

Katina Rodis and Janice Walk October 2008

K: I'm Katina Rodis and I currently live in Ashton, North Carolina but I lived in Provincetown from 1980 to 1996.

J: My name is Janice Walk and I lived in Provincetown from the early seventies to 1997, then moved away for ten or eleven years and have recently moved back to the Cape last year. So, Katina and I were both pretty active in the AIDS epidemic here in Provincetown. I think we came into it on different paths. My path was, I had been living here, and the AIDS epidemic sort of sprung itself upon all of us. I remember at a time in the early eighties with GRID, the 'gay cancer' and a friend of mine was very, very worried that he probably had it and he was a hypochondriac, so of course we were like, "Oh, you don't have it." But then one day I realized, after hearing something on the news that this was an illness that was going to kill most of my friends. That they weren't going to survive it. They were going to get it; and it was a totally devastating moment in my life. It was probably in 1982 or one, I can't remember, but it was one of those experiences where everything gets all dim, like things go far away and you can't really hear things and the colors get dim and go to black and white, very dramatic, but that's how it hit me. From then on, sure enough, it did start up and people started dying of AIDS. My friends, all of Provincetown, and people I'd gone to college with all over the country were starting to die. I wasn't involved in a professional way at that point, but I did start helping out with the AIDS Support Group when they first got going.

Then, in '88, I went to graduate school to get a degree in Social Work, so that I could be a psychotherapist and so that I could help and work in the AIDS epidemic in that capacity. So

that's how I got into the professional part of working with AIDS.

K: I came here, I have systemic lupus and I was having a very bad flare up and it looked like I might drop dead. So, I decided I'd come to Provincetown because I'd read some article. This was way in the beginning, they hadn't even identified it, they weren't even calling it ARC then, but there were some weird articles in the paper about putting gay people in ghettos, basically, behind barbed wire, so I figured I should be behind a barbed wire too, so I came here. Gradually my health improved and at the same time I started to work and the first thing that happened was one of my clients was diagnosed, with ARC, I think, which is what they were calling it then. Over time, a lot of the people I had seen as clients died, became ill, their lovers died. I didn't have as many personal connections in the beginning as Janice did. So, I think I was a little more removed for the first five years. Then I became part of the community and then it was actually people I had relationships with, as well as clients, as well as groups. We were doing groups at the AIDS Support Group, for a while I was doing a group of newly diagnosed people but we couldn't sustain the group because people died all the time. This was like in the mid-eighties. People didn't want to get diagnosed, so they waited really a long time. They would get diagnosed, come to the group and six months later be dead. So that group didn't really last very long. I did do a group of what was called "long term survivors" and that was fun, I think, probably the best work I've done in my life, certainly the most meaningful. It was a really remarkable group of men, really remarkable, who made incredible connection with one another and were very, very supportive to one another, with one another through all the losses. I think that's the thing....all the losses. You know, there was a period in 1991 when every Saturday and Sunday we were at a memorial service, every Saturday and Sunday. One of the guys we knew

said to me one day, “You know, this is the only time I get to wear my good clothes.” Cause this was the only place we were going out. It’s just very hard to, even now, to kind of integrate how many people were affected. We were talking about it yesterday what it was like walking down the street.

J: We were walking down the street yesterday and saw a group of gay men, there were probably six of them and every one of them looked pretty healthy. You know, they looked like regular people, and we were commenting that, during the epidemic here, you would not see that. In any group of four or more gay men there were at least be one or two who were emaciated and looked like walking skeletons. Then there would be a couple of more in the group who looked “AIDSy” where they started to be thin and have that sallow face and that weird hair that was all dry. It was just interesting yesterday to be on a crowded street in Provincetown and not see anybody who looked like that. Everyone looked good and it’s a real sign of how the treatment regiments have prolonged people’s lives and increased their level of health. But, like Katina said, when it was really just getting started and for a number of years, people would be diagnosed and dead within a matter of months, sometimes weeks. There were so many deaths that we didn’t even know really whether someone had died or not. Somebody would say, “Oh, so and so died yesterday.” and then I would say, “Well, I saw them at the A&P this morning.” So Katina and I had are own way of de... of who was really dead, were they dead or were they dead dead? Dead dead meant that they were actually, truly dead. Dead meant somebody had told us they were dead, but we hadn’t confirmed it yet. That’s they way it was, so many people dying that you had to get to the dead dead level, then you would know there would be a memorial service coming soon.

