



A Lucky Life Interrupted: A Memoir of Hope

By Tom Brokaw

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NEW YORK TIMES BESTSELLER • A powerful memoir of a dramatic year spent battling cancer and reflecting on a long, happy, and lucky life—from the bestselling author of *The Greatest Generation*, whose iconic career in journalism has spanned more than fifty years

Tom Brokaw has led a fortunate life, with a strong marriage and family, many friends, and a brilliant journalism career culminating in his twenty-two years as anchor of the *NBC Nightly News* and as bestselling author. But in the summer of 2013, when back pain led him to the doctors at the Mayo Clinic, his run of good luck was interrupted. He received shocking news: He had multiple myeloma, a treatable but incurable blood cancer. Friends had always referred to Brokaw's "lucky star," but as he writes in this inspiring memoir, "Turns out that star has a dimmer switch."

Brokaw takes us through all the seasons and stages of this surprising year, the emotions, discoveries, setbacks, and struggles—times of denial, acceptance, turning points, and courage. After his diagnosis, Brokaw began to keep a journal, approaching this new stage of his life in a familiar role: as a journalist, determined to learn as much as he could about his condition, to report the story, and help others facing similar battles. That journal became the basis of this wonderfully written memoir, the story of a man coming to terms with his own mortality, contemplating what means the most to him now, and reflecting on what has meant the most to him throughout his life.

Brokaw also pauses to look back on some of the important moments in his career: memories of Nelson Mandela, the Dalai Lama, the fall of the Berlin Wall, the morning of September 11, 2001, in New York City, and more. Through it all, Brokaw writes in the warm, intimate, natural voice of one of America's most beloved journalists, giving us Brokaw on Brokaw, and bringing us with him as he navigates pain, procedures, drug regimens, and physical rehabilitation. Brokaw also writes about the importance of patients taking an active role in their own treatment, and of the vital role of caretakers and coordinated care.

Generous, informative, and deeply human, *A Lucky Life Interrupted* offers a message of understanding and empowerment, resolve and reality, hope for the future and gratitude for a well-lived life.

Praise for *A Lucky Life Interrupted*

“It’s impossible not to be inspired by Brokaw’s story, and his willingness to share it.”—*Los Angeles Times*

“A powerful memoir of battling cancer and facing mortality . . . Through the prism of his own illness, Brokaw looks at the larger picture of aging in America.”—*Booklist* (starred review)

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“Brokaw doesn’t paste a smiley face on his story. Again and again, the book returns to stories of loss but also of grace, luck and the beauty of having another swing at bat.”—*The Washington Post*

“Engaging . . . [with] the kind of insight that is typical of Mr. Brokaw’s approach to life and now to illness.”—*The Wall Street Journal*

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A Lucky Life Interrupted: A Memoir of Hope By Tom Brokaw Bibliography

- Sales Rank: #137822 in Books
- Published on: 2015-05-12
- Released on: 2015-05-12
- Original language: English
- Number of items: 1
- Dimensions: 8.53" h x 1.07" w x 5.74" l, .0 pounds
- Binding: Hardcover
- 240 pages

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Editorial Review

Review

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About the Author

Tom Brokaw is the author of seven bestsellers: *The Greatest Generation*, *The Greatest Generation Speaks*, *An Album of Memories*, *Boom!*, *The Time of Our Lives*, *A Long Way from Home*, and *A Lucky Life Interrupted*. A native of South Dakota, he graduated from the University of South Dakota, and began his journalism career in Omaha and Atlanta before joining NBC News in 1966. Brokaw was the White House correspondent for NBC News during Watergate, and from 1976 to 1981 he anchored *Today* on NBC. He was the sole anchor and managing editor of *NBC Nightly News with Tom Brokaw* from 1983 to 2005. He continues to report for NBC News, producing long-form documentaries and providing expertise during breaking news events. Brokaw has won every major award in broadcast journalism, including two DuPonts, three Peabody Awards, and several Emmys, including one for lifetime achievement. In 2014, he was awarded the Presidential Medal of Freedom. He lives in New York and Montana.

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chapter 1

Summer

In the seasons of life I have had more than my share of summers.

