

HOW TO STAY SAFE WHEN ENTERING THE HEALTHCARE SYSTEM

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A PHYSICIAN WALKS ACROSS THE COUNTRY
TO RAISE AWARENESS OF THE NEED TO
IMPROVE HEALTHCARE SAFETY

DAVID B. MAYER, MD



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*How to Stay Safe When Entering the Healthcare System: A Physician Walks across
the Country to Raise Awareness of the Need to Improve Healthcare Safety*

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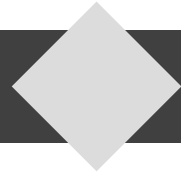
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My walk across America:

1. Walked 2,460 miles over 355 consecutive days during the pandemic.
2. Interviewed by over seventy-five television, radio, newspaper, and podcast outlets including *The Washington Post*, *Chicago Tribune*, NPR, PBS and ESPN sports radio programs, raising awareness about the preventable harm crisis in healthcare.
3. Walked to 20 Major League Ballparks, fourteen spring training ballparks, and three minor league ballparks.
4. Drove 13,368 miles while visiting twenty-six different states.
5. Raised over \$40,000 for the Patient Safety Movement Foundation.
6. Used twelve pairs of Brooks running shoes over the course of the year.
7. Suffered two broken toes, recurrent back spasms, and associated hip and knee pains.

Introduction

“To err is human, to cover-up is unforgivable, to fail to learn is inexcusable.”

Sir Liam Donaldson, Former Chief Medical Officer for England

I learned how to lie to patients during my third year of residency.

It was a simple surgery in 1985, a routine hernia repair on the right side of the patient’s abdomen. I remember when I first greeted James Wilson in the preop holding area that morning and commented on his classic thick mop-like-style ’stache, which resembled a black caterpillar covering his upper lip, reminiscent of Tom Selleck from *Magnum PI*. Although fifty-six years of age, his lean muscular physique reflected many years of working in construction, the heavy lifting adding to his weakened abdominal wall. The patient appeared relaxed and knowledgeable about his procedure—one that our surgical teams performed hundreds of times during a year. The thought this case would be any different never crossed my mind.

Mr. Wilson and I chatted about his anesthetic plan and the routine one-hour stay in the recovery room after surgery. After verifying his lab work and pre-operative tests were within normal range, he signed the anesthesia consent for treatment. “We’ll take good care of you,” I told him before administering a rapid-acting sedative through his intravenous line. When his eyes began to close I went to my usual place at the head of the bed, unlocked the brakes, and began pushing the steel-framed bed down the hallway toward the operating rooms of our university hospital. Once through the wooden double doors, I made my way past two cardiac and neurosurgical rooms where cases were already being prepped. By the time we arrived at the general surgery room we were assigned to, Mr. Wilson had fallen into a light sleep.

Once inside, I roused him gently and helped him off the gurney and then on to the surgical bed. I secured him to the table by stretching a leather belt across his waist—one of the safety protocols we had in place at the time.

Over the years, a few mildly sedated patients had been injured after rolling over and falling off the operating room table while OR staff were preoccupied preparing for the case. The safety strap was on the mental checklist I ran through before each case began. The next steps involved connecting his blood pressure cuff, heart monitor, and pulse oximeter. It was standard procedure to double-check the patient's vital signs one last time before administering sodium pentothal, a rapid-acting induction agent we used back in the mid-eighties to induce unconsciousness, and succinylcholine, a paralytic agent that allowed me to take control of his airway.

I would continue to record his heart rate, blood pressure, oxygen saturation, and temperature every five minutes, critical vital signs required by the American Society of Anesthesiologists guidelines, until the procedure ended. Double-checking every detail had been ingrained early in my career when I found one of my monitors unplugged by the cleaning staff who sterilized OR rooms between cases. Anesthesiologists joke that our job consists of hours of boredom and moments of terror, something none of us wanted to experience. Satisfied his monitors were working correctly, I injected the anesthetic medications that would put Mr. Wilson to sleep. When he reached a deep state of unconsciousness and I had secured control of his breathing, I let the surgical team know we were ready to begin.

