



Deborah  
Daw  
Heffernan

# AN ARROW THROUGH THE HEART

ONE WOMAN'S STORY OF  
LIFE, LOVE, AND SURVIVING A  
NEAR-FATAL HEART ATTACK

"Using her heart as a magnifying glass, [Heffernan] provides readers with a window into their souls."

—Mehmet Oz, M.D.

REVISED AND UPDATED

# **PRAISE FOR AN ARROW THROUGH THE HEART**

**Designated a most outstanding consumer health title of 2002 by *Library Journal***

“Reads like a gripping suspense novel ... A moving story in the face of sudden catastrophe; recommended for all health collections.” —*Library Journal*, starred review

“*An Arrow Through the Heart* is an epiphany for women who mistakenly believe they are immune from the ravages of heart disease. Using her heart as a magnifying glass, Deborah Heffernan provides readers with a window into their souls.” —Mehmet Oz, M.D., television talk-show host, cardiac surgeon, and Vice-Chair and Professor of Surgery at Columbia University

“For anyone who still lives with the illusion that heart disease belongs only to men, *An Arrow Through the Heart* is a shocking wake-up call. Heffernan takes you to the precipice and lets you stare over the edge of losing it all. From the mundane sweetness of ordinary days to the gut-wrenching emergencies, you go on the roller coaster with a woman who isn’t supposed to be living this life. But she is ... and what you learn along the way will change you.” —Nancy L. Snyderman, M.D., chief medical editor, NBC News

“A commanding chronicle ... Unmarred by self-pity, an arresting story that women and men suffering from heart disease will find, well, heartening.” —*Kirkus Reviews*

“*An Arrow Through the Heart* is not only a book of hope and inspiration, it is also a journey of spiritual intrigue. The coincidences and synchronicities that the author shares within the pages of her life story hint in such a comforting way that heaven walks with us each step of the way in each moment of our lives. This book is magnificent.” —Caroline Myss, author of *Sacred Contracts* and *Anatomy of the Spirit*

“Nail-biting, almost cinematic suspense ... This is an absorbing book. Well written and informative ... it has much to offer as a reminder of the value of preparedness and of appreciating each day.” —*Booklist*

“When one human triumphs against great odds, we are all lifted up. So we are with Deborah Daw Heffernan’s encounter with heart disease. This is a heroine’s journey—

the story of one who braved everything, acquired wisdom and meaning, and returned to share with the rest of us.” —Larry Dossey, M.D., author of *Healing Beyond the Body and Reinventing Medicine*

“Insightful and openly emotional.” —*Publishers Weekly*

“Reading about catastrophe is always a dilemma: how can you enjoy a book about someone’s physical suffering? But here you follow the example of Heffernan, who enjoys herself in odd, articulate, and hard-won ways. The Dalai Lama is rumored to giggle a lot, and you get the idea that this author wouldn’t hold anyone’s guffaw against them. Sublime humor, that high defense, is on the list of treatments she has picked.” —Elissa Ely, M.D., lecturer on psychiatry, Harvard Medical School Bulletin

“I couldn’t put it down! The truth shown like a torch on every page. There is nothing false, exaggerated or preachy here ... [Deborah Daw Heffernan] does not make out her doctors to be Gods who treat her like a mere female child, but [as] experienced experts in a field she didn’t know much about but wants to, who answered her constant questions without condescension and respected and trusted her knowledge of her body. She also describes her doctors as people with very human traits. I would recommend this book to anyone—colleague, friend, or patient. [An] essential book for women ... to think deeply about and to re-evaluate your own life for a long time.” —Dixie Mills, M.D., Association of Women Surgeons

“[*Arrow*] is as cathartic to read as it must have been to write. Heffernan makes no bones about the fact that part of the reason she wrote the book was to bring awareness to women of the little-known statistic that women are more likely to die of heart failure than anything else. So the book is in part a plea to women to take care of their health, both of the mind and the body, and to understand the warning signs and symptoms of heart attack ... On the flip side the book is as personal a story of a year of someone’s life as you could possibly read. Here is a woman who, in a moment, left the world of airports, cell phones, and meetings for a world where it took all her focus and strength to brush her teeth on her own. She forsook the world before her heart attack for the peaceful, slow-pace life in western Maine she had truly wanted all along. Forced to become mindful of every breath (literally and figuratively), to become almost completely reliant on her husband, family and friends, and to appreciate each day as the day her life could end, Heffernan eloquently describes her transformation to a peaceful, spiritual, and thankful existence.” —Lucysbooks.com

# **An Arrow Through The Heart**

**One Woman's Story of Life, Love, and Surviving a  
Near-Fatal Heart Attack**

Deborah Daw Heffernan

For Jack

and in loving memory of

Robert Kindellen Daw

December 21, 1912 – November 17, 2000

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.

