
One Day, Three Women

A **bioinformaticist** juggles three kids and complex databases.

A researcher edits a grant, advises a student, and has a **bad reaction** to a flu shot.

A patient **goes to work** and then gets the 23rd of 33 radiation treatments.

That's what happened on **October 15, 2002**, to three women who **took part** in an unusual nationwide **diary project**.



STEPHANIE CARTER

Java script and rice pudding

By Kristen Chambers, M.S.

Chambers is director of the bioinformatics group for Dartmouth Medical School's Department of Community and Family Medicine. The group designs and maintains systems to collect, manage, and report data from clinical trials and other biological and biomedical studies at DHMC.

The clock on the dashboard clicks to 12:01 a.m. It's now officially October 15, 2002, so I need to start keeping my "day diary." I'm driving through Newport, N.H., on my way back from Ann Arbor for a project site visit. Why do I agree to take these late flights home? I just want to take out my contact lenses and collapse in front of the fire. But it's pretty nice zipping along in the wee hours. I pray, however, as fast as I'm going, that I don't pass a policeman or that a deer doesn't decide to cross the road in front of me. Anyway, no policemen should be here—they should be in Maryland and Virginia trying to catch that lunatic sniper. Another victim was killed tonight. It sure makes living in Vermont feel safe.

I finally make it home at 1:00 a.m. A sleepy George is (sort of) waiting up. We're in bed by 1:20. I sneak my cold feet between George's knees. He howls. We both laugh. Home. Sleep.

At 5:30 a.m., Olivia creeps into our bed. Says she had a nightmare that Nicholas tore the stem off her pumpkin and she couldn't find it. I look at the clock. Thank God, I can go back to sleep for a little while. At 6:15, Will calls from his bed: "Mom, can I come cuddle up?" He joins us, too. So much for rest. But they feel good next to me, one on each side.

Up at 6:30. Shower. Rouse the kids. I get the three of them dressed before I dry my hair, so as usual it's almost dry before I get to it. Lovely. And George managed to shrink the shirt I bought for Livi in Paris, though she's worn it only once. I am furious and snap at him, tell him not to do the laundry any more. He has no sense of fabric. He tells me not to buy anything that can't go in the dryer. In addition, we've managed to lose both of Will's fleece jackets in the last five days. I give him Nick's down vest so we can get on our way, and we pick up another first-grader, Matt, on the way to school. His mother is having a hysterectomy today. I hope she is doing well.

There's spectacular frost on the ground this morning—thick and shimmering. The kids are excited about it.

I drop Nick, Livi, and Matt at school and run in to check lost-and-found for either of Will's jackets. No luck. I also check about the response to the jump-rope workshop I've proposed organizing. There's been some interest. Good. I hook up with Amy in the parking lot to bring her daughter, Sarah, to preschool. Sarah is sad again this morning, but Will makes her laugh by yanking his dragon out of his backpack; he bonks his "pack-pack," then bonks his head. Soon she's forgotten to miss her mother. Bring Sarah to her classroom, then Will to his. Chat with his teacher. Bake sale on Saturday went well, despite the rain—raised about \$650. Will is absorbed in the water table, says good-bye easily today.

The rest of the way in I listen to VPR. Do I have time to stop at the photo lab to pick up film? No, better wait until later. I wonder if I can cut out a little early today since I've put in so much time at work during the last few weeks. Can't be sure yet. It's 9:00 by the time I get

About the "day diary" project

The diary segments that make up the adjacent feature were adapted from contributions to a project launched by three women with degrees from Dartmouth—Joni Cole, Rebecca Joffrey, and Bindi Rakhra. They recruited more than 500 women from all walks of life and from all over the country to keep a diary on a single day; the three editors then selected several dozen for inclusion in a book titled *This Day: Diaries from American Women*.

This feature is based on the "day diaries" kept by three of those women who happen to have a connection to DHMC—bioinformaticist Kristen Chambers, researcher Linda Titus-Ernstoff, and patient Kyra Roth. Like the book, the three diaries excerpted here "celebrate the extraordinary in the ordinary."