Once we had the case under control, my supervising anesthesiologist left the operating room. I settled in on the metal stool at the head of the table behind the paper drape protecting the sterile surgical field from the anesthesia work area. For the next forty-five minutes, my job entailed checking monitors, charting vital signs, and recording any drugs given during the procedure.

The surgical team sprang into action prepping and draping the patient. The faster we completed each case, the more cases we could perform in a day. At times it felt like we were more concerned about tracking profits than we were patient outcomes. With Mr. Wilson stable, I documented the required comments about proper placement of his breathing tube, which I verified by placing my stethoscope on each side of his chest, listening for the subtle swoosh of air filling each lung through mechanical ventilation. I noted that his eyes were lubed and taped shut to avoid corneal abrasions, since patients cannot blink while paralyzed, and that we did not chip any of his teeth when we intubated him—all obligatory details to protect the hospital in the event of a lawsuit.

While I was documenting details, I heard the senior surgical resident announce, “Incision made,” a routine phrase I had heard hundreds of times indicating the official surgical start time for circulating nurses and anesthesiologists to record in their medical records. Mr. Wilson’s vital signs remained normal after the incision and I was content that his depth of anesthesia was correct. I returned to my record keeping, confident all was good.

Two minutes into the surgery, the surgical attending arrived and glanced at Mr. Wilson’s operative site. “I thought this was a right-sided inguinal hernia repair?”

The resident looked down at her incision, and traced the red line left by her scalpel on Mr. Wilson’s left side. Color drained from her face as she dropped to one knee at the side of the operating table. She realized her mistake.

I stood up and stared at the wrong-sided surgical incision, unsure of how I should respond. My reflex was to check the patient’s vital signs, which remained normal, unlike my own heart rate and blood pressure, which I’m certain had soared waiting for the wrath of the attending surgeon. Except for the steady beeping of the patient’s heart rate on the pulse oximeter, I still remember the eerie silence in the room. No one said a word while we helped the stunned surgical resident to a chair in the corner of the room.

I made my way back to the head of the operating table, wanting to disappear behind the drape to pretend that I had nothing to do with the error. The shame and blame culture of our medical profession guaranteed it would only be a matter of time before our team suffered the consequences of our error. Despite what I believed to be a keen attention to detail and safety, I failed to keep my patient safe.

I wondered how this medical error might damage my professional career. Would I be disciplined by the hospital, suspended by the department, or face criminal charges? I then focused my thoughts and concern back on what had occurred minutes ago in the operating room with my patient.

Every resident physician is conditioned early in training that someone is at fault when things go wrong. Before being indoctrinated into the culture, we believed the ABCs of medicine referred to “Airway, Breathing, Circulation.” Once in the line of fire, we found out it really meant: “Assess Blame Correctly.” This was the cutthroat culture that prevented honesty and truthfulness in medicine, and it was something none of us wanted to be a target of at any point in our career. I now found myself in that position. The fear in

my heart was etched upon my face, only partially hidden by my sterile mask. Silence filled the room during the rest of the procedure.

Mr. Wilson's surgery continued uneventfully from there; the team was in shock but taking even more care with each finishing step. The attending surgeon and junior surgical resident closed the left-side incision and proceeded to repair his right-sided hernia. Surgical dressings were placed on both incisions, calling attention to our error. There would be no hiding our mistake, which is often the first strategy hospitals use when medical errors are made. When the attending made his last stitch, he left the operating room without saying a word.

It was now my responsibility to take our patient to the recovery room and give an update on his status to the nurse who would take over his care. Wheeling him down the hallway, I wondered who had already found out about what we had done. News travels fast in hospitals, especially bad news and gossip. The thought that I might be forever labeled by this error made me nauseous. I handed Mr. Wilson off to the recovery room team and went back to the operating room to clean up, still unable to look at anyone. Now all I could think about was having to discharge him. His trusting, tentative face just hours earlier came to mind, and my reassurance that we would take good care of him felt like empty words. I knew he would be expressing anger, not the usual gratitude a patient feels after coming out of anesthesia.

The hour waiting to discharge Mr. Wilson remains one of the longest hours of my life. When the nurse paged me, I took several deep breaths before heading toward the recovery room. To my amazement, he greeted me with a smile when I entered the room.