—Susan Sontag, *Illness as Metaphor*

By now she knew that this life, despite all its pain, could be lived, that one must travel through it slowly; passing from the sunset to the penetrating odor of the stalks; from the infinite calm of the plain to the singing of a bird lost in the sky; yes, going from the sky to that deep reflection of it that she felt within her own breast, as an alert and living presence.

—Andrei Makine, *Dreams of My Russian Summers*

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# PROLOGUE

Statistics are aerial photographs. The photographer in the airplane circling high above us looks for the big picture—where land gives way to water, where mountains rise, where the desert begins. There is nothing to distract him from the landscape, no movement telling of life below the treetops. Yet we are there nonetheless, waving, waving, each with our own story, each with a heart whose beat gives us life and makes love a possibility.

When *An Arrow Through the Heart* was first published in 2002, the aerial photograph showed that cardiovascular disease (also called heart disease) was the number-one killer of men *and* women in the United States. The *women* part became BIG NEWS, and this little book joined an awakening medical and activist community in raising awareness that each year 2.5 million women were hospitalized and about 500,000 died from heart disease—more female fatalities than from all cancers combined.

Today, heart disease kills about 430,000 women, yet it continues to reign as women's number-one killer, still slaying more women than all cancers combined. If that doesn't get your attention, consider this: ten times more women die of cardiovascular disease than of breast cancer, which claims 40,000 women annually. Clearly cardiovascular disease is not solely a man's problem. And we women have to look deeper than our breasts and into our hearts.

The slight decrease in women's cardiovascular deaths today is largely due to faster detection and treatment—thanks to persistent education and awareness campaigns led by the National Institutes of Health (*Heart Truth/Red Dress*, launched in 2002) and the American Heart Association (*Go Red for Women*, launched in 2004), as well as pioneering advocacy from independent groups like WomenHeart (The National Coalition for Women with Heart Disease, founded in 1999).

Then came the 2002 *Oprah Winfrey* show about the shocking prevalence of young women experiencing heart attacks. I was joined on that show by several other young, female cardiac victims who very personally drove home the news that cardiovascular disease is not just an old lady's issue, either. The lovely producer who traveled from Chicago to film Jack and me at our home in Maine, later reported that *Oprah* received three million emails immediately following that show, her largest response until then. Furthermore, at least two women's lives were saved within minutes of the broadcast, because they had recognized the symptoms and received swift help.

Even with *Oprah's* magic, however, current data from the Centers for Disease Control and Prevention shows that cardiovascular disease remains the leading cause of

natural death among *young* women, ages 25 to 44—well ahead of breast cancer and second only to accidents and adverse events like cyclones and murderous boyfriends. Unlike men, most women who die suddenly from a heart attack have never exhibited any previous symptoms until that moment. Yet many doctors still do not prepare women to recognize the signals of a heart attack—especially not young women who seem to be in good health. Like I was, when one of my coronary arteries spontaneously dissected (tore) in a gentle yoga class, triggering the heart attack that nearly ended my life.

Yet despite national and local awareness-building efforts, women of all ages persist in denying that heart disease means YOU and ME! The American Heart Association tells me that only one in six American women believes that heart disease is her stalker—even though 90 percent of women have one or more risk factors for developing it. What is especially perplexing about women’s denial is that this is one disease over which we have considerable personal control. Simple, healthy meals and a daily walk are hardly difficult pills to swallow.

Now consider this. Even though *more women than men* die from cardiovascular disease, women comprise only 24 percent of participants in heart-related studies. Clearly we do not know enough about how a woman’s heart works, as any corny love song can tell you.

So listen up. Today cardiovascular disease claims one out of every three of us—one woman every minute of every day—whereas breast cancer kills one out of every 30. Think about this for a minute. Imagine meeting two cherished friends for a cup of afternoon tea. Which one of you will it be?