Cole writes in the book's introduction that "in the first months of working on this project, my partners and I wondered if women would be willing to participate in a project that asked them to share the details of their personal and professional lives with the reading public. After all, it is one thing to keep a private diary or journal tucked in a bedside drawer—it is quite another to see your seatmate in 22A chuckling over your husband's unhealthy predilection for computer chess."

She and her collaborators asked their contributors—ultimately, there were 529 of them—to keep their diaries on October 15, 2002. "We chose a Tuesday because it seemed like the most 'ordinary' day of the week," Cole explains. "We chose October 15 because it was a window in the American calendar, unencumbered with holidays or national significance." All 529 participants recorded what happened on that day, "whether those 24 hours proved typical or atypical."

One of its cover blurbs calls the book "intensely entertaining [and] as addictive as any reality TV show, but with one real difference. *This Day* lures you in with its amazingly candid details of women's lives, but it also leaves you feeling truly inspired." The book was released in August 2003, and excerpts from it were published in a September issue of *Family Circle* magazine.

The diarists' "generosity in sharing their days," says Cole, "confirmed our belief that this is what matters—those moments both funny and serious, quiet and dramatic, that occur throughout any given day and illuminate who we really are as individuals, as women, and as Americans." Or, as the excerpts here illustrate, as women of DHMC.

The three creators of the "day diary" project all hold degrees from Dartmouth. Cole received a master of arts in liberal studies in 1995; Joffrey an M.B.A. in 1997; and Rakhra a bachelor's degree in government modified with environmental studies in 1985. Further information about their This Day book project is available on the Web at www.thisdayinthelife.com.

I retrieve scissors from the kitchen, cut as many stems as I can carry in one trip (aren't I supposed to be at work by now?), wash the cuttings with warm water, and place them in a vase—the last gasp of summer.



to work; I talk with Terry on the way to my office.

I have a meeting first thing with the psychiatric group, and Judy and I ride over to the hospital together on the shuttle. She tells me that Becky is on bed rest because she was having contractions. I'll have to call Becky to make sure she's okay as soon as I'm back from this meeting. It's too early for the baby to come, so I worry a bit.

The meeting goes pretty well, but the team wants the system to be up and running before it can be. Judy feels the pressure, I know. I try to find some middle ground in which to make a commitment so Judy doesn't kill me but the team doesn't kill me. As we go through the questionnaires for this psych study, I should be thinking about data elements and java script, but instead I think how the content of the study applies to me; I decide that I'm narcissistic and obsessive-compulsive and suffer minor depression. Being so incredibly normal, I question the value in this stuff.

I pick up a cheap lunch at the hospital cafeteria and head back to my office on the shuttle a little after noon. I really wanted this to be a day of fasting, but somehow I just can't miss a meal.

As I eat lunch, I check my e-mail for the first time today. There's nothing earth-shattering—good. Check voice mail. One message.

I spend the afternoon talking with Terry about her project. We are still trying to engineer processes for the next phase of this familial colon cancer study. We list pros and cons to each design and still can't decide. We do have fun, though. We share lots of laughs about the crazy collaborators, how we love them but wish they could do this process de-

sign. She reminds me that she brought some eggs for me. I love her fresh eggs—she has Araucana chickens who lay gorgeous blue eggs. The kids love them.

Another colleague comes in. He tells me that a meeting I attended with him has helped a situation, but I figure he is just being kind. It was a meeting where I felt particularly lost, and I bet my presence had no impact. Then he tells me his wife has been diagnosed with hepatitis C. I feel rocked, expect he is devastated. They are newlyweds. I have an immediate memory: my cousin's husband died from complications after a liver transplant necessitated by hep C, leaving her with three young children. I hope fervently that things will work out for them. And I appreciate the fact that he trusted me enough to tell me about it.

At 4:15, George calls—am I on my way home? I have forgotten that it's Tuesday, not Monday (I was thrown off by the travel over the weekend). I pack up quickly. I'd wanted to pick up the film but now I don't have time. George has a class at the hospital at 6:00, which means I have to be home by 5:15 so he can head out. Start out listening to VPR on the way home, then change to music—something I can sing to.

I pull into the driveway at 5:05, honk the horn, and head inside. George is laying out grilled-cheese sandwiches, soup, and carrots; I'm so glad that he thought of dinner.

