

To Whom It May Concern,

I started writing this a month after my Sherry's death and am trying to finish by June 16. That would have been her birthday.

I am chronicling, roughly, my late wife's illness and acknowledging those who were involved with her during her illness in one way or another and to a minor extent, after her death. If you receive a copy of this letter, you are one of those. If something doesn't look like it makes sense, it is a personal message to someone. Whether or not you bother reading this is, of course, up to you. I will post it on the internet at the end of July for later reference. For those of you who need access to medical records to validate statements, I explicitly authorized it. Most will have a power of attorney on file. If you don't, ask. I will provide one. Not everyone here is involved in her treatment, but you all are involved in some way with her life. Many observations are my opinions which I can generally back up with documentation.

With one exception, this will be roughly in chronological order.

The exception,

Heartland Hospice, at the end.

I don't know what employees at Heartland earn for their efforts. It is almost certainly not enough. Varying skill sets, strengths, weaknesses, personalities as is the case with any group of people.

Without exception I saw a level of dedication in this organization that I have seen nowhere else save the military. Considering the fact that the end of nearly all of their patients is going to be that of Sherry's, I am hard pressed to comprehend the level of compassion expressed by members of this organization without believing that many struggle to ward off deep depression daily. Some, I would believe, unsuccessfully. Several developed relationships with her that had to be painful in the end.

Dr. Drake; no, I didn't select that option. Instead I stood by and did nothing. I suppose there is no way to determine which would have been worse. I can say that of the things that I feel daily when I think back on what she went through, that guilt, particularly in that matter, amongst a handful of other guilt worthy things, is the most difficult to live with. It is one of two things that I would do differently were I given another chance.

A special thanks to those of you who did developed personal relationships with Sherry and to a lesser extent myself. With the loss of all of her earlier friends and the scarcity of family contact, you were her primary connection with the outside world. I truly appreciate it.

This is where it begins:

Pro-Med.

I was shown the door at Pro-Med for a poorly thought out statement about a nurse's height.

I probably earned at least that.

Sherry was shown the door at Pro-Med because she missed an appointment. She was, at the time, pushing 60, working 60-80 hours a week and harboring, according to her Henry Ford surgeon, a 6cm (about two and a half inches) roughly three year old liver tumor.

She was diagnosed at Pro-Med after a scope was shoved down her throat with "mildly irritated stomach lining". Her pain medication, prescribed for other issues, was often arbitrarily reduced on refill and her need for it was questioned. Repeatedly.

Doctor Newhouse appeared to think she was playing him for drugs. The 'doctor' and his side kick Terry 'I'm not a doctor' McLive couldn't be bothered to actually look for the cause of ever increasing pain and loss of strength.

What one loses when diagnosed with something like this, after your job with its pay, gratification, good health insurance and sense of purpose, is mobility and then your friends. Sherry had only 2 friends from her past and one new mutual friend. So on the event of her death, there were few enough people to attend a funeral that I could count them on my fingers. To flesh this out, I invited the two medical professionals (technically, a professional is someone who does something for a living. It does not specify their competence) through Borgess a few weeks before she died and through their office the day after to her funeral. They declined to respond. So Sherry died without obituary, funeral or memorial service. This Three Rivers office showed the same concern for her after her death that they showed her when she was a patient.

I will make it my life's work until my death to educate people of the perils of using this office.

To 'I'm not a doctor', I have attached Sherry's med list. Note that these oral meds were not what she was taking at the end. For the last several weeks of her life she was getting injections of Lorazepam hourly, Diazepam every four hours, morphine every hour and Scopolamine suppositories every four hours as well as 20-40mg/hr of Dilaudid.

The next time you tell someone that 'you are on a boat load of pain pills', compare it to this.

Dr; Veera Patel,

You are responsible for the additional years of life that Sherry did have. For that I will always be grateful. You determined that she was being medicated 'for a 300 pound man' and for a number of issues that weren't even relevant to her. The cold turkey method of dropping a fist full of daily medications led to her relatively quick, and correct, liver cancer

diagnosis.

You might want to at least consider a couple of things. When a patient and her family will be pushed towards financial ruin by a disease such as this one, telling them that they must additionally drive from southwest Michigan to Detroit every month for pain medication prescriptions is not the logic I would expect from someone with a Doctorate degree. In addition, ruling out a medication due, I am guessing, to personal prejudice, is in the same category. (We ended up trying but eventually not using it)

Sherry actually lived well beyond your prognosis. I wonder sometimes, looking back at the last year and change, whether that was a good thing or not.