I ran a group for people, I think it was a newly diagnosed group at first. It stayed together pretty well. A lot of them died too. They talked about dealing with their families, dealing with what to do... end of life issues, how to disperse their things, their possessions. They talked about what they thought would happen after you die. They talked about basic stuff that you would expect people who are facing a terminal illness to discuss. I also had the privilege of running a group for HIV negative gay men for a number of years. And that was really an experience because those men were able to talk about how difficult it was to stay negative and the strong pull to get infected so that they could be part of the community, part of their own. They didn't like being a subset of a subset. We were able to talk about a lot of those issues and a lot of those guys were able to stay negative.

Katina's group was one of the real powerhouse groups and I was lucky to take that over for her when she did retire. So I was involved with those men for about a year before I left town. And that group, they were right on the cutting edge.

K: Yeah, they were on the cutting edge, an interesting group of people, a couple of things happened that I don't think any of them expected. The one thing that happened was that they became sort of politicized all on their own. They began to make some demands; they got involved in ACT-UP. They created alternative therapies, they became real positive advocates for themselves and other people and this was not a group of people who was in any way politically... none of them were politically inclined to begin with. So that was one thing, but the other thing is they got involved, each of them pretty much, in some cutting edge treatment. So when there was AZT they started with the mega AZT and they themselves, each of

themselves would realize that it's too much because AZT was really pretty bad. So they cut it back and then they would add acupuncture, the vitamins, drink urine, all kinds of different treatments that they read about. They were very well read, they were very up on the research and again these were people, no medical background. You know, when you have an illness....they were determined to live, that was their thing, they wanted to live. We did talk about end of life issues because people did die but their focus was on how they were going to live their lives. It was a really interesting, powerful group of people and it was very difficult in that group. Around '92, I would say, '92 to '93, the retrovirals became available in, like experiments, you couldn't really get them, but a couple of people got on these treatment protocols, experimental treatment protocols, and then by like '94 or '95 they were available. There were a couple of people in the group who had just missed it, they had just missed it and it was really devastating for everybody because it was a matter of months, if they could have had it six months earlier, they could have lived. That was really hard and then both of us had to deal with the families, the biological families of people who were dead and dying and their sisters and cousins and whoever. That was not always a very good experience because... why don't you tell that story because that really tells it all.

J: Well, Katina and I both did individual therapy with people from the AIDS Support Group as well as the groups so we got to know a lot of folks on a pretty intimate basis. And we got to know the people they were living with and a lot of them were estranged from their families but the families would sort of come in at the end. One particular man that I worked with, who was one of the kindest and most generous people that I have ever known, who was very politically active in Boston, had ended up living with a couple of his friends, who were very happy to take

him in. He lived there for close to a year before he died and he became demented at the end. But before that happened, his mother, whom he had been estranged from for years, like twenty or thirty years came back into the picture. She was a fundamentalist Christian who really just despised gay people and thought it was anti-God. So they hadn't gotten along and really even spoken for a long, long time, but she came back. She came to the house where he was staying and the two men that he was staying with welcomed her and let her stay there. She didn't start up with a lot of the Christian thing and she seemed to be very much there to help take care of her son, so everybody was very happy about that. Then, as soon as my client got demented and no longer knew who was around she just turned and became really vitriolic and mean to the two men at the house she was staying in. The thing that she did that really capped it was after my client died. He had bought, it was in the fall... he had bought, in the summer time, presents for all of his friends and his family, that he had picked out carefully, shopped by catalogue, shopped wherever, whatever he could do. He had them all wrapped and they were all in the house ready to be given out at Christmas because he had a pretty strong feeling he wasn't going to make it to Christmas. When he died, his mother took all of those presents and opened them and either kept them or gave them to her friends, or to his sister or to whoever and did not give them to the people they were meant for, even though they were tagged with everybody's names. To me, that was one of the cruelest things that I saw happen.

