

Chapter 11: The Autumn of My Life

One of Frank Sinatra's big hit songs, *It Was a Very Good Year*, became my all-time favorite. As the song lyrics describe, I've also had my share of good years.

- When I was 14, I began running track, significantly influencing my life.
- When I was 20, I came to the Free World and discovered new opportunities.
- When I was 30, I graduated from college and began to work in the Golden State.
- When I was 35, I became the father of a son.
- When I was 40, I started a full-time business and had a daughter.
- When I was 53, I married again—this time for life.
- When I was 65, I retired and began participating in various volunteer activities.
- When I was 77, Susan and I moved into a retirement community.

Beginning in 2001, at the age of 65, I phased myself out of day-to-day business activities, although I occasionally taught courses. Stepping out of management was easy. Leaving the classroom abruptly would have been too difficult because I genuinely enjoyed interacting with the students.

In addition to the live courses, I began to present webinars online. Conducting online courses inside my office, looking at and talking to a webcam instead of directly to the students, brought back memories of when I videotaped my courses. At least then, there were some people in the TV studio. Teaching a webinar, I was alone in a room, which was not nearly as much fun as teaching a live class. On the other hand, no travel was required.

Coaching Track and Field

I began coaching track at Blach Intermediate School in Los Altos to keep me occupied. Nanci and George had attended that school a decade earlier, and I was glad to see the 65-yard hurdle record George set still stood.

I worked with a variety of kids. Children learn new skills and techniques quickly at that age, and some become decent hurdlers in a surprisingly short time. During my second year of coaching, the head coach from Mountain View High School came to watch one of our track meets. "I was wondering who had been teaching some of our incoming freshmen how to hurdle," he told me after introducing himself as Evan Smith. "I could use your help at our high school. Please come by and talk to our athletic director."

I visited the high school the following week and agreed to work with their hurdlers the following season. Occasionally, they also asked me to help with the sprint and relay workouts. The kids at Blach practiced Tuesdays and Thursdays and competed only a few times. High school teams worked out five to six days a week and had weekly track meets during their four-month season. It required a more serious commitment.

Being interviewed was easy. Completing the large amount of paperwork and passing security procedures and medical exams took much longer. Schools wanted to prevent pedophiles and criminals from being closed to children, so I had to pass rigorous background checks. On the medical side, the district physician was alarmed to learn that I once had

tuberculosis. Thorough examinations and comparisons with previous x-rays finally convinced him that I presented no danger to the kids.

As a high school student in Hungary, I trained at my club year-round. The four-month spring track season at Mountain View High was short compared to that. Several kids from the team also participated in other sports during the winter season and could not show up for track practice until we were three to four weeks into our spring training. It took me some time to adjust to the local customs and coaching philosophies.



Mountain View High School stadium, with an all-weather track, was conveniently located close to our home.

One of my surprises was learning that even for some star athletes, the sport was not their highest priority. At that age, I had given up everything else—parties, dating, and other activities—that could have interfered with my training. At Mountain View High, most kids had many other interests, including acting, choir, club soccer, and various social and academic groups. In addition to the distraction and time commitment, playing on a highly competitive club soccer team — away from the school — also opened opportunities for injury.

I had trouble convincing some sprinters and hurdlers to take the track warm-ups seriously. Even on cool days, they did not like to wear sweatsuits. “I don’t like to perspire,” one of the girls told me. As a result, each year, we lost several athletes to painful sprains and pulled muscles.

Eventually, I learned to live with their various side activities and personal habits. However, One Monday, an unprecedented conversation spotlighted the reality. “Coach, I won’t be running at the CCS Preliminary Meet on Saturday,” our best sprinter told me. She was the fourth runner on our 4x100-meter relay team.

“Why not?” I asked, alarmed.

“Our senior prom is Saturday,” she replied.

“I don't see any problem with that. The track meet is in the morning, so you have plenty of time to clean up and go to your prom in the evening.”

“No, I can't. I'll have my hair done Friday afternoon, and I can't have it messed up.”

I stood there in disbelief, not knowing what to say. She probably took my silence as a sign of approval because she just smiled and walked away. It took me some time to accept the idea that even though she was our fastest sprinter, looking pretty at the prom was more important to her than helping the relay team win.



Two of my League-champion hurdlers

In addition to coaching, I was a counselor, listener, and financial helper to those who could not afford to purchase track shoes or sweatsuits. A couple of the kids also poured their hearts out about their problems. Some parents were reluctant to support their children's participation. Conversely, others pushed the kids too hard. “Even though I'm doing my best,” one girl told me, “My father expects me to do much better. He doesn't want to accept that I'm not as good as he wants me to be.”

I thought about talking with the father, but another coach discouraged me. She told me about a recent incident where she tried to convince a parent not to push so hard. The parent complained to the administration, and the coach was told to back off. I followed her advice and did not interfere.

Another time, however, I decided to stick my neck out. The boys' sprint relay team had an excellent chance to place at a prestigious track meet, but our fastest sprinter told me he had to see the Assistant District Attorney that afternoon.

“What did you do?” I asked him.

“I've been tardy to classes too many times,” he replied.

Replacing him with a slower alternate would have risked the baton exchanges and resulted in a slower time. I went to the DA's office and pleaded for a different appointment for the student.

“If he’s the fastest runner on your team, why is he always late for classes?” asked the DA with a smile. However, he agreed to see the boy later so he could participate in the meet. Our star promised to stay out of trouble for the remainder of the school year.

Two weeks later, the same boy was placed on academic suspension and missed the rest of the season. At that time, there was nothing more I could do for him.

Because an alarming number of American children are either pre-diabetic or already diabetic, I encouraged the team members to eat healthy food. Most of them listened and drank water instead of sodas. I also unsuccessfully tried convincing the snack bar officials at the various track meets to use whole wheat buns for the hamburgers and hot dogs. “I was born and raised in this country,” bellowed the man in charge of the food stand. “No foreigner will tell me how to prepare hot dogs.” Others were more polite but showed no interest in changing the buns.

In my ten years of volunteer coaching, our team performed exceptionally well. Winning the El Camino League championship twice moved us up into the top-level De Anza League. Through 2011, the boys’ and girls’ teams finished at the top of that league for four consecutive years. Equally satisfying was witnessing the parents’ participation. A large group of volunteers helped to conduct our home meets smoothly and efficiently. I have good memories of being part of such a great team.



Two of the souvenirs I received from the teams. In the group photo, I was wearing a white shirt.

Coaching track athletes brought new enjoyment into my life. Even though I liked coaching AYSO soccer teams earlier, I had better opportunities to get to know some team members much closer this time. I promised myself to do it again in the future.