I bet you want me to join that tea party. Because I was almost a statistic and maybe “almost” is enough to exempt you and your beloveds, right? I would do that for you if I could, but only you can memorize the signs of a heart attack and pay attention. Only you can honor your precious life by eating your vegetables and exercising even a little bit every day—habits that ultimately prepared me for the fight of my life.

When death came for me on May 12, 1997, I was a healthy forty-four-year-old with no family history of heart disease; in fact, one grand-aunt had lived to a hundred and six. My annual physical had just confirmed my usual low blood pressure and low cholesterol. I’d never touched a cigarette, let alone smoked one. I was slender, exercised regularly, and ate all my vegetables. I even made whole-grain bread each week. I was *certainly* not a candidate for a massive, near-fatal heart attack, emergency open-heart surgery, and ventricular tachycardia (a deadly malfunctioning of the heart’s electrical system). Neither would I have believed that I could be unconscious for eight days of my life. And I certainly never dreamed that a heart transplant would be in my future. I was in my prime, assuming my American birthright in grabbing cash from the ATM machine, throwing toothpaste and tomato paste into the market basket, and driving to work. Besides, I am a woman; I thought that in the matter of my heart’s health, my gender would protect me. Wrong. Furthermore, only 50 to 70 percent of cardiac fatalities are caused by known risk factors. Since I had none of these, I belonged to the other half, people who are ambushed by heart disease.

A year and a half after my heart attack and surgery, on a flight to Anchorage, I met a cardiac surgeon from the Southwest who was recovering from open-heart surgery himself. I told him that I was drafting this book, and he said, “Even as a doctor who’s

prepared and operated on hundreds of patients in all circumstances, I had no idea what I was facing. Write your book for all of us. We need to understand more about what the patient goes through, from the patient's point of view."

And so I did. But my book is as much for families, friends, and people who deliver hospital breakfast trays and home heating oil as it is for patients and medical professionals. Matters of the heart cannot be separated from the muscle, I've discovered, so every person has an impact on the cardiac patient, who now believes that every moment is her last.

During my critical first year after being discharged from Massachusetts General Hospital in Boston, I found only a couple of books that offered the companionship and guidance I craved. There are plenty of books about fighting heart disease with diet and exercise, meditation and medication, but I wanted to know: *Is anyone in the universe like me—young, fit, female, shocked? What did you feel like? What happened to your life, to the lives of others close to you? How did you change, or did you not?* In the end, I've written the book that I searched for about heart disease. But it is also a book about facing catastrophic change of any kind and doing the work required for true healing.

As happens with most people who find themselves suddenly in what writer Susan Sontag calls the "kingdom of the sick," I grappled with cosmic questions after I had sought medical explanations. *Why me? Why my heart and not my toe? What could I have done to prevent this? Who is at fault?* My year's stay in the monastery of illness—a peculiar place of both confinement and release—took me deep into my past and I discovered that, as intuitive healer Caroline Myss writes, "Your biography can become your biology." While my biography is certainly not yours, perhaps like me you gain more from being swept up by the story of a real person's life than by a river of statistics.

The first year following a heart attack is the most critical period of recovery, a time when in closing your eyes at night, you can't trust that you will be there in the morning. Doctors struggle to prepare patients for this uncertainty, but there is no experience like personal experience. I have stuck strictly to that year and tried to be unflinching in my descriptions of the devastation, terror, joy, setbacks, insights, and unbelievable humor that accompany dying and returning to life again.

So come with me through five seasons in western Maine, where I recovered my body and soul. The first spring lasted only a month, yet I dwell on it the longest because after being given back life I observed it as fixedly as a child observes a bug. As the seasons progress, my descriptions of them shorten, reflecting my gradual return to healthy-people time—a time when a lemon drop no longer demands full attention until completely dissolved. We cannot meet our worldly responsibilities, which I did not for more than a year, while paying rapt attention to every raindrop on the windshield.

Simply by slowing us down, disease can tell us what our souls need to know. It becomes a diagnostic tool for the spirit. Difficult as that year was, I miss the languorous pace enforced by confinement. Driving thirty miles an hour no longer feels like speeding to me; I make lists of things to do and feel a tug if the day doesn't give me time to complete them; I occasionally walk by a flower without peering into it. But I doubt I will ever be truly inattentive again. I emerged from that monastery seeing my

broken heart in a whole new light—as a metaphor. It’s ironic that a devastating attack on my literal heart brought healing to my spirit-heart. I now understand that healing and curing are two very different things.

