, but I can no longer see him. I come apart.

Now, his doctors tell me, mysterious proteins are eating at the tissues of his brain, erasing his memory, degrading his motor skills, stealing his life by a thousand cuts. Already he is a shadow of himself, vague of mind and unsure of foot; soon he will be a perversion of himself, with full-blown dementia and the paranoia of a psychotic. Eventually he will be a quiet, eager-to-please, wheelchair-bound body, then an invalid who sleeps much of the day, his every movement spastic and random. In winter we will bury him.

Caring for Dad through his decline is the hardest thing I have ever attempted. Shuttling between my overflowing life in California and my father's fading one in Virginia strains me in almost every way: my ability to work, my finances, my relationships, my health. Each time I leave I say good-bye to a different version of my father; each time I return I must readjust to a greatly changed man. The grief I feel is not just for the father I have lost but for the one I dreamed he might be—the one I will never know.

When I'm in Oakland, supported by friends and a loving mate, I am in control of my own life, yet listless and depressed. At my father's home, I am able to shake off my inertia and



concentrate on the grinding details of full-time caregiving: soothing Dad when he's disoriented and anxious, taking him for drives when he can no longer walk, helping make decisions about nurses and hospice care. But the old jealousies of childhood, intensified by sadness and stress, resurface in unexpected ways, and my fragile family unit sometimes seems about to shatter. I can get through this, I think repeatedly, trying to steel myself. My family can get through this.

Later, I'll have a more expansive perspective; I'll come to see what the experience of losing my father has taught me, how it has helped our family grow. And I'll realize how participating in a loved one's death is one of life's most transforming acts. But as we arrive at Dulles, all I can see is my grief and despair. I am 42 years old, but I feel like that heartbroken nine-year-old, looking back, waving, looking back again, knowing that soon I will turn the corner and my father will be gone.

I put on a pair of sunglasses to hide my sorry eyes. "Thank you for all the good times—the long rides in the car, listening to all that beautiful music," I tell Dad, squatting at the curb so he doesn't have to stand. He looks taken aback, caught in his netherland of sleepiness and oblivion. "Well, we'll have many more," he manages to punch out, and I wrap my arms around him and hold on tight.

Moments later, I step into the air-conditioned terminal, and the glass doors close behind me with a pneumatic sigh. I come apart.

■ IT IS HARD TO BE THE DAUGHTER of a soldier during the Vietnam era. Raised by my mother in a ramshackle hippie town in Hawaii, I bristle at my father's political conservatism and his West Point rigidity. Always short of money, I resent his post-Army affluence and his tight little unit of a new family. In college I go so far as to drop his last name.

Yet we are so alike. Outgoing. Precise and exacting. Fond of a good book and a great wine. My dad indulges my love of ballet, introducing me to the Bolshoi and Dame Margot Fonteyn. And from him I learn storytelling, on countless tours of Civil War battlefields where he delights us with Rebs bivouacked in forests, generals so incompetent as to warrant court-martial, and horses so magnificent they practically won the war for their riders. In short, even in my alienation, I adore him.

Slowly, in my late twenties, I begin edging closer again. I visit once or twice a year, ride horses with him, become more involved with his second family. He invests in a restaurant I run with a boyfriend, and when I get my first management job, he gives me pointers about the importance of *esprit de corps*. Still, in many ways he remains that man on the other side of the plate glass window: proud, loving, stoic, beyond my reach.

In my late thirties, I hatch an idea for a book project, about his family line of West Pointers and war heroes. This will be my chance to know the father I perfectly love but imperfectly know. I wait for him to retire so he'll have the time to sit down with a tape recorder and let his memory roll.

By late 1998, I feel a new urgency. Over the Christmas holidays, when my family gathers to celebrate my sister Suzy's

SIX EXPERTS you NEED on your SIDE

fOR MOST PEOPLE, CAREGIVING is a labor of love. But the effort to keep a loved one at home can strain body, mind, and soul. A 1997 survey found that two-thirds of caregivers experience some form of depression. Finances may also be hit hard: The average primary caregiver sacrifices \$659,000 in wages, benefits, promotions, and retirement income over a lifetime, a recent MetLife study found.