A new resident in our home

We considered having a dog at home when our heavy travel schedule slowed. Susan, always more of a cat person, was not overly enthusiastic about the idea. To make things worse, with her recently developed allergies, she could not tolerate having any furry animal nearby.

A man I met at a social gathering was a veterinarian. Hearing how much I liked dogs, he asked me if we had one. “No, we don’t,” I replied sadly. “I would love to have a Lab, but my wife has allergies. What I need is a Lab that doesn’t shed.”

“You need a Labradoodle,” he told me.

I smiled politely, Thinking he was telling me an insider’s joke.

“Don’t laugh!” he said. “There is such a breed. It was developed in Australia as a guide dog for blind people with allergies. They mated standard poodles with Labrador retrievers. The combination led to puppies with the Lab’s personality and the poodle’s hair and intelligence. Because they have hair, they don’t shed like Labs.”

Although I told Susan what I heard at the meeting, we did not follow up. Importing a dog from Australia did not seem very practical.

However, Labradoodles became popular in the United States within a few years. One of our neighbors said they had purchased one from a breeder in Burlington, Iowa. Their puppy would be shipped to them by air within the next few days. The family waited with excitement.

After their little black puppy arrived, I took Susan to the neighbors to admire it. Harley, as they called him, was simply irresistible. Everyone who saw him, including Susan, instantly fell in love with him. When we went home, we began to talk seriously about having a dog. Soon after, we contacted the breeder. One female from the litter was still available. They e-mailed photos of the puppy and her parents—a white poodle father and a black Lab mother.

After some deliberation, we purchased the puppy and called her Missy. We decided for her to be shipped, and within a week, she arrived in a crate at the San Francisco airport. I parked the car at the freight terminal, and Susan went inside to receive the shipment. “They brought the crate out and placed it next to me,” she told me later. “While signing the papers, I felt something wet touching my leg. I looked down and saw the puppy’s tongue reaching out to lick me. I immediately knew that I would like her.”

Missy quickly became a part of our household. While we slept in the bedroom, she was supposed to stay in the living room at night. She did not like the idea and found ways to express her resentment. One day, after receiving a new HP printer, I left the user manual and instruction CD on the coffee table when I went to bed. The following day, I found a shredded version of the manual and CD pieces spread around the living room floor. Concerned about what the CD might do to her stomach, we called the vet for advice. “There isn’t much you can do at this point other than overseeing her,” the doctor told us. “If she’s acting strangely, bring her in immediately.”

Fortunately, no harm was done to Missy. I took a digital photo of the remainder of the manual and the CD and sent it to Hewlett-Packard. “Our puppy chewed up all the instructions,” I wrote on the attached note. “Please send us a replacement.” HP obliged and shipped everything without charge.

After seeing too many rambunctious dogs, we decided to train her properly. As soon as she was old enough, we took her to an introductory puppy class to learn basic obedience. Approximately 20 other young dogs were enrolled in the six-week program.

The trainer came into the classroom, carrying a large pillow, followed by a beautiful large golden retriever who ignored the noisy, unruly puppies. After telling her dog to sit, she placed the pillow in a corner. “Go to your bed,” she said to the retriever while pointing to the pillow. To our amazement, her dog obeyed the instructions immediately without paying attention to the other dogs chasing each other. “If you train your dog properly, once she outgrows puppyhood, she’ll behave just like mine,” the trainer told us.

Looking at five-month-old Missy running wildly around the room, I had trouble believing such a miracle could happen, particularly when I recalled my bad experience with our German shepherd, Princess, back in the 1980s. Our determination for Missy paid off, however. She graduated from that first schooling and six other courses and now has the equivalent of a Ph.D. She is friendly, obedient, and an excellent travel companion when we take her in our car.

We have had many memorable experiences with Missy. One occurred during the high school’s spring break when our track team worked out in the mornings. I was not impressed with the athletes; they seemed lazy and not motivated to run. “You kids look so sluggish and slow,” I scolded them. “I bet that even the young female who lives in our house could easily outrun you.”

“How old is she?” asked one of the sprinters, his male ego aroused.

“She’s younger than you,” I replied.

“Where does she go to school?” asked one of the girls.

“She is from another state and takes private courses here.”

“Has she been competing?”

“Although she’s done a lot of running, this will be her first race,” I led them on. “Would you accept a challenge from her? I’ll throw in a prize to the winner.”

Everything I said was true. Missy was younger than the kids on the team, even if we considered the one-to-seven-year ratio between dogs and humans. She came from another state and was taking obedience courses. She had never run a race.

The runners began to talk among themselves and decided to take on the “girl.” We made a bet. If she beat them, I asked them to do something they did not like—wear their full sweatsuits at every practice for the rest of the track season without complaining.

“What if one of us wins?” asked one boy.

“Anything you want,” I replied, believing in Missy’s speed. We settled on my buying a frozen yogurt for every sprinter and hurdler at practice that week.

A 50-meter sprint race was set for Thursday morning. The group agreed on five boys and two girls to compete. The eighth lane would be for the challenger.

To practice, Susan and I took Missy to the track in the late afternoons. Susan held her at the starting line, and I waited at the 50-meter mark. I would call out the start commands, “Take your marks,” “Set,” followed by the emergency call we had taught Missy—a sharp, high-pitched ululation, like how Arab women express celebration by rolling their tongues. Whenever she heard that sound, she immediately ran to us at full speed. I timed her running the 50-meter

distance in 4.5 seconds. No human could run that fast, so I had complete confidence in our victory.

The challenge inspired the kids to work hard every day. On Thursday morning, I arranged with Susan to bring Missy to the track only after the kids finished their warm-ups. They were eager to meet their opponent, but I told them my runner preferred to warm up alone. I gathered with the runners at the starting area and called my wife's cell phone, letting her know we were ready.

Susan walked to the track, holding Missy's leash. The kids still did not suspect anything. They thought Susan just came with the dog to watch the race.

"Where is your runner?" asked one of the boys impatiently.

"She's right there," I said, pointing to the one-year-old Missy.

I wished I had used my video camera to record their reactions. "That's not fair, she's a dog," "She has four legs," "You misled us," they complained loudly.

I reminded them that I had never said Missy was a human. They grudgingly agreed and lined up for the race. I took my place at the 50-meter finish line.

When the race began, Missy quickly took the lead and won. Unfortunately for me, she did not stay in her lane. The kids protested, and Missy had to be disqualified for a lane violation. That infraction cost me 30 frozen yogurts at the local ice cream parlor.