A long run of sunny days and adventurous nights filled with lucky stars, uninterrupted by great personal calamity, rewarding in ways I could not have imagined in those formative years on the Great Plains. Our eldest daughter, Jennifer, reflecting her training as an emergency room physician, was along for the ride, but

she worried.

“Dad,” she would say, “we’ve never had anything go really wrong in our family. I wonder if we could handle it.”

We were about to find out.

In February 2013, I turned seventy-three, or, more accurately, blew through the birthday, ignoring the actuarial truths that I was now in a mortality zone defined by age. What, me? After all, I spent the beginning of the seventy-third year biking hard through Chile and Argentina with some contemporaries. In the spring, I had flown to Africa to report on Nelson Mandela’s final days and to accompany my wife, Meredith, to Malawi, where she has worked with a women’s cooperative to establish a thriving business producing canned tomatoes.

We finished up at a lodge in Zimbabwe, bumping through the bush on wildlife excursions and, for Meredith, morning horseback rides. I started the day with swimming exercises, hoping to relieve what had become a persistent lower back pain.

I attributed it to long plane rides and an active lifestyle. If it didn’t get better I planned to see a renowned orthopedist when I returned to New York, a sports medicine doc who, over the years, had treated me for similar ailments after a summer of rock climbing, backpacking, trekking, long-distance running, and bushwhacking to remote mountain lakes.

Probably require some therapy, I thought, never considering it could be anything more than an overexercised back. The conceit of a long, lucky life is that bad things happen to others. Jennifer’s cautionary line about whether we could handle misfortune was provocative, and yet it seemed more of a group therapy subject than reality in our family.

Not for the first time, I was wrong, but in early summer I had no idea what was to come. I was determined to work through the steady, nagging pain and spend July and August on the trout waters of Montana.

That New York orthopedist, who’s a longtime friend and familiar with my physical activities, ordered a conventional spinal X ray and, after examining it, reported that apart from some expected thinning of a lower-level disc no major anomalies showed up. He recommended more morning stretching exercises and over-the-counter pain relievers.

I happily plunged into my fishing schedule but then, inexplicably, took two hard falls, one on a rocky passage across my Montana home stream and one while in a boat on the Missouri River. What the hell, I thought, is this what happens when you hit seventy-three?

The back pain continued, resisting what I hoped would be the therapeutic effects of more stretching, Tylenol, massages, and limited golf and biking.

Besides, we had more to worry about in our extended family. Jennifer called to report that her mother-in-law, Lynne Fry, had been hospitalized with acute abdominal pain. Jennifer and her husband, Allen Fry, a radiologist, were on a second honeymoon when they got the call, and Jennifer immediately said that it didn’t look good. They arrived at the hospital to hear the diagnosis: Lynne had a massive tumor on her pancreas. Pancreatic cancer is particularly lethal. Three weeks later she was gone.

Lynne was seventy-five, a small-town school librarian who had moved to the San Francisco area to be near our shared granddaughters. Meredith and I had an easy relationship with Lynne and admired how she managed her life after the death of her husband. She became a competitive ballroom dancer and took cruises with a companion she met on the dance floor. Her life was as organized as a Dewey decimal system card file in a community library.

When pancreatic cancer struck she accepted it without a whine or a whimper. Her apartment, books, and personal effects were quickly put in order for family members. She checked into hospice with the help of Jennifer, who as a physician is working hard to raise awareness of making the right decisions, for emotional and financial reasons, at the end of life.

Pancreatic cancer is one of the few cancers that worried me as I passed into my seventies. It's a lightning strike. It hits without warning and almost always kills. I've had five friends die of it, quickly, including the New York Times columnist Bill Safire.

I saw him at a Washington event in March 2009, cheerful and full of pithy observations. By September of that year he was dead.

Still, even with Lynne so close to our family, it was more of an abstraction than a reality. Yes, I know pancreatic cancer is a threat, but to someone else, right?

For all the attention cancer receives publicly, such as at Stand Up To Cancer events during the World Series, or when big tough NFL linemen show up in pink shoes to draw attention to breast cancer, my guess is that most of us duck it by thinking, Not me.

