“How Does It Look?”

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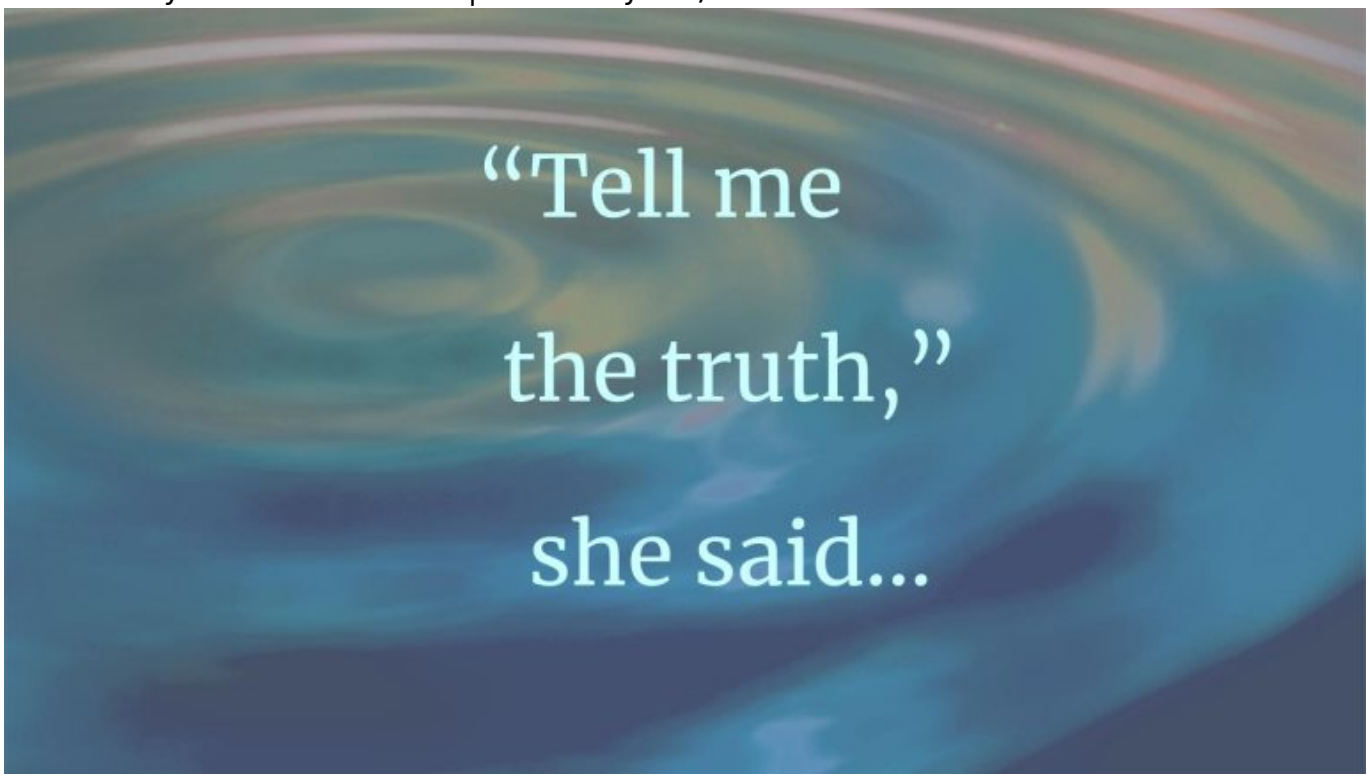

I was born in the mid-1950s into a family where juvenile (type 1) diabetes played a prominent role. A year before my birth, my brother, age four, was diagnosed; when I was three, my sister, age thirteen, received the same pronouncement. As the “healthy” child, I watched my stressed parents try to manage the disease using the existing therapies.

To check my siblings’ sugar levels, they used a urine test, which doesn’t accurately reflect the body’s current blood sugar level but instead approximates what it was hours ago. They would then administer insulin or juice, depending on whether the blood sugar level needed to be lowered or raised. To make matters worse, long-acting insulin, the only kind then available, reduced sugar levels very slowly.

Today, advances in medical technology enable people with diabetes to control their sugar levels effectively, thus avoiding diabetic complications that used to occur more frequently.

Though my sister had diabetes for fewer years than my brother, she suffered more complications. Cindi was hospitalized for low or high blood sugar so many times that I lost count. In her mid-twenties, she was diagnosed with diabetic retinopathy—damaged blood vessels in the retina, which can lead to blindness.

Two experimental operations to save her eyesight failed. She lost sight in the eye they operated on and had little vision in her “good” eye.