The race news quickly spread around the team, and I am certain those present will never forget it. One of the former MVHS sprinters posted on Facebook recently:

"...From what I recall, she disqualified herself for going outside her lane, even though she still finished ahead of us. She was distracted by looking back at us. I still remember how you led us to believe that we'd be running against this young phantom female who was going to a private school, was super-fast, and had a chance of beating us. We all scoffed at the idea. When your wife brought out Missy, my heart stopped as I connected the dots from the clues you gave us. Ha-ha, thanks for the great memory! I'm glad to hear she's doing well - Amazingly, she's 8! When we ran against her, she was still a young puppy! Oh, how the time has flown by..."



A picture of Missy at age five, while she was looking for squirrels in a park.

I routinely took Missy outside before Susan and retire for the evening. We walk through the garage and step outside through a side door. In the past, Missy immediately charged toward our backyard, and I walked toward a storage shed at the corner of our lot. Once convinced that

there were no intruders, she went to the side of the playhouse to do her business. Then we came back inside.

One night, when I opened the side door, Missy growled and angrily rushed into the dark. In a few seconds, I heard a strange rustling noise from the opposite side of the backyard behind our gazebo. Fearing that she had grabbed the neighbor's cat, I sprinted in that direction, pointing my flashlight ahead. Suddenly, the noise stopped, and Missy appeared, wiping her face with her front paws. *Maybe the cat scratched her face during the fight. Most likely, that darned feline is dying behind the gazebo. I'd better check it before taking care of Missy.*

As I approached the side of the gazebo, I saw a small dark creature standing with its backside toward me, her bushy tail pointed upwards. *This is no cat. It's a skunk. Run for your life!*

I spun around and ran for the house, calling Missy to follow me. When she caught up with me, I was overwhelmed by the awful stench. Phew! Her face was wet, her eyes bloodshot; she looked miserable.

We entered our garage, and I yelled for Susan's help. She had heard that washing a skunked dog with tomato juice might provide some relief. While she started the vegetable rinse, I called our vet's emergency number. "Use diluted hydrogen peroxide and dish soap to clean your dog," the operator advised.

Fortunately, our nearby Safeway was open and had a supply of peroxide. After we washed Missy in the tub, she felt more comfortable, and we could finally retire for the night. We washed her daily for quite a while, but our house retained the foul odor for some time. Strategic bowls of vinegar lying around helped diminish the disgusting smell.

I've heard that there are two kinds of dogs: one that learns from its first exposure to a skunk and one that is skunked repeatedly. Fortunately, Missy belongs to the first category. Since that awful night, when I take her out so she can relieve herself, she stays close. If there are skunks in our backyard, she doesn't chase after them.

When we traveled by car, Missy always came with us; she happily jumped into the back of our Tesla and rested peacefully on her bed. If our trip required flying, she stayed with a neighbor. Susan and I always looked forward to the reunion after our return, where Missy's exuberant reaction frequently brought tears to our eyes.

As the years passed, Missy's eyebrows and feet gradually turned gray. One day, as we prepared to leave for a car trip, Missy missed the jump into the car, falling to the ground. Her second try was unsuccessful, and she agreed to be lifted into the vehicle. On our way back, she patiently waited for my assistance, seemingly accepting her limitation. Sadly, she passed on to Dog Heaven three years later, leaving many happy memories with us.

Family Stories

The boyfriends and girlfriends of our four children varied as the years passed. At times, Susan and I lost track of their love interests. We kept guessing which child would be married first. Then, in 2001, almost following their birth order, they began to give up their single lives.

Daphne

Our eldest was the first to change her status. Daphne lived in San Diego then and told us she would visit us over a weekend with her boyfriend, Jim Hagan. Susan and I had met Jim several times before and liked him very much. We felt he had all the qualities of a “good husband.”

Following the old-fashioned custom, Jim asked us for our daughter's hand during their stay. We happily agreed and elevated him from boyfriend to fiancé. They planned to wed in San Diego at the end of the summer of 2001 and planned for the occasion.

Susan and I enrolled in classes at Arthur Murray's dance studio to improve our ballroom dancing. We focused on classical forms such as the tango, foxtrot, and waltz and thought we were prepared. At the wedding, however, we realized our style was outdated. After a few slow dances, the disk jockey switched to music the young people preferred. We'd wasted our tuition with the dance studio but had a great time at the wedding. *One child married—three to go!*

In the fall of 2002, Daphne announced that we would become grandparents. She and Jim had moved to Los Angeles, where he entered UCLA's MBA program. They planned to return to San Diego after he completed his studies. Susan and I were excited about this new phase of our lives. As Daphne's due date approached, we packed our SUV, ready to drive to Los Angeles.

On the evening of April 20, the call came. “I just took Daphne to the Kaiser Hospital,” Jim told us. “Looks like she's ready to deliver.”

“We'll be there tomorrow!” we replied. The following day, we left early in the morning to beat the rush-hour traffic in Los Angeles. Missy stayed behind, and Éva promised to look after her. Even though Missy is very loyal to Susan and me, she loves to be cared for by my sister, who is convinced that our sweet Missy is grossly underfed.

During our drive, Jim called my mobile phone with good news. Their son, Matthew, had been born that morning. The mother and baby were both doing fine. We increased our speed on Highway 5 so we could be there sooner. Later that day, we visited Daphne and took several pictures to record the occasion. I had not held such a tiny baby in my arms since Nanci was born, and it was fascinating to see Matthew's tiny hands and cute little face. I looked forward to teaching him to play soccer one day.



Pictures taken during the first day of Matthew's life, showing the proud parents and grandparents.

When Susan and I visited San Diego before Matthew's second birthday, Jim shared his concerns about Matthew's lack of response when he was called. Other distressing signs were the boy's loud voice and the quick loss of interest in his daily activities. "Unless he looks at me when I call his name, he does not react," Jim said. "I'm afraid that he might be autistic."

I recalled seeing the Dustin Hoffman movie *Rain Man* but knew little about autism. Hearing that our grandson might be afflicted by it was hard to comprehend, and I tried to comfort Jim by telling him that his concerns might not be justified. Unfortunately, his suspicion was confirmed by a specialist they visited shortly after our return to Los Altos. Matthew was diagnosed with Asperger's Syndrome (AS), which is a mild form of autism; individuals with AS can often function at a high level.

In our search for more information regarding Asperger's, Susan and I recognized some of its signs in Matthew's behavior. Individuals with AS have problems maintaining eye contact during conversations, but they are often social and ready to engage in a one-sided, long-winded speech about a favorite topic. Generally, they find it difficult to establish friendships.

