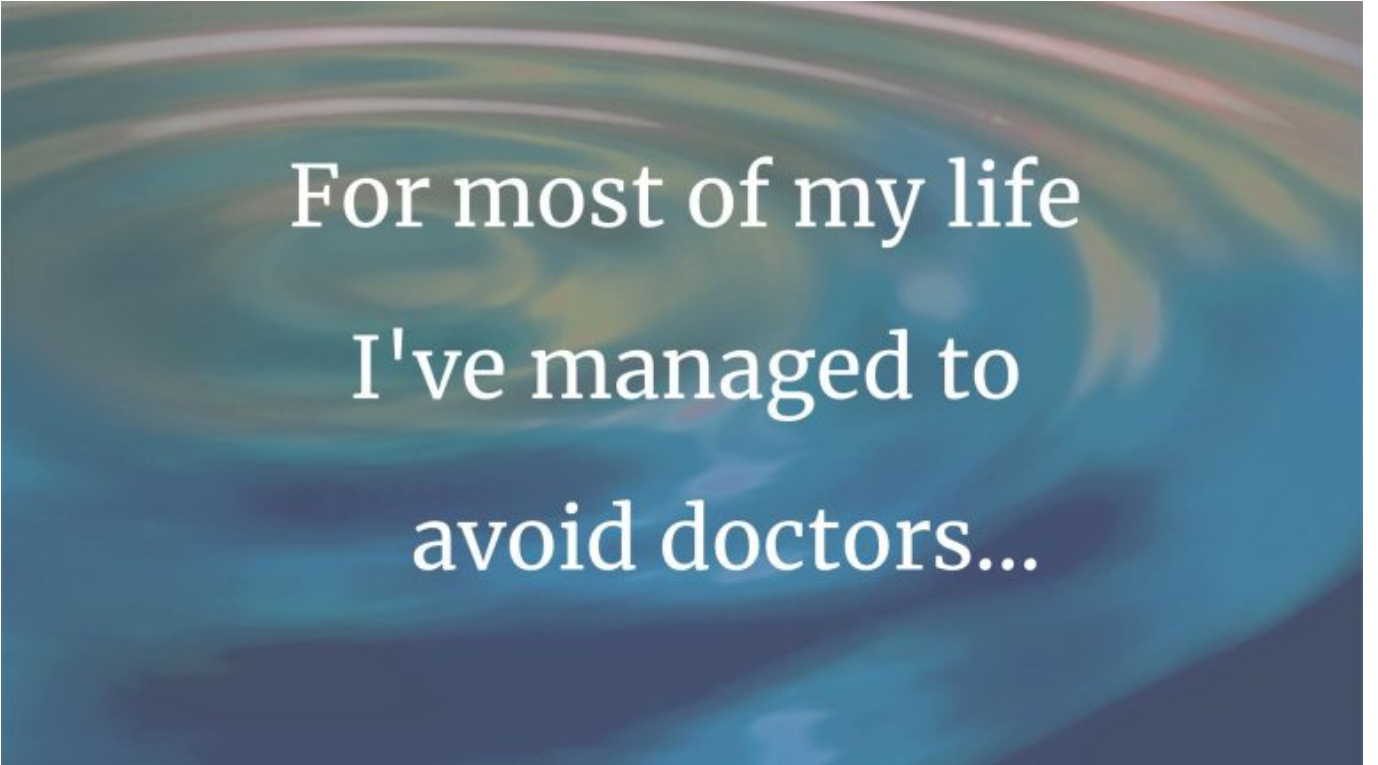


# Stubborn Ghosts

Category: Stories

written by Scott Janssen | October 8, 2024



For most of my life  
I've managed to  
avoid doctors...

It's a sunny day, and I'm slowly pacing along the memorial brick path that winds through an untended garden in a vacant healthcare complex.

Scanning the bricks, I stop in my tracks when I spot Mary's name.

I've arrived here early to meet my friend, Tom, with whom I worked years ago when these grounds, in Hillsborough, NC, were home to a busy hospice inpatient facility. In its bereavement offices, counselors like us provided a space for those who were grieving to express their pain and begin to heal.

Now the place is abandoned and in serious disrepair, having abruptly closed after the hospice management opened a larger facility in a nearby town. But Tom and I still meet here a couple times a year, like stubborn ghosts, to catch up and share stories about those days.

I recognize many of the names on these bricks underfoot: patients who died; coworkers given a brick upon retirement. Mary was a tough, no-nonsense nurse who'd supervised the hospice staff, including social workers like me. She'd intimidated many, but no one had ever questioned her skill, knowledge or commitment to providing good care. She'd often sought my input, especially on issues of staff safety.