"Today is my lucky day!"

Dumbfounded, I said nothing.

"My surgeon told me he discovered a second hernia on my left side and was able to fix both. I don't need to miss a second day of work."

I was speechless. Thoughts raced through my mind. Should I be honest with him? Should I tell him what had really happened? The consequences for contradicting an attending, for being honest and open about what had occurred, could be career ending for a resident. Everything inside me—what I knew of right and wrong, how I had been raised, who I was as a person, a doctor—was being tested. My inner voice wanted to shout the truth. But instead, like those before me and after, I followed the leader who told the first lie and buried the truth.

“Yes, today is your lucky day,” I replied. And I signed him out of the recovery room.

Thirty-five years later, this error and the lies that followed still haunt me. Like many of my colleagues, I have been fighting for a safer healthcare system for three decades, one that does not lose 250,000 patients each year to preventable medical harm. One that does not have healthcare workforce injuries, depression, suicide, and burnout rates higher than almost every other industry. After spending a significant portion of my professional career trying to improve patient safety, not much had changed. Yes, we were better able to quantify our bad outcomes, but the serious safety-event numbers have shown little improvement. Hundreds of lectures and keynote presentations around the world, sharing tools and techniques that could reduce patient risk in hospitals, sitting on advisory boards and patient safety committees working with others to make healthcare safer—this had been my life’s work and we were still far from protecting patients and healthcare professionals from the same harm, occurring over and over again.

So, in late February of 2020, I decided to approach this intractable problem from a different angle. I would do something outrageous to draw public attention to the current healthcare safety crisis. At sixty-seven years of age, while being treated for thyroid and prostate cancer, I outlined a plan to walk across America using my love for baseball and the Major League Baseball stadiums as anchors that I hoped would draw media attention to my mission.

With voice recorder in hand, I set out to raise awareness of the need to improve healthcare safety by sharing stories of family members who had lost loved ones to preventable medical harm, many who walked with me as I passed through their hometowns. Little did I know we would experience the worst pandemic in over a century shortly after I began my walk on February 28th in San Diego. When the world exploded around me, I documented the political divide and social unrest I witnessed. The prejudice I experienced along the way forced me to revisit my Jewish upbringing and the role it played not only in shaping my mission, but also in helping me to achieve my goal during a year like none other in our country’s history.

“History can teach us that human actions have consequences, and that certain choices, once made, cannot be undone.”

Gerda Lerner

My mother, Charlotte, always wanted me to become a doctor. I wanted to be a professional baseball player. It was her dream to see me in a white coat helping others in need. It was my dream to wear Cubs pinstripes.

Her desire for a doctor in the family seemed ironic since she never trusted physicians. She had been diagnosed with diabetes during her early twenties and within a few years diagnosed with a connective tissue disease. The gene for autoimmune disorders ran deep throughout her side of our family, and two of her brothers also lived with diabetes from an early age. Mom and my two closest uncles, Irv and Lou, were constantly taking shots at physicians during family gatherings or holidays, her older brother Lou leading a constant refrain of “... they're all quacks ... always sending me for more tests that never help me feel better.” Uncle Lou's tirades became much harsher as he aged, his physical discomfort fueling his resigned disgust. “Ah, fuck 'em. Fuck 'em all!” he'd say, swatting at the air. Mom would also chime in but was never one to complain directly to her doctors. She would wait until after they had exited her hospital room or she had left their office to resume her rants.

My dad, Ben, was an optimist, and more introspective than my mother. He loved to swim and even quit smoking at the age of thirty-five after hearing about the potential health issues connected to the addicting plant that put North Carolina on the agricultural map. On Friday nights he mixed himself a Beefeater gin martini straight up with three olives, joking that his doctor prescribed it to help him relax and unwind after a long work week. He was bone thin yet carried the weight of my mother's physical ailments. Dad served as a buffer between her constant pain and his children's discomfort watching their mother suffer each day. He was the one who tried to stay positive, gently

challenging Mom's wariness of her doctors. "Let them try, Char," he'd say. "Listen to what they say. Give them a chance to do their job."