Henry Ford Hospital.

I spent more than a week researching hospitals for Sherry's surgery. After going over as many reviews, comments, evaluations, write-ups etc., I chose you. You had higher scores in almost everything. Save one. Post operative complications. Which presented itself in the form of an abscess on her liver resulting in an ambulance ride from Three Rivers to Detroit shortly after her initial surgery.

One of a couple of things that haunted Sherry until she no longer was aware enough to speak, her wedding band and a diamond engagement ring. You signed for them in pre-op for 'safe keeping' and when it came time to retrieve them, not only would you not return them, but nobody at your facility could even tell me where they were supposed to have gone to. She blamed me until she died. Perhaps she was right. If I had been a little more forceful, someone there would have been beaten and bloody and Sherry might have recovered something she truly cherished. As it is, her wedding band and diamond disappeared in your care. I quit wearing mine because every time she saw it she was reminded that hers was gone, frequently moving her to tears. Mine is included in your copy of this letter. Perhaps you can give it to whoever stole Sherry's rings. It no longer has any meaning for me.

Sherry would gain ground after half of her liver was cut out and start spending time in the yard. She would work at landscaping, improving the house and putting in a gravel drive by hand. Each winter she would lose ground and not quite gain it all back the next spring. About three years before she died, Sherry would lay down and would sleep more than 20 hours a day for about seven months. Research pointed to a folic acid deficiency. Adding it to her diet, at such times that I could wake her up long enough to eat, awoke her from her seven month sleep within a few days. Again, if I had to do it over again, I would let her sleep. After this, she would never be reliably mobile again. Her job would retire her. I would empty half of my retirement savings in order to avoid bankruptcy. We would have to start dealing with Sedgwick.

Sedgwick,

Sedgwick is a company that deals with the disability insurance that Sherry had purchased through Meijer Stores. They would lose her medical records, screw up payments, threaten discontinuation if certain tasks were not met. When they lost her records they signed the postal receipt in block letters as SEDGWICK, so we couldn't even tell who picked them up. They would then point out that the mail was a bad idea since they couldn't keep track of where records went to when receiving mail and instead we were to FAX them. So, from a signed USPS parcel to a community FAX machine with sensitive medical records.

I turned them into the BBB. They would respond that we were just upset because they had held one month's payment due to previous over payments they had mistakenly made.

I would be upset, of course, since I had been told that this would be corrected by a reduction over a number of months. It wasn't.

So now I have no additional motivation to address this but to point out what incompetent ass hats they were. This excerpt will be forwarded to everyone that I can think of that might be interested, posted on every website that I can find relevant and left on my own sites as search engine indexed content.

Sherry's health would decline. She would have not quite three years left to live. There were complications.

Dr. Allen Bierlein's office.

You have always taken care of Sherry and I in a professional and personally concerned manner. You actually listened to us when we told you something. I would like to sincerely thank you and your staff (even the grouch who sits in the west most seat behind the counter) for your help managing her disease as best as the group of you could given your eventual limited involvement. Unlike many medical professionals we have run into, your office showed genuine concern at her decline and inquired even after she was under hospice care when I came in. Again, it was much appreciated. Please share this with your staff.

Three Rivers Hospital

We have used your 'services' a number of times. Each one has left me at a loss as to why I bother. The last trip in, a

very tall ER doctor badgered me as to “who makes your GP's other diagnoses for him”. A woman doctor lied “you have to go through the emergency room in order to be admitted at Elkhart General”. Bad enough to be little else than a way station on the way to a real hospital, but you made us incur additional ER costs and additional time waiting at a facility who verified that what you told us was patently untrue.

At Three Rivers Health/Hospital on other occasions, for both of us:

- Your admitting physician told my wife “you will not be eligible for a transplant because you are an alcoholic” when she was admitted for pancreatitis.
- Sherry shipped to Henry Ford for liver abscess.
- Sherry shipped to Borgess with gastrointestinal issues and emergency surgery.
- Sherry shipped to Elkhart General for dangerously low potassium.
- I was given an ass chewing by an admitting drone for driving myself in for treatment instead of waiting for an ambulance after an accidental Insulin overdose. (wrong bottle, 50 units instead of 5)
- I was asked whether I knew your dye for a kidney x-ray could cause kidney failure on being admitted for the procedure. (your Nephrologist said afterwards that he didn't realize that they still used that dye)
- While waiting for the kidney x-ray, I felt my blood pressure going up (this was why I was there). I was told that you would be happy to check me into the emergency room for a blood pressure check. A \$1500 blood pressure check?
- My daughter was brought in by police for a drug overdose while visiting. Your physician treated her and booted her out telling me that she wasn't held even for observation because: “she is depressed because she misses her kids” (her 'kids' were abandoned 8 years earlier with a man who was not even their father. One was an adult by the time you saw her and the other in high school) and “she is depressed because her mother is sick. (Sherry had been ill for almost 4 years. This was the first time she had seen Sherry in that time and was only here because she was no longer had a home in Jacksonville.) She has since returned to Jacksonville and continues to deny drug addiction fed by weekly trips to emergency rooms to get them. She is living on the streets and never talked to or saw her mother again.

If this were a chronology, you would appear many times here each one with some observation as to how inept and ineffective you are. I finally quit bringing her there and opted for the further away but much more hospital-like Sturgis hospital. Even when minutes or seconds count, they were still a better option.

You are a pointless organization. You could be replaced by an urgent care office and an ambulance.

Goshen Wound Center.

I was smart enough to know that caring for Sherry would be outside my area of expertise but too stupid to actually research it. I realized I was in trouble when a chunk of Sherry's flesh fell out of her left hip leaving a hole big enough to put three fingers through without touching the edges.

I am glad that you were wrong about the wound never healing (it did) but am grateful for the care you gave her for the pressure wound I brought her in for and the meticulous exam that led to you finding additional ones on her first visit. (I was unaware there was more than one)

It is unfortunate that we needed your services but I enjoyed working with your staff to eventually fully heal all of her pressure wounds, educating me on care, prevention and detection as well as prescribing the mattress that would prevent her from ever having additional ones. I would easily recommend your services to anyone.

Cork Medical:

You started out by having problems delivering the bed and mattress ordered. I still don't know what the issue was but the doctor insisted that you had the order and you seemed confused as to where it was.

When Sherry died, you told me that:

- 1) My first payment was this/that year (2016) and you were picking up the bed because I hadn't been paying for it long enough to own it.
- 2) Then, there was a problem with my account.
- 3) Then, someone would call me when you figured it out.

The call never came.

I verified that the first payment was made in the second quarter of 2015 and called you back where I was immediately told that the bed was paid off.

There was a problem with your mattress. By the time that I figured out why Sherry was sinking into the mattress, she was too fragile to move so I could repair it. You knowingly sent a used piece of equipment as new, one that had a design flaw in it you knew about and then offered to bill my insurance company to fix it. I managed to move some additional support under Sherry, an agonizing venture at best, and she died on a defective support mechanism that should have kept her much more comfortable than it did had it worked properly. As far as I am concerned this was fraud. I am asking Medicare if they think it is fraud as well.

Elkhart General Hospital,

Sherry was admitted for critically low potassium after being flushed through Three Rivers. She would be diagnosed with end stage liver failure there. You had a palliative care team that I would like to personally thank for professionalism above and beyond. Sherry would be moved from critical care to, as memory serves, a cancer ward. Both had absolutely wonderful care givers around the clock. There are a couple of other hospitals that we dealt with that could learn something from you, and Borgess Hospital, about patient care.

One moment I remember as being out of character for your hospital.

Three women sitting in your cafeteria. Two dressed in all black, one in all red. The one in red was narrating a conversation almost certainly that she previously had with my wife. Some exchange about toast she ordered. I don't quite remember what. I do remember the gist of the statements of the woman dressed in red. "I don't know who she thinks she is. Where does she think she is at? This isn't the Hilton. I don't have time to deal with shit like that. I am busy running the register" The girl was correct. Sherry was not at the Hilton. An 11 day stay at the Hilton would not cost nearly \$60,000.

Borgess Hospital,

You have a stellar surgeon there who performed emergency surgery on Sherry for an intestinal obstruction. After the resection, very late at night, she healed quickly, complication free and without further issue. I am sincerely grateful. One minor aside, barely related, the next time you have a shift change late at night, check the waiting room or at least let the oncoming shift know prior to turning out the lights. I sat in the waiting room, in the dark, as instructed, for nearly two hours after her procedure before going to look for her. That said, I would still recommend your facility to anyone. If you can determine the identity of the surgeon, thank him for me.