After we eat, Will and I go out to the garden to collect what we can. I should have done this days ago—the frost has done some damage. We get a couple of pumpkins, some squash, some tomatoes, some cukes, and some "mystery melons." Will has a ball pulling up carrots. I love the garden, but this city girl is such a novice. I can't even remember what these melons are, and everything is too small and not quite ripe. It pains me to pull them out of the ground—they're just babies! (We planted too late and it was a dry summer.) Next year, I vow, I'll start with seeds indoors in April. I consider covering the too-small-to-pick pumpkins to let them finish maturing but know I'll never get around to picking them. I have to let go. We fill Will's wheelbarrow and head in.

I get a batch of rice pudding started on the stove. Will pours the milk, measures and pours the rice.

Get the kids through their showers, dry Olivia's hair (she will tolerate the dryer only for as long as it takes her to count to 100). Do a run-through with Nick and Livi on their spelling words, which they ace.

Then Olivia and I work on her paper cow for the "poem of the week" bulletin board at school. This week is Ogden Nash, whom I love: "The cow

is of the bovine ilk;/One end is moo, the other, milk.” Olivia cuts out the animals and adds the spots and eyebrows. I have to put the poet bio together before the night is out. I get on the Internet to do it and become absorbed (Nash is interesting). Sneak a peek at my e-mail while I’m there.

The kids have made a key out of a paper clip and are taking turns releasing each other from the bathroom. I should stop this (playing with doors, chance of breaking the lock), but they’re having fun and I’m able to concentrate a bit.

I add eggs and vanilla to the rice pudding, then pour it out.

It’s getting late, so I round up the kids and read a few pages of Harry Potter (*The Chamber of Secrets*). Frankly, I can’t believe that Hagrid opened the chamber and let out the monster. We all love this book. We’re barreling to the end so we can see the movie when it comes out—it’s a house rule that you can’t see a movie until you’ve read the book.

Then bear hugs all around (complete with growls). Mozart (a.k.a. Mr. Loud-Purr) goes to bed with Nick. Sophie settles in with Olivia. Even Will doesn’t argue and is asleep pretty quickly.

By 10:30, I’ve finally finished the bulletin board stuff. George has come in and made himself some dinner. He heads to bed. I get myself mentally prepared for tomorrow: Nick and Livi to school, deposit at the bank, town hall to get documentation of approved road specs, appointment for oil change, fill up with gas, pick up mail at the post office, call PTA mom in Pomfret to see if they’re interested in doing the jump-rope workshop with us.

A little after 11:00, I run a hot tub so I can relax with a book (I’ll never get to sleep if I don’t slow down). I’m reading *The Nanny Diaries*, which is funny but sort of annoying, too. The totally dysfunctional parents in the book take advantage of the nanny, and I want to shake her and say, “Smarten up—don’t take their crap!” The hot water is so soothing. Head to bed. Curl up with George. Cool feet (mine), warm knees (his). Home.

Science and showerheads

By Linda Titus-Ernstoff, Ph.D.

Titus-Ernstoff is a professor of community and family medicine at Dartmouth Medical School. An epidemiologist, she studies the incidence of and risk factors for various cancers, including melanoma, breast cancer, and ovarian cancer.

The house is cold this morning. There was a hard freeze last night, the first after a long, luxurious summer. Wrapped in my fleece bathrobe, I open the back door to let Jack out, then step too quickly on the frost-covered deck and careen out of control. Jack runs off to do his business and, not wanting to risk the consequences of another sudden move, I turn slowly to my left toward the sound of a distant bird. The view before me is astonishing. The morning sun, still low in the sky, has set fire to autumn’s golden treetops. A gray mist, like a smear of grease, hovers below. I hear myself inhale in wonder.

I check out my rose sanctuary, tucked in the corner made by the southeast ell of the house. The pink fairy roses are still blooming but are weighed down by frost. I retrieve scissors from the kitchen, cut as many stems as I can carry in one trip (aren’t I supposed to be at work

by now?), wash the cuttings with warm water, and place them in a vase—the last gasp of summer. I return to my morning routine, getting ready for work. While eating breakfast, I watch CNN—not my usual routine—to hear the latest on the D.C. sniper, who struck again last night.