Her complex autoimmune diseases caused dizzy spells and neurological symptoms that had her doctors shaking their heads and throwing their arms up in the air. Because of her diabetes, any foot injury was a major concern for infection and all of her complaints of chest pain required an immediate trip to the emergency room. Over time, the increasing fatigue in Dad's eyes exposed the burden he carried, but he never complained.

I grew up in a Jewish community—Skokie, Illinois—surrounded by Jewish families. My friends and I joked that all parents wanted their children to become either doctors, lawyers, or accountants. Not only were these well-respected professions that required dedication to higher learning, but they also provided a good living for families, all qualities our community valued.

As a child, I lived and breathed sports. If I wasn't on the baseball diamond, I'd be shooting hoops at the neighborhood park after school or watching ballgames that aired on the weekend or played during the week. I couldn't get enough baseball—an addiction that stayed with me for life. School was somewhere I had to be, but the baseball diamond was somewhere I dreamed of being. If I wasn't at a local park with my glove waiting for a pickup game to begin, I was relaxing in our basement watching a Cubs game on the old black-and-white, twelve-inch RCA Victor TV.

One afternoon after an emotional, but expected, Cubby loss, I started up the basement steps to finish my homework but stopped midway when I heard my mother and her friends chatting over the familiar clatter of mahjong tiles. Each mother was taking a turn bragging about her son or daughter.

"Steven is going to be a doctor. I've had dreams of seeing him in a long white coat so I know it will happen," said one mother who lived down the street.

A friend from our synagogue spoke up. "Michelle will study law. She is a born debater."

My mother didn't hesitate to add to the chorus of proud parents. "David will be a great doctor. He's so kind and caring, and his teachers are always complimenting his science and math skills."

Her excitement and pride echoed down the stairs and caught me by surprise. My life up to now revolved around playing and watching sports. I dreamt about playing center field for the Cubs, chasing down fly balls, and hitting dingers, not trying to cure the incurable. The one thing I knew for sure is that I wanted my mother to be proud of me.

My parents were first-generation Americans—raised to make a better life for their children. All four of my grandparents were Russian Jews who came to the United States in 1920 from Kyiv shortly after World War I ended. By then, the open door for immigrants was becoming more restrictive, especially for those who were ill, uneducated, or who were not successful professionals.

A visit with my grandparents Samuel and Rose gave me, at the age of eight, a glimpse into their lives back in Kyiv where they were born and raised. My father's parents were in their late seventies by then, and lived on the second floor of a three-story, brick walk-up apartment building in Rogers Park, a predominantly Jewish neighborhood on the north side of Chicago. Their one-bedroom apartment smelled of moth balls, the odor so pungent I often held my breath as I followed my parents through the front door. Manischewitz candles in clear glass jars burned atop furniture and cabinets in the living room and kitchen, an old Jewish tradition. The white candles were lit as a memorial, or *Yahrzeit*, on the anniversary of a family member's death. My grandparents also used them as everyday candles, adding new ones for *Yahrzeit* reasons and making their living space feel like a dimly lit shrine honoring the dead.

I was convinced my grandfather never left the apartment. He always donned the same gray cuffed trousers held up by suspenders over a white button-down shirt that covered a sleeveless undershirt, and remained planted in his high-backed, cushioned armchair in the living room reading the daily news and obituaries through wire-rimmed glasses. An old Western movie played in the background on their small black-and-white television. The only time I ever saw him leave his chair was at lunchtime to join my grandmother in the kitchen where she had prepared a traditional Russian lunch of beet borscht with sour cream, warmed up brisket or fish from the previous night's supper or chicken soup.

At five feet tall and eighty-five pounds at most, my grandmother appeared frail. For our weekly visit she dressed in her Sunday best: a faded, floral scooped-neck dress that fell to her ankles, her curly grey hair pulled up off her neck with a rubber band. She wore identical wire-rimmed glasses as my grandfather and shuffled around the apartment in old slippers catering to his every need, along with ours. Watching her struggle moving from room to room, it was hard to believe she pushed a metal cart three blocks to the grocery store and back every few days no matter the season. Rogers Park was a few blocks from the Chicago lakefront where biting northern winds picked up speed over the water hitting land with enough force to push someone twice her size off course.