K: There were a lot of gay men here in Provincetown to begin with and people came here to die. It was odd, you know you would walk down the street and you would see people in various states of decrepitude, I don't really know the words for it. You knew what was going on and they knew what was going on so for me every connection, every little connection took on larger

significance. You never knew if you were going to see this person again or if they could see physically, or if they would be demented or if they would recognize you. So, it became important to try to have those moments with people where you could connect with them.

As far as the rest of the community goes, it was tough in the beginning, the hospital, Cape Cod Hospital, was totally unprepared and completely backwards. So when the guys went to the hospital here, which everybody tried to avoid, for a long time there was all this crap about... people wouldn't bring the food into the room and people would dress in, like hazmat suits, even after it was clear that you couldn't get AIDS by walking past somebody with AIDS. It was just kind of how they were acting. That was really hard, it was bad enough that you're sick and in the hospital and now you're being treated for some fungal pneumonia, some completely odd thing and then you have the staff of people in the hospital who don't want to touch you and don't want to be around you. It was very, very hard. Janice and I did our best to intervene and to sort of work with the auxiliary agencies to kind of get them up to speed because they couldn't always do it and that became important too. Now the people in Boston were a whole lot better, the services in Boston. But when you're really sick it's not so easy to go to Boston either, even if you have a ride. Eventually though, the treatment here kind of came around. It took a long time though, it was much more delayed.

I had an experience one year though. I was in Boston for New Year's and we went to, my partner and I went to a New Year's Eve dinner with maybe 12 or 15 people. Nobody mentioned AIDS; nobody mentioned HIV people were talking about how you put your quilt in the duvet. How do you stuff the duvet? And I looked at Amy and said I had to leave. I felt like I was going

to start screaming any minute. I could not believe that there would be a group of 12 gay people who would not mention this. Of course, as it turns out, at least three of the people who were there were HIV positive at that time. Still it was so shocking to me. It was difficult for me to be out of the community.

When my dad died during this period, he was 86. It was the first time I had to deal with somebody who was dying within the time they should be dying. So, of course, my reaction was a little different from the rest of my family, like 86 is not 32. So, for me, it was very dislocating to leave the community. I pretty much stayed here because I couldn't go out into the real, regular world. It was like a different place. It felt like a different place.

J: Yeah, totally. It was very difficult to function outside of here because the framework that we lived under had been so strident for so many years, certainly not relaxed. Once things started happening, this community is amazing, it always is, Provincetown, they always rally. The people who rallied at the very beginning were Alice Foley and Alan Wagg and Preston Babbitt and the three of them basically started the AIDS Support Group. Alice likes to say the AIDS Support Group was the back of her car for a while and that's true. Without the three of them and their efforts, I don't know what would have happened. They really pulled together a tremendous amount of services and support, pulled something out of nothing to get medical care, rides to Boston, the whole nine yards. They covered all of it and it's still functioning today... the AIDS Support Group with, now, housing and food, dinners lunches, the whole business it still there. All of that developed as things continued they were struggling to keep up because the thing moved so quickly, the whole epidemic happened so quickly, but they did. They caught up to it

and they were able to supply what people needed and put together a structure that could handle it, the volume even, which is admirable, really quite remarkable. I think the town was hugely supportive of it. People made donations, restaurants made donations to different functions. There was the Silent Auction, there was a lot of different fund raisers, Swim for Life, that people gladly donated to and participated in. The community really rallied even during the stage when everybody thought they were going to catch AIDS by walking by and breathing the same air, or being bitten by a mosquito that had bitten a person who had AIDS. I remember the cops wearing latex gloves for one summer because people were really scared we were all just going to fall over dead. For a while we didn't know if we all would. I would say that the way that this community handled the AIDS epidemic was so way advanced from most places. The ability to function out of logic and reason and just get mobilized, just get things going was really good.