Legally blind by her mid-twenties, she left work to attend the Pittsburgh Guild for the Blind, where she learned to read and type Braille, walk with a cane and rely on her other senses. She looked just the same after graduation, except that she used a folding cane.

Cindi dressed fashionably, teased and dyed her hair and applied makeup—all without using a mirror. Able to differentiate light from dark and to make out shapes and outlines in good light, she moved into an apartment where she cooked, entertained and dated.

She returned to work with her previous employer. A voracious reader, she listened to countless "talking books," tapes sent from the Library of Congress. She also relied on volunteer readers (at one point, my retired father and me) and later paid others to read to her.

While attending a university near Cindi's apartment, I began to spend more time with her, and after graduating, I landed a job in the agency where she worked. We became best friends.

Over a dozen years, to my distress, her "bad" eye went from looking normal to looking like it had pinkeye to looking like it had been hit with a baseball bat—bloodshot, with angry-looking veins.

Seeing my sister's bad eye, I would be reminded that she saw nothing through it and feel overcome by profound sadness. I began to look out for my brilliant sister, who could no longer drive, walk without a cane or read a beloved book. Our roles had been reversed: In many ways, I now felt like the older sister.

I also noticed how some people treated my sister after she lost her sight. From a distance, I'd watch, infuriated, as coworkers who knew she was blind walked past her in the hallway without saying hello. But what really got under my skin was when strangers gaped at her eye. While I understood their curiosity, seeing her objectified like that pained me.

Some people grew bolder, exclaiming, "Your eye looks terrible! What happened?" or "Is your eye okay?" I knew that Cindi felt crushed by these comments. As hard as it was to hear them, she must have found it even more painful to explain her diabetic complications and two failed operations.

In her forties, trying to avoid such comments, Cindi changed her hairstyle: Instead of parting her brown, shoulder-length locks in the middle, she parted them on the side and wore long, swoopy bangs over her bad eye.

The bangs couldn't hide that her eye looked worse every year, but I didn't have the heart to tell her. And despite her new hairdo, the insensitive remarks continued.

One day at lunch, she asked, "What does my left eye look like?"

At first, I didn't respond.

"Tell me the truth," she said.

I put down my sandwich, took a sip from my drink and gulped.

“Your eye looks pretty bad. It’s red—it looks inflamed—and it has veins running through it.”

I left out the angry-looking part, and that I found it hard to look at. She’d suffered enough.

She put down her sandwich, looked away and was silent.

She began wearing a black eye patch. After a few years, though, she tired of looking like a pirate and opted for a prosthetic eye.

I drove her to an ocular specialist. The waiting room was lined with rows of narrow shelves displaying bright white eyeballs of various sizes, their irises in seemingly endless shades of brown, amber, hazel, green, blue and gray.

I picked up an eye whose iris matched Cindi’s blue and began examining its intricate artistry, feeling anxious about handling such a unique artifact.

The ball slipped out of my shaking hand and crashed to the tile floor, sounding like a mis-hit cue ball that had leaped off a pool table.

I lunged for the eyeball, expecting the staff to fling open the door and ask what was happening. But the ball was quicker than me: it bounced left, then right, then straight—everywhere but where I thought it would go. Grabbing for it, I kept remembering the signs I’d seen in stores: “If you break it, you bought it.”

It wasn’t until the sixth or seventh bounce that I finally nabbed the eyeball. Holding it in my palm, I checked for cracks. Finding none, I exhaled, returned it to its empty spot on the shelf and sat down.

“Did you break it?” Cindy asked.

“No.”

“Any cracks?”

“No.”

“Good.”

“I know.”

Finding humor in this somber setting was inappropriate, but the tension was too much. We convulsed with laughter, bent over in our chairs, wiping away happy tears. Only the doctor’s entrance finally stifled our laughter.

After a medical history and examination, he walked to his prized eyeball collection, picked out a few blue ones and held them up to her good eye one by one until he found the best match. After taking her eye measurements, he asked her to return for the prosthesis once her bad eye had been surgically

removed.

Back in my car, we revisited the tale of the bouncing orb and laughed almost the entire ride home.

Cindi’s prosthetic eye bore an uncanny resemblance to her good one. It took a keen observer to notice that one eye didn’t track, and that its pupil didn’t dilate or contract like the other.

Sightless though it was, the artificial eye made my dear sister appear normal again. Now when people looked at her, they no longer stared or made comments.

Despite all the surgeries and misfortunes Cindi had suffered, she accepted her new eye without any qualms or regrets. In fact, she was happy.

And she regained her confidence. She parted her chin-length hair in the middle again, did away with the swoopy bangs and showed off her new eye.

That made *me* happy.