They seemed lonely confined to their candle-lit apartment. All their friends had passed away, and my parents told me how special our visits were to them despite the fact they often fell asleep watching TV while we were there. It felt like a waste of a day off from school, especially when the adults spoke Yiddish, which I didn't understand. It sounded like a jumble of consonants that I couldn't begin to comprehend—a guttural alien-sounding language. I also sensed they were talking about things they didn't want me to understand. What little I could make out of their conversations revolved around friends who had died and how hard it was to grow old. I struggled in their presence. My innate shyness combined with the seventy-year age gap and the language barrier made conversation between us forced. Mom would do her best to pull a few words out of me, trying to facilitate communication across decades of cultural differences. "Tell Grandma and Grampa about your week at school," she'd say. "It was fine," was the best I could do—the conversation ending before it began.

On a Sunday afternoon while visiting, both bored and curious, I wandered into my grandparents' bedroom. Once my eyes adjusted to the darkness, I was drawn to a commanding oval-shaped picture of my grandfather wearing a formal military uniform decorated with medals that hung above a large mahogany dresser. He looked stately, youthful, and strong, and I wondered why no one had told me my grandfather had been a military leader. Neither of my grandparents talked about their lives before coming to America, and even at eight years old, I could feel a ripple of discomfort whenever they were asked about it. I went back to the living room determined to ask questions. I wondered about that man in the photo. What was the story behind the uniform?

When I returned to the living room, Grandpa was sitting in his recliner, sleeping with his mouth half open. When he woke, Yiddish spilled out and the room became filled with familiar yet foreign words. I was left wondering about the backstory—too scared to initiate the conversation. And besides, I didn't know how to speak Yiddish.

My grandfather died one month after that visit. Three weeks after his death, my grandmother pointed to a cardboard box in the corner of the living room and said: "I'm going to die very soon. I don't want to live without Shmuel," Shmuel being the Yiddish name for Samuel. "All our keepsakes, anything we have of value, is in that box. Do what you want with it."

Her statement upset my parents, who insisted she was talking nonsense and that she was fine. Like she predicted, my grandmother died that night in her sleep, taking the stories of their lives in Russia with her. While I'll never know if it was my grandfather's military position, the fact that they were Jewish, or a specific injustice they suffered because of the antisemitic pogroms that prompted them to leave their homeland, I do know that they had learned, like others, to remain silent about the past.

“It’s a great day for a ball game; let’s play two!”

Ernie Banks, Chicago Cubs Hall of Fame Shortstop

Our family had settled in Skokie, Illinois, just north of Chicago’s city limits in 1956. My parents rented near Mom’s brothers a two-story, red-brick townhome with two bedrooms and a small patch of grass that passed for a front yard. Compared to our previous one-bedroom apartment in West Rogers Park, the townhome felt like a castle.

The community was only a few years old, but it was quickly becoming a typical middle-class, Midwestern suburb with a large Jewish population. At the time, Skokie was believed to have the largest number of Holocaust survivors in the world outside of Israel. My parents kept the details of the Holocaust horrors suffered by friends of our family secrets from my sister Debbie and me. While their intention was to protect us, the continued chain of secrets left us both insulated from the painful truths my friends and their families suffered because of the Holocaust.

In 1959, when I was six, my parents walked me across the alley mid-afternoon to spend the night with my Aunt Jean and Uncle Lou. I had never stayed overnight with them before but was excited to stay up late watching TV with my two older cousins. With a kiss good night, they promised to pick me up the following morning. When they showed up the next day, my mother was holding a baby girl in her arms. My new little sister, Debbie, was bundled in a pink cotton blanket and my mom encouraged me to say hello while the adults fawned over the newest addition to our family. My parents talked about how lucky I was to have a sister and how important it was to be a good big brother and to look out for her.

I peered over my mom’s arms and took in Debbie’s chubby little face, immediately excited to have a sibling. But even at six years old, I was caught off guard. I was too young to fully comprehend that they had kept how she

was conceived a secret from me, but old enough to understand there had not been any discussion about my mother being pregnant, or that I would be waking up taking on the role of big brother. There were questions I wanted to ask but didn't.