K: That's the thing, there was no preparation, there was no lead up, there was no anything. It was like one day everybody was at t-dance, drinking and having a good time, then like a week later, people started to just die. In the beginning the deaths were very fast, very, very fast. They slowed up a little, like they went from weeks to maybe twelve months. Then there were people who didn't want to get diagnosed, they were afraid to go, so they didn't go till they were really sick. At this point there really wasn't AIDS treatment that was all that great. You had a lot of people die, just die and I think Janice was right, the AIDS Support Group was an amazing organization that tried to keep up and did keep up for the most part once it got going. It kept up and continued to increasing services as people needed them and people asked for them. We weren't paid workers at the support group and in our private practice we weren't paid for people with AIDS. That was just part of what we did for the community and felt like so little.

It never felt like, no matter what you did, it just didn't feel like enough. It didn't stop what was happening. I couldn't really feel too much about it because if somebody really close to me died, and that happened often, you didn't get a chance to grieve that person, not even for a minute, not a minute before other people were dead. So a part of me just dissociated or closed off, or did something and it took about ten years before I could even talk about it. There are very few people still that I can talk to about it, Janice being one of them, because she was in it. Kim Harvey who was at the church, the U.U. church was also very big in helping get this all together. The people who were actually here while this was happening are the people who I can talk to about it, otherwise it's just, it's really not possible to explain what was going on. I am now beginning to grieve death, and it's a long time now. Now I can cry sometimes, the feelings come flooding right up and I'm trying to process it and so people would diagnose me and I'll diagnose Janice with PTSD (Post Traumatic Stress Syndrome)...not different from what happens to people in other traumatic situations. The difference about this trauma from say 9/11, is that it continued. It was every day for years and years and years and years. It wasn't one event; it was a continual barrage of events. People were very sick and needed help, who weren't getting help, to try and get help and again it just never felt like enough, it never, ever felt like enough.

J: The other thing that complicated the process was that politically, you know the government wasn't doing very much of anything. Organizations like ACT UP were able to jar people into action in some cases but you really felt like you were out here alone trying to deal with this and that the real heavy duty movers and shakers were not in to it at all. It was sort of like, go take care of your own and hope everything works out, or die. Or, "You should be dead because this is God's will" and, "This is what's happened and you're being punished." and all that type of

outlook. It made it hard to feel like you were doing enough because you weren't backed up very well by anybody with any real clout. We had a good level of support in the town but beyond local and maybe state, because Massachusetts was pretty good about it, there wasn't much else. A lot of people came here because the State was more amenable to treatment and making sure people were being taken care of.

K: There was acceptance in the town so that was another thing, If you lived pretty much anywhere else, maybe New York, maybe San Francisco, but see here it's concentrated, it's a little different.

J: Our population, our density of AIDS patients was higher than anywhere because of the small population here and the concentration of people with AIDS.

K: It was everywhere. You'd go to the post office and on your way walking to the post office, I used to live on Center Street, you'd probably pass two or three people who were in various states of illness.

There were some people that we both knew were blind, who were driving, so you had to be a little careful when you got in the street to look out for their cars. You'd go to the post office and you see two, three more people. You'd never ask anyone how they were, that was the other thing. All conversations became kind of coded. It would be "Hi", never "How are you?" Never. The people who had AIDS, if they wanted to talk about it they would and if they didn't want to talk about it, they didn't want you to ask. You really had to leave it to the people who were sick, but you could see it. It was such a visible disease. Either people had Kaposi on their face or on

their legs or they'd get that look. I don't know how to describe that look, the dead hair look, AIDS-y.

J: That's what my friend called it when he had it, He wanted to know, "Am I AIDS-y yet? Do I look AIDS-y?" and I'd say, "No, you look OK." He did eventually look AIDS-y and he was one of the people who just missed the cutoff by the protease inhibitors. If he had gotten them a couple of months sooner he would have lived, but he didn't, he died in 1996. That was the same with a lot of the group that we eventually shared.