My doctors told me that by the time I reached the one-year anniversary of my heart attack I would feel strong and confident again. And they were right. But I didn’t believe them for even one minute, not when the act of eating a chunk of fruit took centuries as the sun rose in a chilly hospital room.

Ultimately, this book is not about heart disease at all, but about digesting that fruit.

# **SPRING**

# 1

There is a weight on my chest. Right between my breasts, pressing on my breastbone—as though the atmosphere ripped open a shaft from the heavens to me and the sky poured down onto this one spot. Observant, detached, slowing down, breathing carefully, I think with my body.

“I am having a heart attack,” I say to Zoe, my yoga teacher.

I am in Cambridge, Massachusetts, lying on my back on Zoe’s clean, polished floor looking at white walls and gleaming wooden window frames. The pressure on my chest has become very specific. It is bearing down now and revolving like a vise, cranking my chest tighter and tighter. I feel no pain, just curiosity. It is the alert, still curiosity of an animal at the sound of a footfall in the woods, of a child beckoned by a frightening stranger, of a bird that senses a change in the atmosphere before a storm hits. The pressure, the twisting continues. It is not going away. I am beginning to sweat.

Zoe is bending over me because she’s been helping me improve a gentle yoga pose, Reclining Marīcyāsana. The idea, she says, is that with the shoulders relaxed and arms outstretched receptively, the heart is released and can ascend to radiance. It is one of yoga’s warming poses.

But I am cold. I look at my hands. They are marble white. I sluggishly realize that Zoe has helped me sit up; I suddenly feel her small, strong hand supporting my back. Now I have the sensation of cold rivulets coursing down my arms, millions of discrete trickles running from my shoulders, over my elbows, to my wrists. Nausea rises.

“I am having a heart attack,” I say again, this time with the calm, clinical finality that comes from absolute knowledge deep within my body.

For only a moment, my mind protests. *Give it a minute. It must be a muscle pull.* But Zoe does not second-guess me. Instead, she trusts the voice of my body and asks me what I want her to do.

“I want you to call 911. Tell them I need a cardiac team. Tell them to take me to Mount Auburn Hospital. My doctor is Barbara Spivak. I need a cardiologist waiting for me. Something is terribly wrong.”

The icy rivers flow to my marble hands. *Take charge, take charge, take charge.*

The 911 guys lumber in with armfuls of equipment—thundering male steps echoing into a serene white room with three women in tights sprawled on a polished floor. Quickly assessing what is needed, they joke that when they got the call they thought “yoga class” was code for a cult. I laugh. Everything is fine if I can laugh. They would be stern if something were wrong. I am aware of how big they are, how slender my classmates. I am amused by the space men take up and reminded of my husband in the bathroom, obliviously standing in front of the mirror I was using while happily telling

me a funny story about his trip to the dump. I like these guys.

They hook me up to machines. They put a tiny pill under my tongue. They ask me how I feel. Not great yet, but better because they are here, though it's harder to look inside my body when they distract me with light bantering. I am feeling happy in this moment. It must be a muscle pull.

I laugh with them and ask, "So, what do you guys think?"

"We think you're a very lucky lady."

*Whew. Take two aspirin ...*

But the biggest one is all business now. He finishes his response gently, firmly.

"You're coming with us to the hospital."

They strap me into a chair and will not let me move by myself. I think they are cute and want to show off how strong they are. I feel cold terror suffuse my body, taking over as the tingling trickles flowing down my arms retreat. Or am I too scared to feel them?

Two men carry me out the door backwards. It is the summer view I had as a girl riding the tailgate of Dad's woody station wagon, the same view I had as a young woman teaching in the Swiss Alps, nauseated from sitting backwards on a train and vowing never to do that again. As they load me into the van, I wave to a child and an old man, reassuring them that everything will be all right. Zoe's face is small and serious on the steps. I thank her and wonder at my self-possession. But I am simply *here*, in the arms of these funny strong men. Surrendering my independence, I feel a rush of relaxation.

Or am I deciding that I am relaxed when what is actually happening is that my body is failing me? What does that feel like? How would I know?