According to medical experts, early diagnosis and treatment significantly improve the person's condition and pave the way to a normal, well-balanced lifestyle. The State of California, as of the time of this writing, offers a wide range of programs to help those with AS. Daphne and Jim took advantage of all the available assistance. In addition to giving Matthew their loving care, they have learned how to deal with his being slightly different from other children.

From an early age, Matthew has shown some remarkable abilities. He could spell long words before he was three years old and memorized the long, complex names of the various dinosaurs. He quickly became proficient with a computer keyboard and could use the computer independently. With the support and love of his family, his skills can be channeled into a positive and highly successful life.

By the time Daphne and Jim learned about the Asperger's, she was again pregnant. Although the preliminary tests did not indicate any irregularity, they were still concerned about their second child, Grace, born in June 2005. They monitored her first two years, watching for any signs of AS, but none emerged. Grace turned out to be fine.

George

During his last year in medical school, George planned to marry Erica Bertorello, the young woman he had been dating for ten years. They had arranged a trip to New York in the summer of 2002, and George wanted to surprise her by proposing in the Big Apple. He shared his plan with us. Recalling the sights from a trip he and I had taken to New York five years earlier, he decided the top of the Empire State Building would be the perfect place to propose. Before leaving for their trip, George visited Erica's parents and requested permission to marry their daughter. The next day, he and Erica's mother, Ardith, went ring shopping.

We heard later that at the Empire State Building, they took an elevator to the observatory at the top. It was a cold and windy day. While Erica enjoyed the scenery, George was anxiously preparing for the moment to pop the big question. "Every time a group of tourists left, another bunch came up and took their places," he told us. "Erica was ready to leave, but I kept her there

longer and longer, hoping for some privacy. Finally, she asked if we could leave because she was cold. I told her we should stay a little longer and enjoy the view.

“We walked to the other side of the observation deck, and she complained even more about being cold. At that point, I gave up, pulled the ring out of my pocket, and knelt before her. ‘I love you, and you are the only person I want to spend the rest of my life with. Will you marry me?’ I asked. She was stunned into silence, then said, ‘Oh my God, oh my God, I can’t believe you did this! Yes, of course, yes!’ Feeling cold was suddenly the last thing on her mind. People around clapped and congratulated us. I’ll never forget that evening.”

The young couple purchased a townhouse in Pleasanton, California, in May 2003 and were married the next month in nearby Blackhawk. After the wedding, George began his residency at San Joaquin General Hospital outside Stockton. Next, he joined Palo Alto Medical Foundation’s clinic in Dublin, CA, representing the new breed of physicians with computer skills. Having some of his older colleagues ask for help filing reports and searching the Internet allowed him to become a valued medical team member quickly.

Initially, Erica commuted to the law firm in San Francisco, where she worked as an attorney. Later, she enrolled in additional graduate work and opened a home business in estate planning. Their lives have been busy taking care of their Pugs and with occasional travel for relaxation.

Kent

A year after the 9/11 tragedy and the U.S. invasion of Afghanistan, Kent, like Daphne and Jim, was living in San Diego. His employer had just closed the division where he worked and had given him a generous termination package. He significantly changed his life and revealed his plan to us. “I want to serve my country,” he said. “Now that I have some extra money, I’ll join the military.”

Susan and I were shocked to hear his plans. Susan had lost a brother, a Marine, during the Vietnam War and did not want to have another family member exposed to danger. Kent, however, had his mind made up. The only compromise he was willing to make was to become part of the Army Reserve’s psychological operations group (PSYOP). Somewhat relieved, we accepted his decision. A few months later, Kent went through basic training in South Carolina. After returning from Basic, he bought a house and proposed to his girlfriend, Joan Potter. She accepted, and they married in San Diego in May 2003.

Two months earlier, the U.S. had invaded Iraq. We hoped Kent, already 32 years old, would not be called up for active duty. He lived a regular civilian life besides regular weekend army exercises and a four-month advanced combat training program in North Carolina. He began working at the Sierra Wireless Company as a mechanical engineer. Their daughter, Madeline, was born in June 2004.

Our prayers to keep him out of the wars were not answered. He received orders to become part of Operation Iraqi Freedom and obtained a leave of absence from his employer. After a lengthy pre-deployment training, he was shipped to Iraq, leaving Joan and their infant daughter behind. Being a PSYOP did not shield him from daily patrol duties. At home, we watched the news about the extreme hazards our troops faced in that part of the world and prayed for his well-being. Joan and Madeline moved to her parents’ home while Kent was away.

Fortunately, he did not suffer any physical injuries. When his one-year deployment ended in May 2006, he returned home with the rank of sergeant and continued with his engineering work. It was not easy to step back into civilian life and leave the trauma of the war behind. Another task was building a new relationship with two-year-old Madeline, who hardly knew her daddy. Joan worked diligently to rebuild the family unity, and she prayed that he would never have to leave again for any extended period. Knowing that his seven-year contract with the Army specified that he would not be sent back to the war zone again, Joan, Susan, and I felt reassured.

Because the U.S. did not have enough soldiers to fight two wars simultaneously, President George W. Bush signed an Executive Order that invalidated the prior commitment of the Army Reserves to a single foreign deployment. At the beginning of August 2008, Kent had to leave his wife and four-year-old daughter behind and serve an additional one-year tour of duty in Iraq. He had faced his first deployment enthusiastically, eager to help establish democracy in Iraq. The second time, he was disillusioned and did not feel the American military could force the Iraqis to change their living form. After some hair-raising experiences, he returned home once again without injury and resumed his work at the Sierra Wireless Company. His contract with the Army expired in October 2010, and he received an honorable discharge.

Nanci

In 1997, Nanci met a young man named Aaron Reed at the wedding of George’s closest friend. They developed a relationship, and he eventually came to work for my company while Nanci also worked there. Among other interests, the two shared a love of skiing and took frequent trips to the Lake Tahoe ski resorts.



Top left to right: Daphne & Jim; Erica & George; Susan, Kent, Joan, and Captain Potter—Joan’s father; Nanci & Aaron. Bottom left to right: Susan and I are swinging at one of the weddings; with Grace (1), Matthew (3) and Madeline (2) in San Diego; two years later, ganging up on Matthew.

Aaron was interested in real estate and also volunteered to fight forest fires, a frequent occurrence in California. Their closeness led to a marriage in July 2004. For their wedding, they chose a former gold mine in California's Gold Country that had been converted to a modern resort. Susan and I joined some of the guests for a tour of the mineshafts before the ceremony. We did not find any gold but still felt happy knowing that all our four children had found good life partners.

Aaron focused on growing his real estate appraisal and sales business into successful enterprises for the next decade. Fellow entrepreneur Nanci concentrated on developing her private Pilates Instruction business with locations in the SF Bay Area.