Later that summer, my father took me to my first Chicago Cubs baseball game at Wrigley Field, or "The Friendly Confines," as Ernie Banks called it. It was one of those picture-perfect Chicago afternoons—mild temperatures in the low eighties, blue skies with a few white clouds, and a light breeze blowing out of the south toward left field. I brought my new orange-colored Wilson baseball glove, loving the smell of fresh leather when I lifted the mitt up to my face. The mitt was two sizes too big for my six-year-old hand but that didn't bother me. Along with the blue Cubs cap my dad had bought for me earlier that week to celebrate the occasion, I was out of bed at 7:00am that Saturday morning, dressed and ready to go. We arrived at the ballpark as the gates opened to the public and I quickly ran up the concrete stairs leading to the left field bleachers. Back then, bleacher seats were first-come, first-served, and I wanted to make sure we had good seats in time for batting practice.

Finding seats about ten rows up from the left field wall, I stood the entire batting practice session, never taking my eye off the batter in the batting cage, ready for that special moment when a fly ball would clear the ivy-covered left field wall and land in my mitt. Many baseballs made it into the bleachers during batting practice but not one landed in my mitt. The Cubs lost the ballgame that day, as was so often the case in those years. Despite not catching a baseball and the Cubs losing, the day was perfect. I was officially hooked on baseball and the Chicago Cubs, becoming an annual summer passenger on the Skokie Swift and Chicago Transit Authority elevated trains. After exiting the train at the Addison Street stop, my friends and I walked the one block to Wrigley Field, finding our spot in the left field bleachers.

It wasn't until I was fifteen that I saw my first Holocaust tattoo while visiting a friend. He introduced me to his parents, and when his dad reached out to shake my hand, I saw the telltale numbers tattooed on his forearm. I was still somewhat naïve to the assault and battery it implied, not having anyone in my immediate family who shared the same scarring. I asked my friend about it, to see if maybe someone my age might be more willing to tell me the truth. He too was practiced in the silent nature of our culture, and said, "My parents never talk about it." I let it go, understanding his discomfort all too well. We settled in to watch the Cubs on television, welcoming the silent

camaraderie afforded by professional sports. Suddenly and without prompting, my friend changed his mind and confided that his father had spent time in one of Adolf Hitler's concentration camps. The tattoo on his forearm was a life-long branding, a constant reminder of the terrible acts he had survived and the deaths he had witnessed.

Because my parents didn't go to college, they made Debbie's and my high school and college education a top priority. I had never been a hard-working student during high school; things like math and science were easy A's with little study needed on my part. I liked the immediate gratification of finding the correct answer. Subjects like history and language arts, however, were more challenging in their ambiguity. I was uninterested in subjects that did not have concrete solutions. Grammar rules that were hard to grasp and being forced to read books I didn't find interesting made those classes more difficult. Instead of studying harder to improve my grades in those classes, I preferred to grab my baseball mitt or a basketball and head to Oakton Community Center Park for a pick-up game. I wasn't a straight-A student, but I did enough work to remain academically competitive while also having plenty of time to play and watch the sports I loved.

Team sports like baseball, basketball, and football were, and remain, my passion. The synergies that come from great teamwork, the sum of the parts being greater than any individual player, took the game to a higher level for me. I was ultra-competitive and hated to lose, often stretching the rules to my advantage in order to win. While I wasn't tall or a particularly gifted athlete, I worked hard and hustled, using every inch of my five foot, eleven inch frame to gain an edge over my opponent. In basketball, I played aggressive defense, perfecting the fundamentals of stance and positioning, keeping on the balls of my feet, eyes on the belt, hands up, ready for anything. When overmatched against taller opponents under the boards, I wasn't above stepping on their Converse high tops at just the right time, giving me a chance for the rebound while they tried to get out from under me.

Basketball coaches appreciated my tenacity despite my paltry scoring average. During one high school varsity game, we were getting slaughtered by one of the best teams in the state. I was a junior and played limited minutes, mostly when the game was out of reach. We were midway through the second quarter when our coach looked down the bench and yelled my name. Startled, I jumped up and ran toward him, tripping over my warm-up suit while trying to take it off.