"You're the enforcer around here, Scott," she'd once joked, after asking (ordering) me to go visit a patient's home and give "the talk" to a family caregiver who'd behaved in a way that one of our staff had found intimidating and racially charged.

"The talk" consisted of describing a patient's or caregiver's troubling behavior, letting them know how it had affected our staff, and ensuring a clear understanding of how we expected our staff to be treated and of the swift consequences that would follow another such episode.

Before taking over as clinical supervisor, Mary had been a rank-and-file hospice nurse. She and I had visited patients in their homes as part of a team. I quickly realized that, despite her tough exterior, she was far more affected by patients' suffering and deaths than she let on. She learned, less quickly, that it was safe to drop the hard exterior every now and then, when she needed to talk. As a Black woman who'd suffered racial and/or gender harassment, she knew that when I gave the talk, I meant business.

The last time I saw Mary alive, almost twenty years ago, we were in her home. She was taking an extended medical leave, and I'd come at her request. I was startled by how thin her once stocky frame had become.

The doctors, she told me, had informed her that there was nothing they could do to stop the cancer that was metastasizing throughout her body.

"They told me to get my affairs in order," she said. Then, with fire in her eyes, she added: "I'm fifty-eight years old. The Bible promises me three score and ten years, and I plan to hold onto that promise."

"Well, if God knows what's good for him," I answered, smiling, "he won't want to piss you off."

After we shared a laugh, I got serious. "I hope you get what you want, Mary. But you've been on the other side of this fence; you know what the doctors are saying. Is there part of you that thinks things are headed south?"

She teared up ever so slightly—then her eyes hardened, and her back straightened.

"No," she said. "A promise is a promise. Three score and ten."

Within weeks, she was gone.

Now I hear a car door click shut and turn to see Tom walking slowly in my direction.

*Man, he looks old, I think. Wonder how I look to him?*

I recall a passage by the writer James Baldwin describing how when he looked at his brother, he saw not one person but many, like snapshots taken at different times across a lifetime.

It's the same with Tom. Sure, I see an old man gingerly advancing toward me, but in my mind's eye I also see the younger man who, in the early 1990s, rode with me on visits to hospice patients as we got to know each other during his ramp-up as our new bereavement director. I see images spanning the decades during which we discussed patients, cofacilitated support groups for grieving men, laughed and swapped stories.

As he joins me on the memorial path, we shake hands, then fall silent. I look down at Mary's brick.

"You remember her?" I say eventually.

He nods. "She was hard to get along with."

"Yeah." I smile. "She was rough around the edges, but she had an amazing heart."

Silently, I take in the sweep of this place—the shuttered facility, once so full of life as well as death. The old corncrib that was converted into a meditation sanctuary, now covered in vines and chipping paint. The abandoned bereavement offices encircled by majestic old trees that seem to be bearing witness. Everything about this place is a reminder of how quickly things change—and how they endure.

This is my first time back here since my recent retirement from another hospice, and I'm feeling a soft, nameless grief. Something important is now over—finished, complete—but I can't put my finger on exactly what. Is it my career? My youth? Being part of something that gave me meaning? Is it knowing that far less time—less future—lies ahead of me now than lies behind me?

Although I spent decades working with people who were dying, there always seemed to be some unspoken protective veil separating me, as a hospice professional, from those in my care. *They* were the ones getting older, letting go of roles, looking back.

Now, in my sixties, no longer in the hospice trenches, I feel that protective veil thinning...maybe that's it.

For most of my life, I've managed to avoid doctors and medications. Whenever patients talked to me about surgeries, MRIs or biopsies, it was always about them, not about me. That's not the case anymore. These days, I take daily blood-pressure medication—and in addition to visiting my primary-care provider, I see specialists in ophthalmology, dermatology and urology.

*Mary is gone, I reflect. Tom just hit eighty; he's had some health scares and is not out of the woods.*

Over more than three decades of work, I've occasionally felt the protective veil recede—but now, I feel like it's being ripped away altogether. It's disorienting to shed familiar roles and realize on a visceral—not just intellectual—level that friends, loved ones and I are traveling the same path as all those patients with whom I've worked.

I feel a surge of acceptance, gratitude and curiosity about what lies ahead—and, for a split second, I almost sense some of the thousands of patients I've known surrounding me, reminding me that we're still connected, that everything's okay—that the veil, after all, was never real.

*If you're lucky enough to live into older adulthood, they seem to say, this is just part of the deal.*

Tom chuckles. "I bet, now that you're retired, they'll get some young, wet-behind-the-ears social worker to take your place. Someone willing to work cheap."

I remember myself in my late twenties—wet behind the ears, willing to work cheap, burning to learn and to help people who were facing big life, and death, challenges.

I gaze at the cobwebbed door of the old facility, thinking about all the people I've known who went in and out of those doors over the years.

I smile. "I hope so."