The men in the front seat are calling in to the hospital. I strain to hear what is said, muffled code words through glass. The big guy is still with me, administering more tests, asking me over and over how I feel. I no longer know. I desperately want to tell him that every test makes me feel better, but it does not, no matter how hard I try to please him. He shows no elation or disappointment. I can't read him. How am I?

I was dying of a massive heart attack, or myocardial infarction (MI). Between my first sensation of pressure and the rescue team's arrival, only ten minutes went by. Those ten minutes—an eternity—saved my life. I relive every second again and again. I think of all the places I could have been instead of within the serene walls of a yoga studio.

I was your typical harried working-woman, a partner in a small but prominent corporate training company. May 12 had been a Monday like any other—better than most because there was no packed suitcase behind my office door ready to be loaded into the four o'clock cab to Logan Airport, flung into another rental car in the evening darkness, and unzipped in another hotel in another strange city of blinking lights, with highways lacing it like a sneaker. As it happened, a client had called on Friday and switched our meeting to a phone conference later in the week. So on this Monday, instead of flying to Detroit, I was going to my yoga class and sleeping in my own bed next to my husband, the love of my life.

What if, bored and imprisoned in an airline seat a few months before, I hadn't picked up the in-flight copy of *Fortune* and read an article on heart attacks that

described many of the symptoms I would experience? What if my Detroit client had not changed our meeting to a phone conference? What if I'd taken that one last call and been sitting in rush-hour traffic instead of in my yoga class focusing on my breathing, deeply attuned to my body?

What if I had reacted to my body's signals with denial and hubris? What if I had not acknowledged death in the moment it visited me?

I would be dead. And if I had died, I would not be *here*. I would not be looking up the lake at another spring, one year later, from my study in our old house in Maine. I would not be seeing our beloved Mount Washington across the border in New Hampshire, with snow lingering in Tuckerman Ravine like icing on the cake saved for last. I would not be listening to water lapping at the peninsula—each year an exciting new sound after the silence of ice stretched shore to shore during Maine's long winter. I would not be hearing the wind chimes on the northwest corner of the house heralding several days of blue skies and sparkling water. I would not hear the loons or the mourning doves or the tree swallows busily nesting in the fantasy birdhouse, made by friends for our wedding, with a brass heart for a weathervane.

Every day I am aware of my good fortune and regard each moment of life as the exquisite miracle that it is. I am also aware that before IT happened, I had lived each day as best I could—often too intensely, but always fully participating in life. As I write that, I pause. True? I will always wonder what I could have done differently. Did I appreciate life enough? Could I have prevented IT from happening?

With time, I am learning that the physical *why* is not important. That ride across Cambridge in the rescue vehicle with my burly boyfriends was the beginning of my journey of the heart in both the physical and spiritual sense, because I believe that to heal the body you must heal the spirit. With time, I have been able to see my catastrophic heart attack as the gift that it was.

## 2

In the emergency room I am a magic trick, a rabbit who suddenly appears from under a hat as they lift me out of my chair and onto a bed in a room filled with beds. I do not remember entering the hospital with the 911 guys.

"I can do this," I tell them cheerfully, and assert life itself by rolling onto the bed unassisted, sort of. I hope they can see that I am fine if I can move like that. I was in my yoga class, after all.

Someone removes my sneakers. How did they get on my feet? I was barefoot in class. An elderly lady wearing a faded hospital johnny stares at me from the bed opposite mine. She looks scared, poor thing. It doesn't occur to me that she is staring in horror at the state *I'm* in. So I give her an encouraging smile as they crisply pull the curtains around me, the metal rings screeching along the ceiling rod like a car braking before a crash. My big boyfriends disappear and I feel like a lost child. No one is teasing me here. They hook me up to a heart monitor and I realize that something is

seriously wrong, that I am in real danger.

Snow is beginning to cover me—softly, gently. I love the snow; it does not frighten me. I am deeply centered and practical.

“Please call my husband. Now. Jack Heffernan. Genzyme meeting at the Algonquin Club. Tall, silver-haired, handsome.” I see his smile floating in the air like the Cheshire Cat’s.

The busy people in green do not acknowledge me. They are all over my body, and I can tell my voice is not their priority—a new and disconcerting experience for someone who has worked for fourteen years as a consultant and whose advice is sought. I repeat my request, unsure whether I am actually speaking out loud. A doctor with a full beard looks up from the machine.