As a Pilates Instructor and Spiritual Life Coach, Nanci transformed over 1,000 private clients worldwide. She also created a micro philanthropy movement called '32 Favors: A Deliberate Kindness Project.'

They moved to Concord, CA, closer to Aaron's real estate office a few years later.

Éva's daughters

Our children's good outcomes have filled the autumn of my life with satisfaction. Sadly, during the winter of 2006, we have lost a family member.

The ringing of the bedroom phone brought me out of a deep sleep. It was 2:30 a.m. I fumbled in the dark and answered sleepily.

"I'm sorry to wake you," my sister Éva said. She was crying at the other end. "Sandy is dead."

The shock of the unexpected news woke me up completely. "What happened?"

"A police officer told me a few minutes ago that they found her dead in her apartment."

"What about Évike?" I asked, as my thoughts raced to my niece's 16-month-old daughter.

"She is in a hospital in Monterey. I have to drive there in the morning to pick her up."

"I'll take you," I told her. It would have been comforting for both of us to include Susan in the trip, but she was still in San Diego visiting the kids.

After our phone conversation, I thought of how differently the lifestyles of each of Éva's two daughters, Debby and Sandy, had turned out. They had both been drawn into the wrong crowd when they lived in Cleveland. By middle school, they began drinking and using illegal drugs. Éva's second husband, their father, was an alcoholic and a poor role model for them. Both girls became destructively addicted, their genetic background contributing to the problem. By age 15, however, Debby joined AA. She has maintained sobriety and achieved a productive life.

When Éva and her children moved to California in 1985, Debby entered college and continued to graduate school. She earned a Ph.D. in Clinical Psychology, specializing in neuropsychology, and accepted a clinical research position as a faculty member at a prominent medical center. She married, had three boys of her own, and was also raising a stepson.

Sandy was as talented and capable as her sister. But despite many interventions and much therapy, she never achieved sobriety and freedom from her addiction. She continued to associate with troubled peers. As a high school dropout, she worked as a restaurant server, switching jobs frequently. Soon, she had her first DUI citation. Because she was beautiful and intelligent, she could talk her way out of trouble. My sister, my wife, and I feared that she might

be involved in a more severe traffic accident while under the influence and hurt others as well as herself. When we heard that Sandy had been arrested for the second time for drunk driving, we decided not to post bail. After serving the two-week jail term, we hoped she had hit bottom and would clean up her life.

The effect of the incarceration quickly wore off, and my niece returned to heavy drinking. This time, however, an additional complication entered her life: she became pregnant and delivered a baby girl in January 2005. She moved into a one-bedroom apartment in Monterey and lived on public assistance. Éva, Susan, and I had visited them just a few weeks earlier to celebrate Sandy's birthday. As I contemplated Sandy's life and the sad trip to Monterey we would take in the morning, I was grateful that we had been able to share that birthday with her.

I slept a few hours before picking up Éva in the morning. She was relieved to have me along and filled me in while we drove, although she did not have much additional information. She had been awakened in the middle of the night when a policeman knocked on her door and gave her the horrible news. She learned that a neighbor had heard Sandy's little girl crying all day and notified the police. When officers responded to the call and entered the apartment, they found Sandy lifeless on the living room floor. Her 16-month-old daughter was crying behind a locked bedroom door. The mother was pronounced dead at the scene, and the child was rushed to the hospital, where she was treated for severe dehydration.

Our first stop was the Monterey police station, where we learned more somber details. According to the initial medical examination, Sandy had been dead for five days by the time they found her. The time passed was a sad testament to the isolation that was a byproduct of her chosen life. No foul play was detected, but a wine bottle and some medications were nearby. An autopsy later confirmed the cause of death as an overdose of alcohol and multiple prescription medications.

Éva had met Sandy's social worker in the past. Now, this woman had arranged for us to visit Évike in the hospital. Surprisingly, the child showed no sign of trauma other than the IV attached to her arm. She recognized us and was especially glad to see her grandmother. A doctor told us that if the little girl had been found a day later, she might not have survived.

With the help of the social worker, Éva received clearance to take little Évike. By the time we arrived home, Susan had returned from San Diego. Since our house was already fully equipped with everything necessary for visiting baby grandchildren, we all decided it would be best to keep the little girl with us temporarily.

The regional newspapers quickly learned about the tragic event and gave it front-page coverage. Several television stations also mentioned it in their evening news. The *Los Altos Town Crier's* write-up even included Éva's home address, and she received condolences from many people. She was deeply touched by reading their comments.

Within the week, Debby could take a leave from her work. She came to California to comfort her mom and help with the funeral arrangements. A memorial service was held for Sandy in Monterey. After making all the legal arrangements, Debby took Évike home to become her fifth child.

Our family worried about the long-term effects of Évike's parents' drug and drinking habits. To our relief, she has blended into her new family without any problem and has done well in school. Eventually, she'll learn the truth about her birth mother's heartbreaking past.

16-month-old girl survives five days without food

BY BANKS ALBACH
DAILY NEWS STAFF WRITER

Eva Koltai is safe and sound in Mountain View, and in much better shape than when police found the 16-month-old girl alone in Seaside on Tuesday after discovering her mother dead in a nearby room.

Seaside police responded to a call around 1:30 p.m. from a property owner who saw his manager, Claire Koltai, through a window, lying face down in her living room. An officer entered the apartment

in the 1100 block of Noche Buena Street and saw that Koltai had been dead for several days. The officer then opened the bedroom door and found Eva, Koltai's daughter, sitting on the floor.

It had been nearly a week since her mother was last seen by neighbors.

"She was listless, crying and very skinny," said Seaside police Capt. Steve Cercone. "The doctors said if we had waited another day, she might not have survived. She

was just very lucky."

Autopsy results ruled out any foul play in Koltai's death but investigators are waiting for blood toxicity results, which should arrive in two weeks, Cercone said.

"There's no concrete evidence as to the exact cause of death," Cercone said.

He added that both Koltai's boyfriend and Eva's father had been interviewed and are not suspects in her death.

Eva was severely dehydrated

when officers found her. An ambulance dropped her at the Community Hospital of the Monterey Peninsula, where doctors immediately hooked the toddler up to an IV.

Eva is expected to make a full recovery and was released to the care of her grandmother, who lives in Mountain View.

Family members preferred not to be quoted and said only that Eva is doing fine.

E-mail Banks Albach at ballbach@dailynewsgroup.com.

'The doctors said if we had waited another day, she might not have survived.'

Steve Cercone,
Seaside police captain

This is one of the many newspaper articles about Sandy's death. They refer to the baby as "Eva"; we used the Hungarian nickname Évike in the family.