The National Family Caregivers Association says most caregivers wait four or five years before getting help. Yet the earlier you reach out, the less stress you'll suffer and the better care your loved one will receive. These resources can make your job immeasurably easier.

1 AREA AGENCY ON AGING If you don't know where to start looking for help, or even what questions to ask, call on the information specialist at your county's Area Agency on Aging. These federally mandated clearinghouses can demystify the caregiving process and direct you to a variety of home- and community-based services (such as home health-care agencies, visiting nurses, adult day care, support groups, alternate housing options, transportation services, and in-home meals)—many free or low-cost. To find your local AAA, look in the government listings section of the phone book or contact the National Association of Area Agencies on Aging at 800/677-1116 or www.n4a.org (click on Eldercare Locator).

2 GERIATRIC CARE MANAGER If your loved one's requirements are confusing or overwhelming, or if you live far away, consider hiring a private geriatric care manager. Typically social workers or nurses with training in geriatrics, these professionals can help with short-term tasks—say, handling medical emergencies or checking in on your parent from time to time. Or they can oversee the entire caregiving process: developing a plan of care, hiring home nurses, making doctors' appointments, managing medications, arranging for transportation—and keeping you informed.

Expect to pay \$200 to \$350 for the initial assessment, then \$30 to \$150 an hour depending on duties, credentials, and location. To find one, contact your local AAA, the National Association of Professional Geriatric Care Managers (520/881-8008 or www.caremanager.org), a hospital discharge planner, or a visiting nurses association. When interviewing candidates, ask how long they have lived in the community and how many clients they have. Go over proposed plans carefully, be sure you understand the range of options available, and include your parent in every decision possible. *(continued on page 172)*

long-delayed graduation from college, Dad seems, well, off. He naps several times a day. He is distracted in conversations and suffers a painful fall one night. We all fear that his stressful job as project manager for a huge defense contractor is taking too great a toll. Then, one Sunday in January, he recounts a discussion he says he and I have had—one that never took place. In February, he can't recall details about a recent trip with my stepmother, Dottie, to celebrate their 32nd anniversary. In March, he is so "woozy" he calls in sick for his own retirement luncheon. Dottie worries he might be suffering from Alzheimer's, though this fails to explain his weak knees. My brother, Joey, thinks Dad's battery is just "worn down." My mother, divorced from Dad for three decades, speculates that a lifetime of martinis may have fogged his brain.

Joey breaks the news to us via E-mail—

Date: Tue, 18 May 1999 15:34:27 EDT

Subject: Dad

We have just returned from the doctor and the prognosis is very bad. He believes Dad has Creutzfeldt-Jacob disease. This is a very rare and unusual disease that he related to the mad cow disease that was publicized recently. He said typically patients lasted only 3-6 months after diagnosis....

I am sorry to deliver this news in such an impersonal manner. It is hard for me to deal with and I did not think I could discuss over the phone. I am quite shaken, sorry.

After the diagnosis, we learn all too quickly how to spell Creutzfeldt-Jakob, and we bear painful witness to its ravages. Dad wanders into the bathroom, wets a washcloth, moves it across his face, and pronounces himself "showered." He tops his toothbrush with shaving cream and tries to squeeze toothpaste from the dental floss container. One morning he dresses in two shirts and a windbreaker, two pairs of pajama bottoms, three pairs of socks, and tasseled loafers. The part of me that has yearned to know him better feels like the victim of a cruel joke.

One June afternoon, Dad and I share an indulgent meal at our former restaurant. As we leave, he stumbles badly. He quickly grabs back his dignity, though: "Well, that was a lovely lunch—even if the exit was a bit inelegant." In the car, he begins to writhe in his seat, swearing and insisting we pull over. Too much water, I realize too late. By the time we arrive at a gas station, his pants are wet. I help him out of the car and steer him toward the rest room. Dad stops a few feet from the seedy door. "This is ugly," he says in disgust. "Let's forget it." We settle into our drive home, ignoring what has just happened, but Dad becomes fidgety again. I maneuver into a pullout and we walk into the woods. Finally, Dad relieves himself. Again, he tries to recover: "It's a good thing we slipped our party before *that* happened."