The numbers blow a big hole in those "not me" assumptions.

The American Cancer Society estimates that in 2015 1,658,370 new cancer cases will be diagnosed and that in the same year about 1,600 people will die from cancer-related conditions daily. Those are big numbers, but the encouraging news is that there's been a 20 percent drop in the death rate from cancer in the last twenty years as a result of a reduction in smoking, improved patient awareness, and giant leaps in treating almost all forms of the disease.

President Richard Nixon declared war on cancer in 1971, and while significant progress has been made, this is a war of incremental victories. As we live longer, the odds are greater that cancer in some form will strike some part of the human body.

Lynne Fry's death was so sudden and so well managed by her, Jennifer, and Allen that it seemed a long way from our lives. Nonetheless, if pancreatic cancer strikes one in seventy-eight men and women, why shouldn't I feel vulnerable? Denial is a strong if imperfect defense.

Meredith and I joined the Frys and friends in the family hometown, Claremore, Oklahoma, for the burial and to share memories of Lynne's role as a school librarian. Allen's father, a local legend as a high school athlete and, later, coach, had died a few years earlier.

In size and style, Claremore, the home of Will Rogers and the fifties singing star Patti Page, shared the DNA of our hometown in South Dakota. It was all so familiar, the talk of high school athletics, the struggle to keep Main Street a viable business district, and, most of all, the shared familial loss when someone is gone, however long he or she had been absent from the careworn neighborhoods.

It was a mix of melancholy and merriment as Allen gave us a tour of the town, showing off the library where his mother had worked and the school where his dad had coached. We had a large family dinner at a restaurant famous for its high-caloric-count dishes smothered in gravy and batter-fried everything. One of the big ol' boy patrons left with a stack of carryout cartons and a .45-caliber pistol strapped on his waist. Oklahoma has an open carry law.

If that happened in New York people would be diving under tables, but I'd spent so much time in the West I was not surprised.

Fifty years ago I fled small-town life as swiftly as I could for bright lights, big city. At age seventy-five I have an ever-greater appreciation of these communities, which, at the end, remember and honor where you began.

That realization was not a personal epiphany. I didn't walk the streets of Claremore thinking, My God, at my age I have to start thinking about when I die and where I end up. I've adopted the guideline of Warren Buffett's partner, Charlie Munger, who says, "I wanna know where I'll be when I die—so I never go there."

It did occur to Meredith and me that now we would be the sole grandparents for Claire and Meredith, Allen and Jennifer's daughters. We had talked some about our aging and the mortality realities that come with it, but our immediate and even long-distance plans were for living, not dying.

I was in good health, with the exception of that nagging backache, and felt the false sense of assurance of someone who'd had a long, uninterrupted run of personal and professional good fortune.

I had big plans for the summer and fall, including finishing an NBC News documentary on the fiftieth anniversary of the death of John F. Kennedy and another documentary on the making of the feature film *Unbroken*, based on the phenomenal bestselling book about the life of Louis "Louie" Zamperini; presenting a few lectures; and enjoying several hunting and fishing excursions.

When we arrived back in Montana, the pain was not as troublesome, but I arranged an appointment with another orthopedist, in Rochester, Minnesota, when I attended an August board meeting of the Mayo Clinic board of public trustees. I had no intention of slowing down, and I was confident the back pain was a minor blip on my radar screen.

When I was a boy running with an older crowd I wanted them to see me as a contemporary so I avoided birthdays. When my sixties arrived I shifted to another form of evasion. I failed to see the benefit of those life expectancy scales that keep percolating up as we live healthier lives with access to better medicine. That was never more clear than when, in my late sixties, a fitness doctor said one day, "There's no reason you can't make it into your mid-eighties."

Oh, really?

My mother died at ninety-two, and the last few years were a burden for her as her body began to break down. Still, she hung on, even while saying, in her no-nonsense way, "Don't worry about me, dear; I've lived long enough."

I seem to have inherited some of her cardiac strength and I guess I thought the nineties had a nice ring to them.

A year earlier some old high school pals, also now in their seventies, gathered in our hometown and I asked how many could remember a local male in his seventies when we were coming of age.