Heartbreak is nothing new to my family's history, nor is caring for the heartbroken. Debby's adoption of her sister's child carries echoes of the past. When Éva's mom was killed during World War II, her sister—my mother—adopted the little girl and raised Éva and me together to our mutual benefit. How strange that the story is so much the same in this generation!



Left: A week after her mother's death, 16-month-old Évike took over Missy's kennel. Center: Évike at age four, with her three new brothers. Right: My niece Debby with Évike on her sixth birthday.

Cousin Pista

During the 20 years I lived in Hungary, Pista and I spent much time together. He was my closest friend, like a brother to me. After lung cancer took his wife at the age of 55, Pista's life turned sour. He began to drink, withdrew from family and friends, and mostly lived in seclusion. My efforts to help him find a new partner were unsuccessful. Even a trip to California did not cheer him up; he could not enjoy life without his wife.

In addition to seeing him in Budapest during my frequent visits, we talked regularly by phone. Susan always commented how happy I sounded while chatting with Pista in Hungarian, recalling the times of our youth.

In the early 2000s, Pista's excessive consumption of alcohol began to take its toll. He was hospitalized several times for progressively more extended periods. Finally, his children hired a caretaker to assist him at home. He spent most of his time in bed.

My last time with Pista was in 2008, when George was also with me. I was shocked to see Pista's poor mental and physical condition and feared that my dear friend would not live much longer. He passed away a month after our visit at the age of 72. I will miss his presence for the rest of my life.



Three photos of myself with Pista: At the age of 2 (with his mother), Having a snack in Budapest, age 64, and at 72, while visiting him with George)

Becoming an Author

Technical book publishers had been after me to write textbooks about RF and microwave circuit design for years. They offered free editing and printing, as well as assistance with illustrations. "It won't cost you a dime to write the book, and you can receive royalties for a long time," one publisher told me. "We'll take care of everything. All you have to do is give us a manuscript."

In the past, I had contributed to several books, but to write one by myself seemed to be a monumental task. I put off those offers by promising that "next year I would consider it." When my teaching activities began to slow down in 2002, I discussed co-authoring a book with one of our instructors, Rowan Gilmore, who lived in Australia. After reviewing the list of topics we wanted to cover, we quickly realized that a single book would not be practical and agreed to do it in two volumes. We narrowed down our choice of publishers to John Wiley and Artech House. After initial discussions and negotiations with both, we chose the latter because they focused more on our industry. Rather than competing with several textbooks written on microwave theory, we decided to pursue practical circuit engineering and settled on the title *Practical RF Circuit Design for Modern Wireless Systems*. The publisher liked our choice.

Rowan and I had been teaching technical courses together for nearly two decades, so we knew each other quite well. We split the task evenly; I would write most of the first volume, and he would focus on the second one. We committed ourselves to delivering our first draft in nine months and the final copy within one year.

Because I am not a fast typist, Susan agreed to transcribe the text onto the computer after I recorded it with a Dictaphone. All worked fine, except in a few cases when she interpreted some of the technical terms her way. My favorite example was in the filter design section of Volume 1. As I was proofing Susan's MS Word file, the phrase "chubby chef filter response" surprised me. "How did you come up with the term 'chubby chef'?" I asked her.

“That’s what you dictated,” she replied, playing the audiotape to prove it.

“**It’s not chubby chef, but Chebyshev**,” I explained, telling her about the great 19th-century Russian mathematician after whom several mathematical functions were named.

“I’m not an engineer,” she shrugged. “How am I supposed to know that?”

She was right. I would have to pay closer attention to proofreading to catch those mistakes.

Dictating the text went faster than I had anticipated. Most of the time, I talked into the microphone like I did to my class students. The illustrations and equations came from the slides of my course material. Rowan and I submitted the first draft to Artech House in MS Word format ahead of schedule. I assumed that most of the work had been done.

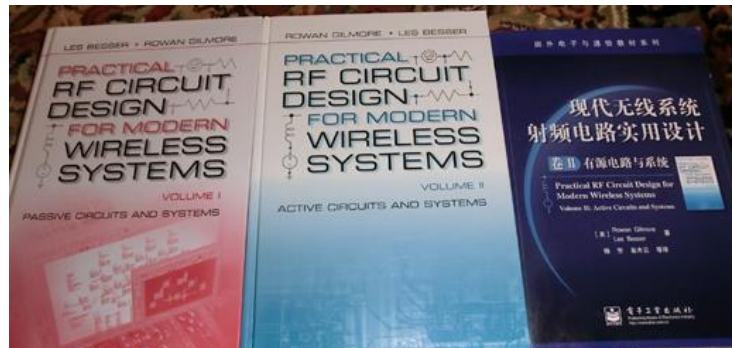
Well, I couldn’t have been more wrong. Artech House still had to convert the Word files to a desktop publishing program. My assumption that it would be a simple automated procedure was only valid for the simple text portion of the book. When we used special characters, such as Greek letters, subscripts, or superscripts, an operator had to enter them individually into the publishing program. All the equations throughout the books also had to be recreated.

After receiving the galley proofs, I could not believe the large number of errors. The operators who did the manual conversions did not fully understand the significance of subscripts, superscripts, and parentheses. Many of the equations were also incorrect.

My complaints to the Editor at Artech did not help. “I’m afraid you’ll just have to mark up the galley proof sheets,” he told me. “Be sure to check everything carefully because the page proofs you’ll receive next can only be changed for serious mistakes.”

It took me nearly two months to finish the corrections and send the pages to the publisher. To my dismay, many mistakes still appeared in the page proofs I received later. Because the production date had already been set, they only had time to change a limited number of the errors. “You can create an errata, and we’ll place one into each book,” the man in charge of production told me. Having the books going into production with many known mistakes embarrassed Rowan and me, but we could do nothing at that point.

After the two volumes were published in 2003, they moved quickly to the top of Artech House’s best-seller list. Despite their high prices—\$119 for each 570-page volume—they remained there for a year. Most of the errors were finally corrected at the second printing. Both volumes were also translated into Chinese and published in China.



Left: Coauthor Rowan Gilmore and I are signing books at a conference. Right: Pictures of our two hardbound books and the paperback edition of Volume 2 published in China.

Our royalties for the books sold in the Western countries were reasonably high for the first three years; then, they tapered off. We did not receive any royalties on the Chinese editions. Rowan and I joked about the return on our investment, saying that we had almost earned minimum wage for the one year we spent writing the books and correcting the errors. In our case, publishing did not bring millions!