Back on the road, we take refuge in a Vivaldi concerto for bassoon as I grapple with my discomfort, he with his humiliation. At home, he slips into his bedroom, then descends in sky blue pajamas, lugging the rattan laundry basket behind him. I have never seen Dad carrying the laundry basket downstairs. I have never seen Dad come downstairs (continued on page 172)

A STAFF FORUM

when they NEED you MOST

a GROUP OF HEALTH STAFFERS got together recently to discuss something we all had in common: caring for a sick parent or loved one. Each of us admitted to feeling totally unprepared for the new role of caregiver—and surprised by how much we learned along the way. Here are a few things our experiences have taught us.

- AS SOON AS IT'S CLEAR THAT a loved one is seriously ailing, try to begin a dialogue about the kind of medical treatment they do or don't want. If your relative is touchy about the subject, try discussing other people's situations as a way of testing out various options.

- INSIST ON HELPING, even if your loved one—or the main caregiver—turns you down. Patients may not want to inconvenience their families. They may not realize that they cannot manage alone.

- STAY IN CLOSE TOUCH with the patient. But don't overdo it; too many calls can add to the pressure. It can help to designate one family member to check in and relay updates to the rest of your clan.

- GIVE SUPPORT to the major caregiver. Let her know how much you appreciate all that she's doing for your family. Call frequently and give her an opportunity to vent. Take turns relieving the primary caregiver; even just a week or two off can be a huge help.

- TRY TO GET MEDICAL INFORMATION from the doctor or some other firsthand source. A patient might not want to worry you, he might not want to know the truth, or he might not be competent to understand the details of his condition.

- MAKE SURE THE PATIENT has an advocate: someone to monitor whether she's getting good care, to ask for more pain medication, to probe doctors about why procedures are necessary and what they entail, etc. In times of crisis, this can be a full-time responsibility.

- BE VERY PRECISE when talking to doctors. You can't count on them to volunteer information. Make a list of questions in order of importance. If you don't get to ask them all, call the doctor's office and make an appointment for a phone consult. (You may not want to ask all your questions in front of the patient.)

- RELY ON NURSES, social workers, and other caregivers to fill in the blanks left by physicians. They have more time than doctors do—and often are more comfortable dealing with emotions.

- LISTEN TO WHAT YOUR LOVED ONE WANTS. Recognize you are not your parents' parent; you may *feel* as if your roles have reversed and they have become your children, but they are adults. A patient may have very different priorities from the rest of the family; for example, getting well may be less important than relieving chronic pain. As long as patients are mentally competent, they have the right to make their own decisions—even if you don't approve.

(continued from page 138)

in pajamas—not at four in the afternoon, not at any time. Shame blanches his face. Gently taking the basket with the stained trousers from him, I whisper that I have cleaned the car and everything is okay. He kisses me tenderly on the lips and whispers a simple “Thank you.”

In my sadness, I take the afternoon’s mishaps—the legs failing, the bladder failing, the dignity failing—as more evidence that my father is quickly slipping away. But something else has happened between us, too, one of those profoundly intimate moments that only a dying parent and a child can share. My father’s first bout of incontinence is a glimpse of what the future holds—no recovery, just descent. Briefly lucid, he grasps that he doesn’t have much time. In his pajamas, looking out at his fields, his horses, the Fairfax County woods, Dad asks me, suddenly and quite sorrowfully, whether the only way to make up for mistakes in life is to go to church every Sunday. “What if you haven’t done that?” he implores. “What if you’ve failed?”