“I don’t care if you foul out,” he said. “We need someone to play hard nose defense and make them earn their points.”

Two minutes and forty-three seconds later, I was whistled for my fifth foul, which spurred a skirmish on court before I took my place back at the end of the bench. At halftime, our coach approached me in the locker room and thanked me for my effort with a chuckle. At the end of practice the following day, our assistant coach pulled us together.

“We may have had our asses handed to us on the court yesterday,” he said, “but Mayer set a record for fouling out quicker than anyone in a Suburban League high school basketball game.” The team erupted in laughter, a bunch of the guys slapping me on the back.

“A little heart goes a long way,” he added before walking back to his office. I knew only one way to play sports, and that was to compete to the best of my ability every moment I had a chance to prove myself. The competitive drive and spirit were innate and served me well. It kept me perpetually moving forward, no matter the circumstances around me.

Compared to my father’s parents, the relationship I had with my maternal grandmother was warmer. My mom’s father died when I was two years old, but her mother, whom we called Bubby Cupcake, lived into my high school years. She was approachable, had a sense of humor, and was so nicknamed because she would steal bites of holiday cupcakes before they were served for dessert. She was also the only living relative I had who spoke Russian.

In my freshman year of high school I decided to take Russian to fulfill my four-year foreign language requirement. I thought it would help me better understand what my grandparents had lived through before coming to America, since no one wanted to talk about it. About a month after starting my Russian class, we were visiting my Uncle Irv’s home where Bubby Cupcake lived. She was sitting in the living room by herself watching TV while the rest of the adults were in the kitchen having coffee and cake. I had tired of watching the younger girls play with their dolls in the basement and sat down next to her. She smiled and asked how school was going.

“I love my Russian class,” I said, excited to tell her about something we had in common. “It’s so different from my general classes. I feel like I’m learning more about where our family came from too.”

“*Dobriy den!*” Good afternoon, she said, her smile brightening.

“*Dobriy den,*” I replied.

She continued in Russian, the words flowing from her tongue with ease just like my teacher at school. I laughed, realizing four weeks of Russian tempered my ability but not my enthusiasm to talk with her. The few words I could recall sounded more American with a heavy Chicago accent, but Bubby Cupcake didn't try to correct or criticize my early attempts. I continued to throw out words still fresh in my mind, not wanting the exchange to end.

"*Biblioteka* means library," I said proudly. "*Shkola* is school." I searched for words. "*Kak dela?*" How are you? I asked. Once again, her rapid-fire answer exceeded my still-forming vocabulary, but I could see the joy on her face while being able to share her native language with me.

"I hope we can continue to speak Russian together as you learn more," she said. I nodded and felt a deeper bond forming between us.

"Bubby, I'm learning so much about what Russia is like today, but what was it like when you and Grandpa lived there?"

Her smile faded and her gaze left me, finding the wall on the other side of the room. It was as if she'd seen a ghost and couldn't bear to allow it into the room by talking about it. I had seen the same response from many others in our community when the past was raised in conversation. After a heavy pause she said, "It was not good. It was why we left."

I didn't want to make her uncomfortable, so I never asked her again. Her death during my senior year in high school was a great loss in a year that would prove to be filled with major life transitions. And though my questions about the past may have stopped, my need to understand only intensified. I began reading books about Stalin, Lenin, Trotsky, Tolstoy, and the Bolshevik Revolution in high school, intent on educating myself about what our family's history may have looked like.

One thing our family could not avoid as easily as the past was my mother's chronic illness and pain. I was seventeen when she was hospitalized with chronic lymphocytic leukemia (CLL) in 1970 and I remember visiting her with my father the second night she was in the hospital. I can still picture how fragile and scared Mom looked lying in her hospital bed wearing the flimsy gray-and-white hospital gown. It had only been two days, but she appeared to have aged five years since I last saw her leaving the house with my father on their way to the hospital. My dad wasn't one to reveal his emotions, and though the doctors assured us that CLL was the "good type" of leukemia, the fear on my father's face and the questions he would ask made me think that whatever was going on with Mom must be serious.