Sturgis Hospital,

We had several trips to Sturgis. They are certainly more competent than Three Rivers but have some issues. The ER is professional to a fault. I would have absolutely no issues after several visits.

One trip resulted in the removal of a PICC line which had probably been in too long. Another piece of information that I was ignorant of. The PICC line location developed a blood clot which had caused her arm to swell significantly and impart significant pain. It was replaced with an Implanted Port in her chest. This was a significant improvement over the PICC line.

Eventually the Implanted Port would become infected and clogged and had to be replaced.

An IV was placed for the night in the ER and I brought her back for the replacement.

The decision was made to install another PICC line until the chest infection was brought under control.

The surgeon removed the clogged Implanted Port but couldn't be bothered to install the PICC line, instead having Sherry and I wait there for yet another appointment that day with some perceived lesser minion to install the PICC line. Note that at this time Sherry was extremely frail, in an intense amount of pain and waiting in a hospital on a gurney for another person to do another related procedure.

They couldn't get the PICC line in either arm.

I had to use an IV line for Sherry's infused pain medication that night, make another appointment and have the same surgeon install another Implanted Port the next day. This involved another grueling trip for Sherry. Four trips to accomplish one thing.

As an aside, the surgeon, from an office on 12 just west of Sturgis hospital on the south side of the road, would accuse Sherry and I of 'Playing the Hospice system' because her symptoms could be 'managed outside of the Hospice system'. Sherry would die in the next couple of months. I wonder if this was soon enough for his tender sensibilities?

At this time I wonder about doctors and their dedication to the hypocritic (sic) oath. The doctor at Pro-Med, the admitting physicians at Three Rivers, the ER physicians at Three Rivers, the Surgeon at Sturgis. I am not sure how I would describe them. If I were inclined to such language, sanctimonious shit-heels would come immediately to mind. I am sure if I though hard enough, I could do much, much better.

Sara,

I was hired to work there in order to allow you time off at the end of the year. I promised that I would stay long enough to afford you that time off. Three things happened within days of each other. 1) Monte would tell me that I would not work any overtime and it was too late in the year to work on the construction crew for the added income. 2) I received an unsolicited offer to work at more than double my wages plus a benefit package and 3) Bills from Sherry's latest ER visit started rolling in. I asked the president of the new company for a delay to start to cover my promise and I was summarily denied. Unfortunately in an ever conservative America where workers are simply chess pieces to be moved around the board I was left with two less than ideal choices and no wiggle room.

I am grateful for the help you provided Sherry while I was there and humbly beg your forgiveness for breaking that

promise. I am sorry for my decision but I needed to take care of Sherry.

Shelley & Bella Lemmon,

Our daughter would help me keep tabs through the internet camera system I had installed in the house. She and our grand daughter would visit shortly before her death. I would like to thank them both for making Sherry as happy as I have seen her in some years. Until I can figure something more...

Christians,

Miriam-Webster defines a Christian as:

“One who professes belief in the teachings of Jesus Christ.”

Note that nowhere in the definition does it state that the 'Christian' actually follows those teachings, only that they profess to believe. There have been a few interactions:

At a particularly poignant moment I was in the company of two nurses. One told me that they would pray for me. I pointed out that every time someone said they would pray for Sherry, she got worse. (I didn't assign a cause-effect relationship, only an observation). The nurse responded “Well I won't pray for you and you will burn in hell”. The second nurse and I did not discuss the interaction, but he stayed with me for awhile and, even if I never see him again, I will consider him friend for life.

Yet another nurse would tell me that she “hoped for her sake that Sherry was a Christian”.

In several moments of need I fell for the television version of always having a church open with a priest or preacher that could provide some sort of counsel. The reality is, if you call during the week, you are left to your own devices. I dialed all of the churches in Bristol Indiana on a couple of occasions and stopped into the Catholic church in Three Rivers several times. It would seem that to talk to the leader of God's flocks now requires an appointment. I did without.

I have waited 10 months for my email address verification from the Vatican web site just in case there was anybody there. (there doesn't appear to be).

I never want to hear proselytizing from another self proclaimed religious pundit regardless of the book they are pounding.

Jayco.