“You are our first priority, Mrs. Heffernan.”

But I am steely; he has met his match. And I am remarkably lucid, still managing the situation as if I had spent my whole life preparing for it.

“Thank you. I know you are doing your job, Doctor, but not everyone in this room is attending to me. Someone must call my husband now.” Thinking that as medical people they would be concerned about danger to him, too, I add, “Jack is a mountain climber and has been through a lot in his life. He’s in biotechnology and understands medicine. He’ll stay calm. Please call him.”

Jack is bending over me. Such a lovely sight, such a handsome man. His brown eyes look concerned, but I choose to look at his smile, smooth pink lips stretched broadly over his strong white teeth. He is all dressed up in one of his corporate outfits, but I know that he pees in the pine needles the minute we arrive in western Maine every Friday night, where an old gray house sits waiting for us on a small lake. Jack is my love and he is bending over me. I smile back. But just as I open my heart to him, a knife slams into it—then nothing.

I have been to Nothing. It is a place. I remember it.

Jack jerks back the curtain and motions to the doctor as I fall back, my hands reaching for my chest. The doctor checks my heart readings and swiftly pulls the curtain around me again.

“Mr. Heffernan, we have to ask you to step outside.”

People in green slip into my tent like raiding Bedouins. Jack, his eyes pleading, touches my hand to steady himself and then retreats behind the pastel curtain, now as impenetrable as a prison wall. We’ve always believed that we are the lovers Plato imagined: originally one person, the two parts having been separated and desiring to be joined again, no matter what. After all it took to find each other, we are being torn apart once more, and Jack is alone just when he needs me the most—seeing over and over again my hands flying to my chest, my face turning white, my gaze looking inward and away from him as I head for another world.

It took only a second for me to go.

We first met in a conference room much like the one Jack just left. He had invited my training company to Stamford, Connecticut, to present our services at GTE Corporation (now Verizon) headquarters, where he was the vice president of corporate

human resources. After almost ten hard years helping to build our company from one typewriter to twenty-five people, I was thrilled to be at GTE and trying my best not to show it. But crawling under the table to plug in an overhead projector, I hit my head with a loud thump and tore my dark stockings. I tried to hide the ribbon of white running crazily down my leg by walking sideways like a crab from the screen to my notes. My foolishness was confirmed by the wide grin on Jack's face. In spite of my rattled presentation, GTE sent us to work at various sites around the country. A year later I offered to take Jack to lunch as a thank-you gesture. Somehow the lunch was changed to dinner. I brought a briefcase containing my next sales pitch. Five hours later the briefcase remained untouched, and we hadn't even noticed the waiters piling chairs on the tables around us. Usually ravenous, I hadn't eaten a bite.

As in all adult courtships, we brought with us our histories. Jack's included a divorce and five children ranging in age from mid-teens to late twenties. Wisely, he "forgot" to mention the kids until our fourth date, by which time he could tell I really liked him. He told me carefully over dinner in my rent-controlled Cambridge apartment, and like any self-respecting woman, I promptly threw him out for misrepresenting the situation. At the bottom of the stained linoleum stairs with metal treads, in the flamingo-pink foyer with a gaping hole punched through the plaster, he tripped over my "car"—a beat-up, brown, three-speed Raleigh bicycle. Jack vowed never to talk to me again.

My history, on the other hand, included feeding one too many meals to men who were passing through before marrying someone else. It came to a head in the mid-1980s, when a speeding black BMW with a so-called "eligible young bachelor" at the wheel nearly flattened me and my Raleigh. I took it as a sign that maybe marriage was not going to be my fate; the man I wanted, who had both a career and a conscience, did not exist. I decided that I was content on my own and happy to listen to National Public Radio while putting up sauce with tomatoes from the Haymarket. Besides, friends were always eager to eat at my table; though I was single, I never felt alone. It was a good life. A divorced man with five kids was not what I needed. I was sick of taking care of other people's kids. I wanted my own.

But Jack's goodness haunted me. Watching him march down my linoleum stairs, rigid and wounded, I knew he'd be back and would never leave.