Health problems

Except for having contracted TB after being exposed while visiting Hungary in 1966, my adult life until age 65 had been exceptionally healthy. I was proud that I had only missed one afternoon in over 2,000 teaching days—when I accidentally placed a sleeping pill into my vitamin case. After announcing my retirement, though, almost as if according to schedule, health issues began to show up.

Sleep Apnea

I complained to the doctor about my low energy level during the required physical exam for high school coaching. “I feel tired after only a 20-minute warm-up with the track team,” I told her.

“Well, that’s natural,” she replied. “You’re not a teenager anymore.”

I agreed but still suspected that something was not right with me. She checked my vital signs, but they looked fine. Next, she ordered various tests, including an X-ray and an EKG, but she still did not find anything wrong. “How do you sleep?” she asked at that point.

I thought that I slept normally. Susan had mentioned that I sometimes snored but was unaware of it. “Let’s do an overnight sleep test,” the doctor suggested. “You may have some problem that you’re not aware of.”

I went to a small sleep laboratory in Sunnyvale for an overnight evaluation. A technician attached approximately 30 small stick-on sensors to my body, from head to toe. The sensors were connected to a central system through a wire harness to monitor my heartbeat, body position, brainwaves, and limb movements. He told me that I would also be watched via an infrared camera while I slept in addition to the electronic monitors. He wished me good night, turned off the lights, and left.

Falling asleep with an array of wires connected to me was not easy. Going to the bathroom later was even more complicated. After returning, I had to ring the technician to disconnect and reconnect the wire harness. That night was certainly far from a restful experience.

A few days later, the sleep clinic asked me to come in to discuss the test results. “Your RDI is 61,” the doctor began. “You have a severe case of sleep apnea.”

I had no idea what that meant and asked him to explain. “Apnea is a complete or at least a 50-percent blockage of breathing for over ten seconds,” he said. “RDI, or Respiratory Disturbance Index, is the sum of all sleep disturbances within one hour. While you slept here, you experienced sleep problems at an average of 61 times per hour. Even though you were unaware of it, when your brain sensed the low blood oxygen levels, it instructed your body to

do something—gasp, snore, or jerk. When that happened, your rest was interrupted. That explains why you feel tired during the day.”

“What do you suggest I do?”

“I would recommend you use a CPAP machine.”

“What’s CPAP?”

He took me to another room and showed me a small electrical machine. He turned the switch on after connecting a strange-looking mask and a hose to the machine. I heard the noise of air rushing. “CPAP stands for Continuous Positive Air Pressure. It pumps air into your nose at night through a mask like this,” he demonstrated. “The high-pressure air opens up your breathing passage and helps you to breathe normally.”

The weird setup did not look appealing. “Isn’t there something else I could do?”

“There are various surgical procedures, depending on the blockage’s origin and the apnea’s severity. In your case, Maxilla Mandibular Advancement would probably be the only one recommended.”

“What would that entail?”

“A surgeon would break your upper and lower jaws and reposition them to increase the size of your breathing passage. It’s major surgery that would require a fairly lengthy recovery.”

I did not like this man or his proposed solutions. *To start with, he must be making a mistake. How could all this happen to me so often at night without my knowledge?* “Let me think this over,” I told him and left.

The next day, I went to see our family physician. “I don’t trust the lab results,” I said. “Could the test be repeated somewhere else?”

She sent me to the Stanford Sleep Laboratory, which has a renowned group of sleep specialists. To my dismay, the outcome confirmed the previous diagnosis. I had severe sleep apnea. Another unexpected hurdle in my path!

The third overnight sleep test, this time with me wearing a mask, determined the optimum CPAP pressure setting needed to overcome the blockage in my breathing passage. I went to an equipment provider company, Apria, to obtain the necessary gadgets. A technician conducted a 20-minute training session on how to utilize CPAP for about a dozen patients. That evening, with much apprehension, I prepared the equipment for the first use. Susan watched me sympathetically as I put the mask over my face and head and went to bed.

The noise of the machine and the air leaks from the mask made it difficult to fall asleep. After waking up several times during the night, I had trouble going back to sleep and was glad when the morning finally arrived. My eyes were running, my nose was twitching, and I sneezed frequently. Because I had never had any allergies, the new symptoms irritated me.

I called Apria for help, explaining my troubles. “Which would you rather have, runny eyes or a stroke?” asked an unsympathetic staff member. “It takes a while to become accustomed to using it. Have patience!”

It was not the answer I wanted. A few days later, after my runny nose stopped, I used the machine again. The problems returned the following day. A week later, my third try led to the same results. Angrily, I shoved the machine into a closet. No more CPAP for me!

I continued my regular routine and occasionally napped during the afternoons when I felt tired. Our doctor noticed my blood pressure had increased during my next annual physical. "Have you been using the CPAP?" she asked.

After I sheepishly admitted the truth, she recommended a support group at the Stanford Sleep Clinic. "See if they can help. You'd better learn how to use the machine, or your health will suffer," the doctor warned me.

I shared my experiences with the group at the Stanford Newcomers' Meeting and received several valuable suggestions. Someone pointed out that a different machine and mask might suit me better. Applying their recommendations, I gradually found some success with the equipment. In a few months, I reached the point of being able to utilize it every night, even when I traveled.

I attended the Stanford sleep meetings and eventually became the group's co-leader. Four years later, however, the Clinic relocated to Redwood City. Not liking the longer drive, I convinced the Palo Alto Medical Foundation (PAMF) to start group meetings in their Mountain View Center. I have moderated the monthly sessions for the past five years, helping many patients tolerate CPAP and learn about new techniques and equipment.

Nearly 60 million people in the United States, including children, have obstructive sleep apnea (OSA), and less than 25 percent of them have been diagnosed or treated. The vast majority of those who are aware of their condition do not follow their doctors' recommendations. Untreated sleep apnea can lead to severe medical problems, including hypertension, heart disease, stroke, diabetes, reduced libido, and weight gain. In addition, because poor sleep results in sleepiness and reduced concentration during the day, the probability of driving-related or other accidents is significantly increased.

Within the sleep support groups, I have discovered that even the patients who are diagnosed with OSA receive only a limited amount of support with their problems. My experience with the first attempts to use CPAP is quite typical among patients. Most of them are quickly discouraged and would not use the equipment.

CPAP machines are expensive and, in most cases, not exchangeable after being issued. The face masks can be uncomfortable and are not custom-fitted to a person's face. When someone needs arch support, a podiatrist can provide orthotics custom-designed for that person's feet. A similar solution is not available to sleep apnea patients. They are stuck with masks designed for a "typical" face. Additionally, if patients opt for surgery, they are not guaranteed success. Most of the procedures can only help those with mild cases.