During Sherry's illness her son, Micheal John Neiman, would be injured on the job. Jayco, or their minions, Sentry Insurance and South Bend Orthopedics, would ferry him from doctor to doctor and to various therapists. He would be told by multiple therapists that they were further damaging his arm. He would be eventually shuffled to a doctor who would tell him that there was nothing wrong with him and if there was, he could quit smoking and it would fix itself. He would be released from workman's comp as 'already healed' and released from Jayco until he healed enough to come back to work. Notes about his treatment are at [A searchable copy will be added to the web posting of this letter.](#) Sherry would empty her retirement account, in part, to support Michael for nearly a year while two surgeries and subsequent healing times and therapy repaired extensive damage to his arm. **IT IS CLEAR THAT JAYCO'S CLAIM TO CHRISTIANITY EXTENDS ONLY TO THE CLAIM AND NOT THE ACTUAL PRACTICE.** I attempted to inform Jayco of this issue (I was using my income to support Michael John as well) and was met with the studied indifference that I have come to expect from the followers of the Gentle Jesus.

When noting the apparent lack of actual adherence to Biblical scripture with those who lay claim to a personal relationship with the Ghostly Trio, I have a card in my wallet that mirrors the response that almost always follows my observation. On one side it says “Not at my church”, on the other it says “That's those OTHER Christians”.

At this point Sherry would have had mastitis for about three months believed to actually be breast cancer, a skin tag along her lower lip that is almost half the mass of her lip due to loss of tissue mass and irritation from her dentures, a likely broken hip from trying to go to the bathroom without help, edema in her right leg that measured more than 29 inches around her thigh and 15 around her ankle and muscle atrophy that would allow me to touch my thumb and forefinger in the same place around the left leg. Four days before her death her kidneys would completely shut down.

Email to her family six weeks prior:

On Aug 7, 2016, at 10:24 AM, Mike mike49099@gmail.com wrote:

Sherry lost her oxygen feed last night sometime. I generally am up every couple of hours to check on her but last night I fell asleep and didn't wake up until 6 this morning.

This causes confusion, agitation, paranoia, motor skill issues including intermittent abrupt loss of voluntary muscle

control.

I am setting a clock to wake me up on intervals to do better.

A few hours back on the oxygen will recover her mental state to the extent that it otherwise exists.

This is in large part, a six year old vocabulary, three year old reasoning skills and about a five second attention

span.

I am told that this degradation is due to ammonia buildup in her blood as a result of her liver failure.

She is fed anytime she asks for anything. The overwhelmingly vast majority of the time she will either fall asleep or eat a few bites, if any, and determine that she is not hungry.

She had an actual meal last night which I ate with her in her room. It is the first in about 9 days. Best guess, about 500 calories.

She has been getting carbohydrates primarily through Pepsi but gets little overall in the way of protein.

That said, her liver is no longer able to process proteins.

She was catheterized a few days ago. This eliminates the need to lift her out of bed to change sheets which is extremely painful for her.

She can no longer walk even with assistance of stand it and must be carried.

I have attached a list of medications that she is currently prescribed. The inventory is outdated so the numbers are off.

Periodically if I have a hard enough time getting her to take her meds (6 times a day) I will only administer things related to pain.

She is washed on a schedule, I drain her catheter bag twice a day, change her IV as it empties, give Promethazine injections as needed, sort and administer her pills and make sure she has clean bedding.

She has a nurse drop in periodically, someone who helps bathe her twice a week. An occasional physician, minister and mental health care professional.

There are on call nurses 24 hours a day which we have used occasionally who have proven to be stellar individuals without exception.

These, as well as her meds are provided by hospice. I don't think I could explain the high esteem that I hold the local hospice organization in and make it sound good enough. The only downside, not hospice related exactly, is the convoluted mess that medicare has concerning our supplemental policy.

A few decisions that I have made, some with her input when she was able.

Some may or may not be agreed with, but currently I have to make choices between suck ass decisions in which none are good.

I had previously determined to not share them but untruth even passively makes me more than a little uneasy.

She is under the impression that she can beat this. I am upholding that belief.

Her ammonia buildup is treatable but I have opted not to. You can call for my reasoning.

She has a DNR but this would be ignored by emergency response personnel. At the appropriate time I will call Hospice as opposed to an ambulance.

Her mastitis has not responded to several runs of antibiotics. Hospice oncologists have determined that it is likely to be an inflammatory breast tumor.

I have not told her nor am I seeking treatment. If you would like my underlying logic for this, let me know.

She has a few family members who would attend services from Nebraska, one from Florida and three locally.

She has not seen any friends from her workplace in over 3 years. Bonnie, her 'best friend', quit visiting when I forbade paying roughly \$600 a month for her to do so.