After a whirlwind courtship that felt short to everyone but us, we became engaged during a December whiteout on Mount Washington and were married one year after that restaurant meal I never touched. He was fifty and I was about to turn thirty-seven. When I told my father that I loved Jack Heffernan, five children and all, he looked at me as though I'd just told him I had breast cancer, and then begged me to quietly elope rather than embarrass him with a wedding. But his habit of supporting me prevailed. There is a photograph of Dad grinning happily at our reception, jacket off and tie askew after dancing all night with as many women as possible. But even as he came to love Jack, and believe in Jack's love for me, Dad would always be wary and ready to rescue me in the big old woody station wagon he still owned, in case any of us needed to move again. And my four sisters and brother followed suit, never getting too close, never really trusting that a man could love a Daw girl like our father always would.

Jack's children chose not to attend the wedding. I couldn't blame them. Being young adults did not make it any easier for them to sort out their feelings following

their parents' divorce. Knowing many couples in second marriages, I have concluded that there is never a good time for a divorce and remarriage. No matter how civil or mutually consensual the divorce is, no matter how many years the marriage has been over, nor how relieved both parents and even children may feel, divorce rocks kids of any age because we always yearn for the perfect happiness we think other families enjoy.

Jack quit his job in Connecticut and moved into my three-room apartment. He didn't bring much with him. I cleared out a file drawer for his socks, shirts, and underwear. His few suits fit nicely in my armoire and we piled our sweaters together in my tiny closet.

With amusement, Jack discovered my peculiar relationship to technology. I could never find a flashlight with working batteries when I needed it, *plus* I had heard that batteries would keep well at low temperatures. Solution: Keep a loaded flashlight in the freezer! He found it when reaching for an ice cube tray.

It gets worse. Long before I met Jack, my friend Steven invited me to watch a movie on this new machine called a VCR. Thrilled, I went shopping for one the next day. The salesperson patiently spent an hour helping me find the perfect model. Triumphant and exhausted, he was about to excuse himself when I innocently inquired where the screen on the VCR was. I didn't own a television; I thought I wouldn't need one. After he stormed off in disgust, I left the VCR by the cash register and fled, mortified. Shortly after we married, Jack bought a TV in readiness for the Olympics and I didn't register its presence for weeks.

I discovered that Jack swirls his peppery-smelling shaving cream into an inviolable cone shape each morning, that he cries even more easily than I do, that he cannot get through the day without devouring the *New York Times*, and that he makes long, sentimental toasts at dinner while the soup grows cold and guests sneak sips of wine. I also discovered his enveloping calm, even when he was just beginning a job search in Boston and we had no idea how we would pay for college tuition and alimony.

Jack was never calm about missing his children, though. They were locked in a dance of approach and retreat that is common to all families affected by divorce. No one's fault, really. Just human beings stumbling around, trying to do the right thing, everyone hurting. Inside, I struggled terribly, though, trying to be patient and objective with Jack's kids so I could give him the best support—while also trying to understand my complicated family, with our own slings and arrows.

And then, one evening in our eighth year of marriage, I went to my yoga class, lay on the floor for my weekly release from stress, and felt my heart explode.

"We're taking her to the cath lab immediately for angioplasty," the bearded doctor emerges from my tent to report. "There are chairs in the hall outside the lab, Jack. We'll meet you there."

Sensing my gurney in motion, I am *here* again—just for a minute. I see the furry, intent face of the doctor. He is very close to me. I feel for him because I am helplessly sick and it's all up to him now. He has my complete trust.

I say, "I know something is very wrong. You must understand that if my bell is rung tonight—" *Why am I using that expression? I never use expressions like that. Always*

*the editor, even as I am dying. I know I am dying.* “—it’s okay. I have led a more beautiful and adventurous life in my forty-four years than most people have in eighty. I am very happy. You just do what you have to do.”

The beard twitches and tilts down toward me. I realize that he thought I was asleep, so I grin, pleased that my voice is working and that I have set him straight.

“Mrs. Heffernan, as far as I am concerned, you are going nowhere.”

In reality, the bearded doctor is long gone and a clean-shaven male nurse is attending me. Jack sees me mouthing words as though I have a thick wad of cotton on my tongue. I am talking to someone, but nothing comes out.