I shower downstairs. There’s almost no water pressure in our upstairs shower—the one farthest from the water intake pipe—so we figure our well was exhausted by the summer’s extended drought. Another possibility is a leak in the pipe from the well to the house. Two days before the shower turned to a dribble, we moved a scraggly lilac bush away from the house. It was a brutal relocation, with one end of a thick chain wrapped around the base of the lilac and the other secured to the back of our pickup truck. I had laughed at the time, watching the lilac bounce behind the truck to its new home (where it’s doing well). But later, we realized that the lilac’s deep roots sat right over the water intake pipe. We might have jarred the pipe when we dislodged the roots.

But whatever the dribble’s cause, it is a signal to conserve water. We impose a ban on laundry, right in the middle of our two teenage daughters’ soccer season. We limit toilet-flushing to the essentials. But this morning, I decide it just doesn’t make sense. Our well has always been faithful. The lawn sprinkler pumped water day and night through the drought of 1993, keeping my perennials alive. And we had four kids at home then. (We’re now down to two of the original five.) Okay, time to solve this problem. I’m a research scientist, aren’t I? (And aren’t I supposed to be at work by now?) I tour the house, confirming that every faucet—except our shower—has good pressure. Hmmm. Maybe the well is okay after all. I turn our shower to “on.” After letting it dribble for a while, I run downstairs. There is no sign of a leak through the kitchen ceiling directly below—so the pipes to the shower are okay. The problem must be with the showerhead itself, which is now under my intense scrutiny. And there it is, as plain as day. Someone—probably the cleaning woman—had shifted a lever just below the showerhead. I’ve never noticed this lever before—why would I? When I’m in the shower it’s to take a shower, not to turn off the damn water. Okay, problem solved.

Driving to work, I pass a white box truck and think again of the sniper. That could happen anywhere. Everything we do, every second we breathe, is based on trust. When the trust is violated, the psyche is devastated. Or life itself stolen.

At work, I feel sluggish. I am still sad, almost overwhelmingly sad, over the death of my cousin, whose funeral we attended the day before. Life is bewildering. I trudge through time-sensitive tasks, then dawdle a bit, allowing myself to misfire, slowly collecting my thoughts. I worry a bit about a close colleague who is in Rockville, Md., for a meeting. The odds are so slim, but the impact so horrific.

As my wits sharpen, I review and edit a research grant application that will be submitted in two weeks to the National Cancer Institute. It’s a top priority. The application seeks continued funding for an important ongoing study investigating the causes of ovarian cancer. I’ve worked on this study for nearly 10 years. The scientist who leads it is world-renowned and a pleasure to work with. So it is a hopeful task and filled with good thoughts.

Just before lunch, I meet with a doctoral student to evaluate her progress on her dissertation. Her work is excellent, and I try to be en-

I do go back to sleep, for which I am grateful. But when I wake up again it's 8:00 a.m., making me feel guilty. I call Susan to tell her that I'll be late to work, and she reminds me not to feel guilty, that the most important thing now is me.



couraging, but her capacity for procrastination is worrisome. She gets lost in off-task wanderings, then feverishly tries to compensate. With each cycle, she slides further and further behind. It's scary. We're creeping up—quickly but almost imperceptibly—on the university's 10-year degree deadline. We talk about timelines and priorities. I use a serious tone of voice that she has probably never heard before.

A coworker calls to talk about a study we work on together. We've known each other for 10 years, nearly the whole time I've worked here at Dartmouth. So we chat a bit, and I tell her the shower-head story. She laughs at my stupidity. Then she tells me about a friend whose car dogged out on the way to work. No acceleration. The friend took the car to the mechanic. Turned out the floor mat was bunched up under the gas pedal. We both laugh, and I feel a lot better.

Shortly before noon, I meet my husband for lunch in the hospital cafeteria. By the time Marc and I get home from work, he's too tired to talk and usually falls asleep on the sofa beside me. So we try to get together at work, when we're both conscious. On the way out of the cafeteria, Marc sees an open-door flu clinic. I never notice these things—why does he? There's no line, so we decide to get our shots.