An unrelenting optimist, my father has never focused on failure. And in my whole life, he has never apologized for, or even acknowledged, the pain that his divorce from Mom caused me. In 30 years, I have never had an opportunity to tell him how much I missed him or to say that I forgive him for leaving us. Now, as dusk settles, we both struggle for the right words. He

We know our Kübler-Ross;

WE UNDERSTAND “DENIAL.”
But how could we know that
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would have a different
denial timetable?

seems to want to atone for a lifetime of lapses, but he can’t get to the heart of the matter. So we skirt the edges in metaphors. We talk about forgiving ourselves as well as others, parsing the Lord’s Prayer as a professor and student would dissect a poem. I confess some of my own regrets, describe my own method of meditation. He seems heartened to hear how I manage my own spiritual reckoning: His oldest child is going to be okay without him. Unexpectedly, in a way that has never happened before and can never happen again, we comfort each other’s souls.

Just days later, Dad’s condition has already deteriorated so much that he is incapable of conversation most of the time. Yet as layer after layer of his brain is eaten away, I come to believe that I am finally discovering his essence. He is always ready to laugh, or to make us laugh. I glimpse the power of his intellect through his deftness with language; though he has difficulty completing sentences, he is able to use words like “incipient” and “cavalier.” Even his descent into anxiety and paranoia, deeply disequilibrating as it is, shows how profoundly he is a soldier. He worries about “the units,” wants to load up the car with “two five-gallon tanks,” and sketches “battle positions” on the kitchen table.

What I once regarded as a soldier’s too-great capacity for denial, I come to respect as deeply ingrained courage. Dad hates the indignity of losing control. Yet he rarely succumbs to dark moods. “Oh, let’s not get maudlin,” he pipes up from the

six experts on your side

continued

3 HOSPITAL DISCHARGE PLANNER If your family member has suffered a medical crisis and needs continued care, these professionals can be lifesavers. (Because hospitals release patients “quicker and sicker” than they used to, contact the on-staff planner as soon as possible.) They can make placements in rehabilitation centers or nursing homes or arrange for home care, including companionship, housekeeping, and other services. Their professional relationships—most are social workers or nurses—also come in handy.

4 FAMILY THERAPIST The NFCA survey found that 76 percent of caregivers receive only sporadic help from other family members. The reasons are many and complicated. Siblings handle loss differently: Some may deny a parent’s impending death; others may feel buffeted by their own fears. Some may believe they can’t afford the time or cost of helping out; others may become caught up in old family tensions and rivalries.

When conflict threatens to derail a plan of care, consider a family therapist, especially one familiar with caregiving and geriatric issues. These pros—usually psychologists or licensed social workers—often recommend holding a family meeting that includes parents, siblings, spouses, and other concerned relatives. Acting as a neutral moderator, the therapist lays out a clear agenda—usually, discussing the needs of the patient and primary caregiver and hammering out who can be counted on to pitch in—and makes sure the meeting stays on track. A therapist may also be able to find creative solutions and compromises that elude squabbling relatives.

For referrals, contact the International Association of Marriage and Family Counselors (800/347-6647 or www.iamfc.org), social service agencies, or your local AAA.

5 ELDER LAW ATTORNEY These lawyers help manage assets, safeguard finances, minimize taxes, and secure long-term financing for health-care and retirement needs. They can also help your family plan for a loved one’s disability or incompetence by drawing up advance directives such as living wills and durable powers of attorney. They can mediate complaints about a nursing home, guardian, or Medicare and can help with funeral instructions, as well as dividing an estate and dealing with probate. For a referral, contact the National Academy of Elder Law Attorneys (520/881-4005 or www.naela.org) or your local or state bar association.

6 CERTIFIED FINANCIAL PLANNER According to the American Association of Retired Persons, a visit from a home nurse averages \$77; a stay in a nursing home, up to \$56,000 a year. Few of these services are covered by Medicare or private insurance, so families must bear the brunt of the costs. If your parent needs help managing money and other assets to provide for care, consider a certified financial planner. These experts are trained in all aspects of personal finance—investing, retirement and estate planning, taxes, and insurance—and will keep your parent’s priorities in mind.