As instructed, Jack waits outside the catheterization lab on a vinyl-cushioned chair with chrome arms. A slight tear in the vinyl digs into his leg, but he doesn’t feel it after the first prick. He sits up straight, watching the clock, waiting, both our lives in the balance. Nine o’clock, nine-thirty, eleven, twelve, two. In the end he is totally alone; even the cleaning people have gone home.

We are separated by a polished beige linoleum corridor, but Jack will later tell me that he did not see the floor at all. Instead he sees the cold and uncrossable glacial river that had rebuffed him, alone and dying, on a mountain in Argentina. Once again, he reaches for the calm and resolve he practiced twelve thousand feet above sea level to keep himself alive. Both our lives depend on it now.

Meanwhile, in the cath lab there are problems. The doctor is attempting to perform an angioplasty to open a major blockage in my LAD (lateral anterior descending artery). Speed counts: quickly opening a blocked artery prevents heart tissue from dying and may eliminate the need for open-heart surgery. But the angioplasty is not working and I am becoming even more unstable.

Awake and fascinated by the fluoroscopy screen for one brief moment, I watch the progress of the catheter, with its tiny balloon at the tip, as it passes through my artery. I do not realize how it got there, that an incision has been made in the top of my leg into which the tube was slipped to begin its journey against the flow of blood and up toward my heart. It is my last image from my life Before.

### 3

At 3 A.M. I was moved to the cardiac care unit. I was stable and unconscious. On doctor’s orders, Jack drove back to our apartment to try to get some rest. He poured himself a big scotch and put it on the night table. It stayed there for days, golden, untouched—like the black pumps kicked off by the closet, the gym bag open on the bed, the note telling him I’d be back from yoga class at eight-thirty.

Jack stared at my pearl necklace hastily dropped on the bureau and saw instead his mother’s rosary beads. He had assumed that I would outlive him, that instead of dying alone on a scree slope, he would die in my arms. What if I died now? What would he

do? Who would he be? What music would he play at my service and what would he say? Jack tried to imagine living alone in our house in Maine, the center of our universe, and felt sick.

For him it all began at his dinner meeting when a waiter appeared discreetly at his elbow and said Jack had a phone call. Jack pushed his chair back quietly, puzzled and suspicious.

*How does he know who I am?*

When a doctor with a foreign accent told him that I had had a heart attack and to come to Mount Auburn Hospital in Cambridge, Jack felt only disbelief.

“Surely this must be a mix-up. Say my wife’s name again.”

“Deborah Daw Heffernan.”

“Again?”

“Deborah Daw Heffernan.”

Jack put down the receiver in a dream. He composed himself quickly with an old trick that worked for jitters before giving speeches: he squeezed his toes together, imagining that they were in Maine soil. As an officer of Genzyme Corporation in charge of human resources, Jack made a lot of speeches. But as he approached the conference room door, seemingly unruffled, inside he had begun to scream. He walked within a bubble that muffled the sounds of business-as-usual. Scanning the faces of his fellow officers and his own empty seat, he lowered his head and whispered politely to his friend the chairman, Henri Termeer.

“May I see you outside for a moment?”

In the corridor Henri protested, “Are you very sure Jack? It must be something else. How bad is it?”

“They didn’t say. I-I have to go,” Jack stammered, as if he were asking permission, always courteous, always deferential, clinging to normalcy.

“I’m coming with you!”

“No, Henri. Thanks, but no. I’ll need you later,” Jack said, knowing instinctively that something terrible was beginning.

Henri went back into the room and whispered to Dr. Rich Moscicki, Genzyme’s chief medical officer and an immunologist at Mass General Hospital. As Jack raced down the stairs, Rich was right behind him. Our beat-up Subaru station wagon was sitting right out front, ready for the getaway.

“I’m coming with you.”

“No,” Jack said, “I can do this.” Just as I had climbed onto the hospital bed unassisted, Jack’s solo scramble into the car asserted that everything was fine, that he could manage this and it would all disappear. To allow Rich to come along would have been a dangerous acknowledgment that he was losing control.

He began to pull out onto Commonwealth Avenue, then slammed on the brake and leaned across the seat to the window. Rich came running to the side of the car.

“Rich, how do I get there?”

Having slept fitfully for only three hours on Wednesday morning, Jack got out of bed at 6 A.M., the untouched glass of scotch glistening on the night table. His experience as an expedition leader kicked in, and he coolly wrote down his communication plan. In