K: In the group that I had about half the people had families that were accepting and half the people had families that were rejecting. The rejecting families had been rejecting before the people were diagnosed and now they were more rejecting during the illness. The families were angry for the most part, the rejecting families were angry with the people who were ill and, in the end, even though a lot of people specified what they wanted, they didn't get it. They just didn't get it because the family would swoop in, there's probably a better way to say it, but they would come in at the end and they had their own agenda. Their agenda did not include what the person wanted. You could say, "Here's what he wrote down, this is what he wanted." Hospice people had been in there for days and days and days and then the family would come in and say, "Leave." If you're working for hospice or doing any of this work, you have an attachment to people, you have a relationship with people so when the family comes in and says, "Leave.", you're really cut off. Plus the person who is ill, you don't know if they know that their family told you to leave or do they think that you just stopped coming here all of a sudden. It was very, very difficult in those situations. Now the accepting families, of course, was a different

situation, because people had made some efforts to have a relationship with their sons, since it was men, during their illness. They knew their sons' friends and they knew who was important to them. So they were completely different experiences, I don't remember anything in the middle, there probably was, I just don't remember it. It was very hard, a lot of the people who did the work were cut off by the families at the end and it was just really painful for everyone. You didn't have the opportunity to... there was never closure... you didn't have the opportunity to say goodbye, to really say goodbye, like you know and I know that this is goodbye. There's a difference between being with someone and holding their hand and saying, 'I love you. Be peaceful.'" or whatever they thought. If they were thinking they were going to have another life you wish them a good other life. You kind of had to go with what people wanted, what they believed. There is a difference between that and standing in a memorial service. One of the poems I wrote, actually, is about memorial services for the most part because it's a catch 22. You go there and you do want to celebrate the person, honor them, recognize them. They didn't have a lot of recognition, and like Janice said...I would be more extreme than you, I think that our government was complicit in prolonging the epidemic, not only here, but in Africa. If we had done something during the Reagan years, if we had actually been active during that time, which we could have been, I think that the whole situation in Africa and Asia would be different, but we didn't. Reagan didn't want to talk about it. He never mentioned it, he never mentioned AIDS. So, I feel like our government did what it does, it continues to disenfranchise people who are already disenfranchised.

J: ... and who have no real function for them, the drags and the dregs.

K: That was during the time when they changed the Social Security, if you applied the first time for disability, they would reject you automatically. This is one of the things that happened with the Reagan years. And they would reject you the second time and you would have to wait a year to apply. The theory was that mathematically forty percent of the people who applied would die. So they were setting it up so that they wouldn't give people disability in the hopes that they would be dead before they applied again. It was staggering what was happening.

J: I would say the things, to me, that came out of the situation were basically the fact that human being can be graceful and treat each other with the utmost of respect. And the human relationships that developed during and because of the AIDS epidemic were incredibly valuable. There were relationships and bonds that would be formed that wouldn't be formed any other way. There is no other way that could be duplicated, the depth that could be duplicated. Katina and I have a bond with this. I ran into another Social Worker from Outer Cape Health a couple of weeks ago and I hadn't seen her for about eleven years. The bond, when we hugged each other, and she hugged me and held me and said, "We went through it didn't we?" and I knew exactly what she was talking about, we didn't have to say it. The bonds that we made with the clients and the guys that we worked with was amazing, truly amazing and to be part of their lives and to share that with the guys who died and the people who lived was an honor, a total honor to be part of that process.

K: I would say that the grace was the connection, the true heart to heart connection, without anything else. The people who I was with when they died, I felt privileged, I felt honored that they allowed me to be there. And for myself, spiritually, I would say that it was a very moving

experience. It put me in touch with my own spirituality in a way that I really hadn't been or wanted to be or didn't see any reason to be, or whatever. That was it; the connection to people, there was just a kind of closeness that's just different, just different.