To find one, call the Financial Planning Association (800/322-4237 or www.fpanet.org) or your local AAA, or get recommendations from lawyers and accountants. —BETH WITROGEN MCLEOD

backseat after a trip to the doctor, as Joey and Dottie discreetly discuss his condition. "Life pushes on," he tells my mother on the phone, "and we push with it." The poet Philip Larkin once said that "being brave while you die means not scaring others." Like a commander concerned for his troops, Dad spares us from fear. He offers us a chance to rise to the occasion, letting us say good-bye through thousands of small, loving acts. And this—being able to give back the love a parent has bestowed upon you—is one of the exquisite privileges of helping him die.

MY FAMILY HAS ALWAYS BEEN a cobbled-together thing, my father the glue that holds us together. Just barely. He is also, of course, what divides us. The life of not-always-genteel poverty that my mother, siblings, and I shared in Hawaii has nothing in common with the life my father made with his second family: the big house, the cars, the horses. Joey, Suzy, and I lived with Dad for only a few years; Dottie and Kathy, my half-sister, have had him around for decades. All the same, Joey, Suzy, and I are a team. If we feel like we don't quite belong in Dad's home, surely Kathy feels like a bit of an outsider when she's among us. While Dad is in good health, these ancient resentments are carefully controlled undercurrents. But as he worsens, they surge with a force that takes us all by surprise.

We know our Kübler-Ross; we understand "denial." But how could we know that each sibling would have a different denial timetable? How could we predict that we'd all adopt separate

coping mechanisms? I cry and want to talk; Kathy withdraws into grad school and work; Suzy cleans house compulsively; Joey repairs to Hawaii and builds a "memorial" addition onto his house.

We differ about whether to tell Dad about his condition, about when to bring nurses into our lives, about how soon we should admit Dad to hospice. Joey and I squabble when he tries to move me out of my room a couple of days before my flight home to make space for an arriving aunt. I book a hotel room in a huff. Suzy guards Dad like a mother lion but is furious when Kathy leaves changing duties to her.

My father has never been focused on failure.

NOW HE SEEMS TO BE ASKING,
how does one atone for
a lifetime of mistakes?

My molten anger—at Dad's condition, at impotent doctors, at the gods—flows mostly in the direction of Kathy's boyfriend, Ian. A newcomer to the family, he strikes me as intrusive and inconsiderate, stepping on my tender feelings about my long-distance home. The situation deteriorates after my stepmother has her own series of medical crises, so that we end up taking care of her and the property as well as Dad. Ian and I battle over which of my parents' cars I may or may not drive and who will clean the pool and run the house. At one point, he and Joey almost come to blows. Later, I realize that families in crisis often seek a

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scapegoat. Perhaps Ian saved us from exploding more often at each other. But my relationship with Kathy suffers as a result.

Still, we manage to marshal the troops in a way that would make Dad proud. A writer, I become the communicator with family, doctors, and the hospice. Joey, an entrepreneur in Hawaii, keeps finding business on the mainland so he can travel to Virginia; he orders hospital beds and outfits the bathrooms with grab bars. Suzy flies in from Hawaii with her eight-year-old daughter during school vacations, providing much of Dad's day-to-day care. Kathy grooms the horses and feeds the pets. Dad's brother helps with finances, his stepbrother with medical matters, and Dottie's sister, a social worker, with family dynamics.

And after three decades of my sometimes grudging acceptance, I come to see that Dottie is a better wife for Dad than I had ever imagined. Patient, loving, and able to tease him through his confusions, she allays Dad's anxiety and preserves his pride. And she is a more graceful stepmother than I might have hoped for, leading us all through this troubling time, broaching the most painful questions, and showing us the meaning of "in sickness and in health."

My bond with my mother, who stays in constant touch with Joey, Suzy, and me by phone and E-mail, deepens as well. In September, Mom and I decide to go forward with a long-planned trip to France, her first visit there since 1954. Dad is fading toward death, and it is hard to leave him. But after months of coping with his decline, I decide I need to throw myself into life and my relationships with the people who will survive him.