About three hours later, I feel a burning in my bladder so I head for the bathroom. As I turn to flush the toilet, I notice that the water is pink. I sit back down. The blood came from me. For a split second, I'm gripped with fear. Is it vaginal bleeding? I'm postmenopausal. Not good. Vaginal bleed-

ing is a common symptom of uterine cancer, and I took tamoxifen for three years after my breast cancer diagnosis. Tamoxifen works wonders for decreasing breast cancer risk, but it sharply increases the risk of uterine cancer. I know this because I'm a cancer epidemiologist. Lucky me. I manage to pee a bit more.

No, the blood is in my urine, for sure. So it's most likely a urinary tract infection—the price of minimizing my fluid intake while we drove 900 miles through New England this past weekend. I'd dehydrated myself into a urinary tract infection. Brilliant. I don't get these infections often, thankfully, and cranberry juice usually cures them when I do. So I run downstairs to the hospital's general store, buy a bottle of cranberry juice, and slug it down. A few minutes later, I drink 12 ounces of water. Flush that bladder.

It doesn't help. I'm fully hydrated and running to pee every 20 minutes, but the pain is increasing. At about 3:30, I realize the infection is ahead of me. While I am deciding what to do, a reaction to the flu shot—a lower GI purge—sends me *flying*, not running, to the bathroom. I'm on the fly again 10 minutes later. Then again. After our exhausting weekend, I have no reserves. So I decide to give it up and go home.

The walk from my office—down one flight of stairs, up another four flights, along the length of the research building, out the door, across the street, then around the lot to find the car—was looking a lot longer than usual. I usually take the stairs, on the run. It's good exercise. Today, I consider the elevator but just momentarily, avoiding it for the obvious reason. I climb the stairs slowly. At the second landing, I feel lightheaded. I laugh at myself. I would rather die on the stairs than risk being stuck in the elevator. It isn't the first time I've chosen possible physical danger over possible embarrassment, and it probably won't be the last. I pause near the last bathroom and decide it's safe to make a run for home. We live less than 10 minutes away, and today I get there in record time. By then my GI tract has stabilized, a small blessing, but the burning in my bladder is still hideous.

I swallow an antibiotic from our emergency stash but still worry that I have more than an infection. We've had too much of that already. No more, please. I notice the time: it's almost 4:30. I'm missing my daughter's soccer game—her first chance to play after recovering from surgery. I consider going to the second half of the game, then realize I'm just not up to it. The disappointment is crushing. In August, the dermatologist removed a borderline melanoma from her scalp. We were in shock. She's

only 16. The diagnosis was followed by more extensive surgery to remove every last trace of evil as well as two more atypical lesions on her scalp. I became a clingy mother. She accepted my doting—something new to her—with benign amusement. That was something. But the fear doesn't go away, and it gnaws at me now, this threat against her life. And my own inadequacy.

I don't remember much of the rest of the day. I'm as sick as a dog, feverish and depleted. It was my first flu shot and may be my last.

I eat supper at some point, but not with the family. Marc delivers a bowl of chicken soup to the sofa, where I am sprawled in front of the television, listlessly soaking up the latest CNN reports about the sniper. He also brings me glasses of water and cups of tea. I remember our daughters saying good night. At some point, I fall asleep on the sofa. The last hours of the day slip away unnoticed.

Celine Dion and RadiaGel

By Kyra Roth

Roth is the director of admissions at a nursing home in the Upper Valley. She was diagnosed with breast cancer in mid-2002 and at the time of the diary project was in the middle of a course of radiation therapy at DHMC's Norris Cotton Cancer Center.

A warm, fuzzy feeling wakes me up . . . or is it that I have to go tinkle? I really don't want to move, but that early-morning call is insistent. As I return to bed, I see that it's only 4:50 a.m. Good—maybe I can go back to sleep for a little while. But so many people around the world are already up; in Europe, my brother is halfway through his morning. I wonder if I should call him but decide that, no, sleep is what I need.