J: There's a vulnerability on both parts that, when people are willing to open up to that point, that's where you make the connection that isn't usually there in regular daily life. Not there at all. I went on to do work with Hospice after I left Provincetown and went to Florida and people would say, "How can you work for Hospice? That has to be so hard." It was never hard and when I went to interview for Hospice they said, "Have you been around a lot of death and dying?" and I said, "Yeah, I have." It was odd because when I moved to Florida, I worked with a lot of people who hadn't been involved at all with AIDS, hard to believe, and I would say, "Oh, I worked with a lot of AIDS patients." and they would just look at me. They had no idea what that meant, nothing, not a clue, and I felt very disconnected from them on that level. In fact, in one work situation, I was working with a group of people who had someone that they worked with prior to me coming there, and this woman died of breast cancer and she was in her fifties and they were all totally distraught, grieving, crying and I got really mad. And I thought, "Oh God, what is this?" cause feelings would just come up and you'd have no idea where they were coming from and they are really inappropriate and I was so mad at them for being upset that I had to leave the room. I went out and sat by myself quietly and I thought, "Ok, I am mad because they can grieve their friend dying in a normal way, and I'm so closed off from grief, if someone told me one of my friends died I'd be like, "Oh, all right." I wouldn't be able to feel it, but, like Katina, over the years it's starting to be more accessible in my range of feelings and it does flood in and I do cry and it's definitely still being processed. It's things like that....why am I mad that

these people are upset, this is ridiculous, but I had to really look at that. I was just pissed off that I couldn't be there; I couldn't have a normal feeling. My feelings were so covert and underneath the surface, blocked off.

K: And then Janice and I both have sort of warped sense of humors, and when you're on the edge you kind of have to use that. First of all it's a little bit distancing and you had to have a little distance but also you just couldn't cope, you couldn't cope.... and there were a lot of funny moments. There were just a lot of very funny moments, some that were intentionally funny and some that were unintentionally funny. There would be somebody demented coming down the street wearing a sheet. You kind of go up to the person and try to get them off the street. It was like a bizarre experience. It wouldn't happen anyplace else and you had to laugh. You're not laughing at the person who is demented, you're just laughing at the situation. There's people driving by practically having accidents, you know, naked guy with just sheet in the street. There isn't a trade off, you have to do both, you have to have this intensity of feeling, which is the grief, the sadness and the overwhelming feeling in order to get to that other incredible feeling that you have that your connected to someone in a way that you're....you have no other connections like that. I'm not just talking about Janice. I'm talking about the people in the group, my connection with them are completely different than any other connection that I have and it's because we were dealing on the most basic level and honestly dealing on the most basic level of survival and living and what does it mean what does it really mean to be alive.

J: One of the tasks that we dealt with in the group after I took over from Katina was, "How are we going to live now?", because now they had protease inhibitors that were keeping them alive.

One of the guys in the group was really... they made up a list of what order they were going to die and he was the next one on the list to go and he's not dead, even today. So one of the things that we talked about, that was another turning point, how do you now live your life? Do you work again? Are you well enough to work again? You've geared your whole life up that you're going to be dying soon and now you're not going to be dying soon, probably or maybe... so, now what do you do? How do you redirect and how do you refocus your life. That's not what you're supposed to do, you're supposed to do those stages of life, nice and neat and clean... not supposed to jump from the end back up to three, but that's what a lot of these people were finding and there doing it still. There were people in their late forties or early fifties who were not ready to be retired and not ready to be, you know, taking the dog for a walk and getting the paper at the store and that's the big activity of the day, though they were very glad to be able to do that.

K; This first poem is for Victor. He was one of the people who just missed the cut. He was a really brilliant guy, had a doctorate degree, had been very active in another community, came here was very active. One of the worst things about AIDS is that it seems to manifest itself in a way in people in the thing that was most important to them. Men who were gorgeous would get Kaposi right in their face, someone like Victor who was really brilliant got dementia and someone who was an artist would go blind. It was almost as if the disease had some ability to destroy the thing that was most important in your life in addition to killing you, first it was going to do that, it was just weird. This was for Victor. I want you to remember that I couldn't even write these at first, maybe five years after I wrote this one:

*“I returned from another memorial service at the U.U. non-church church
 where we had the great Creator or the Goddess or the Spirit of us all.
 But no God sitting dependably on it’s stone chair,
 With a craggy face and long white beard, ready to comfort us.
 I place the order of service in my desk, third drawer down on the right hand side
 to join all the others, I don’t count them now; I know there are close to forty,
 Each with a blurry Xeroxed photograph, some in color, of men in dresses and high heels
 or sitting at the beach with the sun bleaching the fine hairs on their arms.
 Or serious portraits, head and shoulders, stark contrast of black and white
 Staring straight on unflinchingly at the camera
 Or resting suggestively on a bed, with glasses, with beards, with jeans,
 with suits and even one in a tux and top hat skipping down a flight of stairs.
 Today I simply add this one to the others, another brick added to the wall
 Dry tears are the only mortar I have to keep myself from grief.
 I’m afraid that one day the crack will be to large and it will all come bursting through
 To sweep me away. I do not count them today.
 Knowing that I will soon, lifting each one, running a finger across the paper,
 As if by touching the rough dry paper, I can touch the man.
 Remembering is all I have and it’s not nearly enough.”*

This one is called Another Season. First I want to tell you about Lupy Valez. Lupy was like a weird gay icon. In the thirties she was a glamorous movie star but never like a leading role person and she had a series of relationships with very, very powerful men, one after the other.

She was a little bit of a dramatic person. So she decided either she was going to commit suicide, or she was going to attempt to commit suicide and have someone come in. So she got this beautiful white satin peignoir set thing and little mules with white fur on them, satin sheets and she drank some liquor and had some pills. Of course they did not find her in her bed beautifully sleeping; they found her in the toilet. So there you go.

*"I saw your healthy doppelganger rollerblading up the street,
Sun bouncing off of his hair, careless smile showing, white gleaming teeth,
Speeding, maybe to a date, or lunch, or a job
These last five months, I have watched you die inch by inch, cell by cell
Every drop of blood taken hostage and then prisoner to the disease
Your plans for death are disassembled by death itself.
Like Lupy Valez, you orchestrated every second; music, lights, flowers, even the season.
You told me, dying in winter would be good, especially around the solstice.
I called you a drama queen, the season has changed twice.
I walk toward your front door, up along the uneven bridge
Yellow headed dandelions squirting through the cracks,
Bordered by the purple irises that we planted two Septembers ago.
You chose the pale purple, the darker ones, you said, look too much like posies
I remember taking this walk before, two years ago, when my friend, your lover was dying.
It was another season then.
Before he died he asked if I would be with you when your time came.
His eyes had grown or maybe his face had shrunk*

*The rest of his features were lost under the raised purple welts
He, the most handsome of men,
How could I look at those eyes or that face and whisper anything but yes.
I wonder if he ever told you of the garden we made that day.
He and I were friends before he knew you.
We promised each other at ten that we would be best friends forever.
I think even then we knew the degree of our difference.
He taught me how to do the Cha Cha on his front porch,
When we were supposed to be studying Algebra.
One hour before he died I gave him my favorite hat -
An official New York Yankees baseball cap
But it never occurred to me that day that by the time I got home from the post office
And grocery shopping at the A&P, he would be dead.
Each time I lose another friend the beat of my life and the cadence is splintered
And I cannot hold all of the memories alone
By the time I climb up the bench by your door to pull down the key I'm almost breathless.
I walk through your kitchen and I can hear your ragged wheezing as I try to suck air
and as I come into your room I feel as though we're both struggling
With the effort of just trying to breathe
Stiff inside as if my blood is thickened, my face has turned to lead,
I look at you half sleeping, your hair no longer alive having preceded you in death.
You open your eyes and smile."*

K: That's the other thing, somebody died and six months later you say, "Where's so and so?" and then someone would remind you that person was dead. Or you would forget the somebody had died, there were so many deaths you couldn't remember everybody who died and then somehow it would come up and then you'd think that's right that person died and I don't think that at the time I could put any sequence in it. It wasn't like, they died six months ago, three months ago, they were just dead - dead dead. So there you go.