Mom and I have a wonderful, exhausting time zigzagging from Paris through Provence and back again. But as the date nears for our return home, a pall descends. It has been stressful to be traveling with a 65-year-old woman: doing the driving and making the arrangements, searching for long-lost friends and a misplaced bag of souvenirs. As I wrestle our luggage through the Avignon train station, I curse her arthritic knees. Settling into my seat and glaring out the window, I catch a glimpse of myself in the glass. But it's my father's face that gazes back at me: my jaw set exactly as his has been for the last several months, my lips pursed in the same stubborn grimace he displays whenever we try to change him or lift him into the car. I begin to weep, turning away so my mother can't see.

We arrive at the Gare de Lyon and get in line for a taxi. Now it's my mother who starts to sob. "I hadn't realized how much I still relied upon your father," she tells me later. "He was always there for you kids, like a rock. Because he was there for you, he was always there for me, too." *My mother mourns my father.* This is a revelation to me. I have thought she was incapable of understanding my pain; after all, she long ago cast my father from her life. But she shares my grief; it binds us closer.

In November, I have a dream that gives me a vision beyond the family divisions. We are in Hawaii, in an outrigger canoe race, leaving a wide teal bay and heading for open ocean. In the past, Dad would have been the captain, barking orders, swearing, encouraging us to pull together, pull harder. Today, though, he is mute and motionless, sitting atop the cabin in his wheelchair,

his smile wide and proud. We paddlers grunt and shout, the waves and the wind whipping. We win the race! Dad is our inspiration, but his family is the true victor.

aND SO I DO GET through the worst. Back in California, I find solace in priests, whose fluency in the language of bereavement amazes me. "Anger is natural in this situation," one tells me after I explain the family anguish. "But you should direct your anger at God." In answer to my quizzical expression, the priest insists, "He can handle it! You know, the most honest prayer ever uttered was probably 'God, go to hell!'" Then he thrusts a copy of the Book of Common Prayer into my hand and tells me to turn to the prayer of St. Francis. Ignoring the words on the fat red spine—"Property of Grace Cathedral Do Not Remove"—I follow his instructions and take the book home. I keep it at the little altar to my father I've erected on my bedroom dresser, with family photos, fresh flowers, and the charm bracelet Dad gave me when I was eight. When I want to be with him, I light a candle, say a prayer, and watch the flame flicker.

Dad's condition suddenly worsens one weekend in January, and my uncle calls to tell us the end will come swiftly. On Tuesday Dad stops being able to swallow and can't come to the table when his best friends bring dinner and keep Dottie company. Midway through the evening, he dies.

We bury him a couple of weeks later. We have planned a

funeral with full military honors at Fort Myer and Arlington National Cemetery—hundreds of people, a marching band, a horse-drawn caisson, and one riderless horse. But the weather does not cooperate. As we sleep, or try to, on the eve of the funeral, snow starts to settle around us. By morning, a blizzard is whirling through the fields of Great Falls, the Weather Channel announcing a hundred-year storm. "Your Dad would say, 'Go on as planned,'" Dottie says, and go on we do.

Our meager caravan—three black limousines, Dad's green truck, a few rental cars—wends its way under a low gray sky. Trees are bare; lone figures are muffled. It's as though the whole world is in mourning. At the cemetery, Dad's most faithful friends huddle with his little clan before the flag-draped coffin. Birds of paradise, palm fronds, and pink torch ginger, flown in from Hawaii, struggle to stand in the wind. A lone bugler plays taps. Then, the sound of gunmetal as the soldiers in the snow change formation and fire the three-gun volley.

Back in the limo, heading home, I sit at the window, looking out at a world that is white, white, white. The ground, so still, is white, the sky, so low, is white, the tree limbs, so bare, are white, the road, so dangerous, is white, the air, so thick, is white. The snow, the white, is everywhere—swaddling us tight, like a curious, furious blanket, so close, omnipresent.

Dad is everywhere. Dad is the snow, not letting us go. ■

Constance Hale is HEALTH's managing editor.

Yes, please.



TWICE THE CALCIUM OF OTHER NATURAL SHREDDED CHEESES.