We could remember one. All the others died earlier. My father died at sixty-nine of a massive heart attack, and Meredith's father died at age sixty-eight of a ruptured aorta.

In early August I flew to Rochester for the Mayo board meeting and arranged an abbreviated physical, including that other orthopedic examination. The Mayo orthopedist came to the same conclusion as my New York friend: lower-back thinning of a disc, some arthritis, and the inescapable consequences of age. He arranged an appointment with an exercise therapist.

My primary care physician, Dr. Andrew Majka, an internist, thought we should do a blood check even though one nine months earlier had indicated no problems. Although he didn't share his initial thoughts with me, he worried I had a hematoma from those falls taken while fishing.

At 7:00 the morning of the blood test I repeated what was to become a familiar mantra: "Tom Brokaw, two six four oh." My name and birth date, so the nurses and technicians would know they had the right patient. In short order, four tubes of Brokaw O positive blood were on their way to the lab and then into my digital files. I had a post-test bagel on the run, a Starbucks grande cappuccino, skim milk, please, and hustled off to meet the therapist who had some exercises to help that pesky backache.

As I remember, I also had a few errands in the Rochester commercial district that borders the Mayo complex, a collection of shops to serve the thousand patients a day who pass through the clinic. On one corner, a small store with a window full of wigs for women who have lost their hair to cancer treatment. On another, a sprawling shoe store with everything from stylish dress loafers to orthopedic footwear. Barnes & Noble (since closed) occupied a vintage movie theater building, filling it with racks of books, electronic tablets, videos, and gifts.

In the past few years the mall and hotels have been brightened by lively cocktail lounges, coffee bars, and a first-rate seafood restaurant. Altogether, Rochester has the ambience of a prosperous small midwestern city, one of many in that middle part of America to which Scandinavian and northern European immigrants brought their dreams, their work ethic, and their faith.

An English-born physician, William Worrall Mayo, decided to establish a medical clinic here after duty as a doctor during the U.S. Dakota War of 1862 and the Civil War. His sons, Charles and William J., became physicians and joined him. As its reputation for excellence spread, the clinic developed a unique systems management program to coordinate the care of the ever larger number of patients showing up in Rochester. Simply put, the patient was placed at the center of the care network and all the physicians coordinated their treatment while constantly communicating with one another.

Common sense, right? Madly enough, too much of American healthcare ignores that simple formula, with each specialist concentrating only on his or her area of expertise without communicating with other physicians on the case. Additionally, the Mayo brothers converted the clinic into a nonprofit institution, putting themselves on a salary with the rest of the medical staff. That financial reengineering headed off the temptation to order procedures to generate fees. It was the beginning of a healthcare system unprecedented in its patient management, reach, and standing, so much so that the name Mayo has been a global brand in healthcare for a century and a half.

The pedestrian traffic in Rochester is a mix—clinic employees, local residents, Mayo patients, some in

wheelchairs accompanied by families, others shuffling along with somber expressions. It is not, however, a depressing tableau, as it retains that Minnesota-nice, heartland optimism and the certainty that help is just up the street.

Hovering over all of this is the Mayo complex, three Rochester hospitals and a mix of large buildings housing state-of-the-art medical technology, physicians' offices, operating rooms, laboratories for routine blood tests, and research facilities for what they hope will be breakthrough treatment for some medical mystery. It is an \$8-billion-plus-a-year business, including Mayo clinics in Scottsdale, Arizona, and Jacksonville, Florida.

As a child of the region and for a while a part-time resident of Minnesota, I always feel at home. Well before I became a public trustee, I shared the midwestern pride in the Mayo Clinic as one of the world's great healthcare facilities, known for its expert, coordinated care and patient efficiency. Our family will always remember how they put my father back together after a lifetime of serious back injuries brought on by his career as an operator of heavy construction equipment. He was a man who didn't know his own strength: One of his boyhood friends remembers him lifting a V8 engine off a workbench with his muscles alone. He came home from surgery at the clinic and never had another day of difficulty, thanks to his physician and a tempered attitude about work.

Users Review

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