I do go back to sleep, for which I am grateful. But when I wake up again it's 8:00 a.m., making me feel guilty. I call Susan to tell her that I'll be late to work and that I'll make some of my phone calls from home. She tells me not to worry—that everything is under control and there's nothing urgent until my admissions interview at 10:30 a.m. Susan reminds me that I should not feel guilty, that I needed to sleep, that the most important thing right now is me (a concept I still have trouble with). I hang up from talking with her thinking, "God, she is the best support, the most wonderful assistant I ever had." I could not do it without her right now.

I put on the coffee, make my smoothie with strawberries and blueberries, and sit down to call the two applicants whom I wasn't able to reach yesterday. I feel good about getting that done, not knowing how hectic the day may get with all my crazy schedules. I take my six vitamin pills as I gaze outside at the first frost, wondering what kind of day it will be and what to wear. If it warms up I don't want to be too hot, so layers sound good. A nice crisp shirt—either the blue and white stripe or the plain white—with a scarf sounds good.

I hate these decisions; I am definitely not a morning person. But, then again, I get up every morning, make my bed, make breakfast (or at least my smoothie), shower, and put myself together for work. Maybe it's just that I can't loaf around in my sweats that makes me feel I'm not a morning person. But who cares. I just have to please myself, as Susan is trying to teach me. But am I really the only important person here? Okay, maybe during this treatment period—what an ordeal!

It's already 9:15. Should I call France about my taxes? I really need to ask my lawyer there to recommend a "fiduciaire" who can help me. I have postponed this for days (a type of paralysis), always finding an excuse; if nothing else, the time difference will do. But it's now 3:15 p.m. there, so the time is perfect. Come on, Kyra, pick up the phone. I dial 011-33 . . . reach Mme. Trombert . . . get the name of Mr. Nicolet . . . who, miraculously, is in. He sounds charming and is very reassuring about my filing. He tells me what to send and says he'll take care of everything. (I always seem to luck out and find people who are so kind.) What a relief—one thing I can cross off my list. Only a few more nagging things to do. I hope I can get my life back on track once the daily therapy routine stops. Yay!

Okay, time to quickly shower and dress and buzz off to work for that admissions interview. I get to the office at 10:10—perfect, just enough time for Susan to fill me in before my applicants show up. This part of the day passes uneventfully, but 11:30—time for my radiation appointment—always comes faster than I want. I rush out the door, not saying anything to anyone but giving Susan a little squeeze on her shoulder on my way by; she knows where I am going.

In the car I blast a Celine Dion CD, brush my hair, and put on lip gloss. At DHMC's little parking-lot check-in booth—where a security guard asks everyone, "Are you a patient or a visitor?"—John sees me and says, "How are you today? It's nice to see you." (I guess by now he's used to my daily visits.) I drive up to the main entrance, where the valet parking attendants are smiling. Boy, I am almost happy to see them! They have become my buddies over the past few weeks. Henry or Albert or John—one of them always has my sign-in card ready, and they know my license plate: "Savoie." Albert even knows where the Savoie region is. He's been not only to that part of the French Alps for hiking, but to Moutiers, my hometown. What an extraordinary thing—a parking attendant so engaging, sophisticated, and caring who knows where I come from. They make my day.

They give me my little parking card, with number 33 today. I only wish it were my 33rd session. That would mean it's my last one—but I have 10 more to go. Still, going down to the radiation area has become easier. Today, a lovely woman, about my age, comes and sits close to me holding her RadiaGel tube. It's a tube I am very familiar with—containing goop I have to put on four times a day. It's a little easier to do at home, because I can just hang out and let it dry; at work, I have to go to the locker room and blow the dryer on it, hoping nobody will come in. So I say hello to her and introduce myself. She looks as normal as I do, compared to some of the other patients in the waiting area.

Kathy, she says her name is, tells me she recently moved here from Boston and has to travel over an hour to get to DHMC. She says she's done four of her 33 sessions. She tells me about her surgery, which she had done in Boston. She wants the name of my oncologist and wonders how to get on an internist's list. I give her the names of the doctors I use and of some others who I know would be okay as well.

Her husband shows up, very nice man; he seems so kind and patient. Kathy tells me she was looking forward to buying a horse in Michigan, but it means she needs to go there, and how can she do that given her daily sessions. I tell her to ask the therapist for a time early on Friday morning and then as late as possible on Monday. Her

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