One other mutual friend would probably not be able to attend due to her home situation.

I have tentatively decided against services as a result. For as many lives as she has touched, not many are there for her now.

The fact that this was caught so late is thanks to a specific set of medical professionals at a local physicians office.

I probably won't file a lawsuit for several reasons, but I will make the details public. I will contact them at the appropriate time and if the two individuals will consent to attend services to view their handiwork I will reconsider holding services.

As an aside, a workman's compensation fraud perpetrated by Jayco with help from hand selected physicians on Michael John will become public at the same time. (not related here but underscore my current opinion of the medical profession.)

Both cases are well documented.

As of right now, Sherry has been given a Promethazine injection and a half dose of Ativan as a sleep aid and pain management tool.

She will sleep for another 4 to 6 hours. If you are going to have contact with her, soon is a good idea.

mike

Email to her family and Hospice eleven days prior:

On Sep 18, 2016, at 3:53 PM, Mike <mike49099@gmail.com> wrote:

Friday morning Sherry had dementia to the point that she no longer understood why she was bed ridden or that she was ill. She asked when this all happened.

I think this might be the most painful question I have ever been asked.

I administered Ativan and Promethazine inject-able to help her rest/sleep.

By lunch time she had nervous tremors to the extent that her entire body would arbitrarily twitch even when asleep

Yesterday she was no longer communicative and could not be brought out of semi-consciousness.

Towards evening she started having short mild seizures.

I would tell her I loved her afterwards, wipe her mouth and cover her. She would say "I love you" repeatedly until it dwindled out. This would be the last time she speaks.

I received what hospice calls a 'care' package yesterday morning which had a number of drugs to deal with this stage.

Already several of the drugs are of no practical value.

As of now, today, she is having grand mal seizures every 15 to 30 minutes which last from 1 to 3 minutes.

Hospice has just left and has arranged with a Kalamazoo pharmacy to courier inject-able Ativan and Valium in order to reduce the frequency and intensity of the seizures.

I should have them in the next few hours. I will administer the injections every six hours.

Yesterday's care package had a liquid morphine (she can no longer take pills) which was dosed at 5mg / 4 hrs. It has been raised to 20mg / 1 hr.

Her Dilaudid drip has been increased from 20mg / hr to 40 mg / hr (including boluses)

I wish there was something else I could do.

Sorry for the news

mike

Posted On Quorum In Response To A User Question On May 29

After a 7 year illness, the last 2 bedridden and the last 10 months under hospice care my friend of 43 years and wife of 23 died. Badly. I promised her that she would not die alone and not die in an institution. I kept that promise. As the workload got heavier with IV changes, diaper changes, assistance in and out of the bathroom, tracking medications, giving injections around the clock, treating pressure wounds (that I was too stupid to realize were happening), all of those things that a housewife would normally be doing (absolutely no disrespect intended) and a full time job I was not always gracious about it.

There were horrific decisions about her care and treatment that traded off quality with quantity. I am sure i didn't get any of them right.

She died without seeing any of her friends from work for the last 3 years, in great pain and 10 days of around the clock grand mal seizures. I held her body in a chair in the front yard for a little under 5 hours waiting for hospice and then the funeral home. I never really considered that she wasn't seeing the sunrise 3 hours into this.

For about 6 months I would dream of her face contorting as she was seizing. This has been replaced by visions of her body being dumped into a furnace. On one occasion she screamed.

There weren't enough people in her life remaining for a memorial in spite of the number of people that she helped along the way. (sometimes with my protests at what it was costing us)

At this point I am lonely beyond belief but have avoided public contact in the conviction that I probably don't deserve it. I can reason around this, but I still can't feel any different. It's been 8 months.

I still miss her. Talk to her every day. Tell her I love her and am sorry.

Coda:

On the event of her death, I would hold Sherry's body in a lawn chair in the front yard for nearly five hours waiting for hospice and the funeral home after removing her tubes, washing her and dressing her in a clean night gown.

Her life; 64 years of heartbeats, 43 years of friendship and 23 years of marriage has been reduced to a 5lb 1.7oz box measuring 6½" x 7" x 6½" which sits inside my front door.

The only activity that continues around her is occasional receipt of new medical bills, tying up the loose ends of separating joint ownerships and ventures, filing government paperwork, receiving offers to sell her life insurance and a continuous nag from AARP for her to renew her membership. It has been 9 months.