To sum up, we need to make people aware of the common existence of this dangerous medical condition. Without finding treatments that most people will adopt, the quality of life of many will suffer.

Hearing Loss

As if dealing with sleep apnea was not enough, an additional problem popped up the week before Christmas in 2001. Daughter Nanci was visiting us one afternoon, and while we were sitting on the sofa, I suddenly became dizzy and nauseous. The room began to spin, and I could barely stand on my feet. A quick trip to the bathroom to throw up did not help. Susan called our

doctor and obtained a prescription to ease my condition. After a few hours of lying in bed, I began to feel better.

Later that day, I received a call on the new mobile phone I had purchased that morning. The voice quality of the caller was inferior. My first reaction was to return the phone to Verizon the following day. Then, the caller gave me some information I had to write down. I changed the phone to my other hand and listened to it with my left ear. The phone sounded perfectly normal.

I switched the phone back to my right ear, and the voice quality again deteriorated. Going back and forth between listening with my right and left ear, the results were always the same—the sound was consistently poor on my right side. At that point, I realized there was nothing wrong with the phone. My right ear was the problem.

The next day, I made an appointment with an ear, nose, and throat specialist. First, he looked at my ears to see if there was any visible blockage inside. When he did not find any, he conducted a thorough hearing test while I sat in a soundproofed booth. “You have significant right ear hearing loss at the low frequencies,” he told me after he concluded the test.

“What should I do?” I asked.

“Nothing at this point. Come back and repeat the test in two weeks. Hopefully, your hearing will improve by then.”

After a few days, I noticed that my right-side hearing seemed normal. The new phone sounded OK with either ear. The second hearing test verified my judgment. The doctor asked me to come back to see him again if the problem recurred.

Researching the possible causes on the Internet, I learned that the cumulative effect of excessive noise could be one of the reasons for hearing loss. Being exposed to shots and explosions back in Hungary might have contributed. Another possibility was using the 32-caliber starting gun during my role as a starter at the Junior Olympics track meets. Unfortunately, I had not used ear protection when using a gun that I held only about a foot away from my head.

The hearing loss in the right ear gradually worsened and eventually remained low. At that point, the doctor recommended the use of a hearing aid. After experimenting with various types, I settled on one made by Phonak and have been using it for over a year.

Although the tiny hearing aids in the ear canal are highly sophisticated, they cannot truly reproduce low-frequency sounds. Perhaps one day, someone will develop a subwoofer supplement to help hear those frequencies. As long as the hearing in my left ear was normal, however, my daily life was not significantly affected by the problem with the right ear. I began to use the telephone at my left ear and walked on Susan’s right side to better hear her.

Before my hearing loss, I never realized what a devastating disability it is. I understand why people who cannot hear well gradually withdraw from others. Not being able to understand what is said entirely is embarrassing and frustrating. Being in a noisy environment increases the problem. Even state-of-the-art hearing aids can only help somewhat and do not replace normal hearing. This was another unexpected hurdle in my path.

Back Problem

My next old-age health problem was a nagging lower-back pain—exaggerated by many of the physical exercises I was doing. Playing tennis or running particularly irritated that part of my

back. Epidural injections helped temporarily but only masked the problem without fixing the cause. Finally, I consulted a neurosurgeon.

After looking at the MRI report of my lower back, the surgeon pointed to several vertebrae with extremely narrow nerve canals. He recommended a surgical procedure called Laminectomy. "It takes a three-to-four-hour operation to widen the canal," he told me. "You'll be out of the hospital after a short stay."

Another doctor I saw for a second opinion agreed with that recommendation. I decided to have the procedure done.

When I woke up after the anesthesia had worn off, I did not feel any pain. The nurse told me that if I had any discomfort, I should push the morphine injection button attached to my bed. It was unnecessary, and I could walk later in the afternoon. The following day, as they were ready to discharge me, my final blood test showed that my sodium level was too low. "Looks like you need to stay until it returns to the normal level," the head nurse told me.

Oh, no! I did not want to stay any longer than was necessary. The blood test on the previous day showed normal sodium levels, and the nurse concluded that the excessive amount of water I drank probably washed the sodium from my body. I called Susan and asked her to bring me Gatorade and saltine crackers. Drinking two bottles of the fluid and consuming many Saltines helped. By noon, my sodium had increased to an acceptable level, and they let me go home.

The one-day hospital stay was not the bad experience many people had warned me about. A few weeks later, I began physiotherapy, and my back felt new. I wished that my sleep apnea and hearing problems could be solved as easily.

Cancer

During the early 2000s, I learned that my prostate was enlarged, although not to an alarming size. In the spring of 2011, my annual prostate-specific antigen (PSA) index increased from 2.2 to 4.5 in one year.

"We need to monitor this," the urologist warned me. A year later, the level climbed to 6.4. At that point, the doctor recommended a biopsy. The result showed an advanced case of prostate cancer. This was no longer just another hurdle but a significant obstacle!

I'd heard before that most men die of prostate cancer rather than of it. My first reaction was to do nothing. I did not think that there was much more I could accomplish in my life. Our physician son, George, had a different view. "You are in much better condition than most men your age," he said. "Talk with the specialists about the available treatments." Susan concurred with him.

The recommendations of the specialists varied. The urologist suggested hormone therapy followed by radioactive pellet implants. The radiologist recommended external radiation. Our family doctor agreed with my initial plan. "Do nothing until the PSA level increases to 10.0, and then have the prostate removed," she told me. "You'll live a normal life for several years without the side effects of the other treatments. Your PSA may never reach that level," she added.

I talked with a highly regarded urologist George recommended. After reviewing my case, he advised me to combine the first three recommendations: hormone injections, pellet implants,

and finally, external radiation. “Combining all of them provides a high probability that the problem will be cured,” he predicted.

The following week, I received a hormone injection to lower the testosterone level in my body. Within a few days, my energy level dropped significantly. Halfway into my regular 30-minute elliptical machine exercise, I found myself exhausted. I could barely do one instead of the two sets of my weight-lifting routine. Hot flashes followed. To make things worse, within two weeks, I gained six pounds—all the predicted side effects of the drug.

A month after receiving the injection, during a one-hour outpatient procedure, a surgeon implanted radioactive pellets. This treatment led to pain and urinary complications. I questioned the surgeon as to how long these unpleasant effects would last. “A few weeks to a few months,” he replied. “The half-life of the radioactive material is only two weeks.”

The next shock came when I received the hospital’s bill: \$67,000 for the three hours I stayed in the hospital, including the initial preparations and the recovery period. In my case, Medicare and my AARP secondary insurance fully paid the approved portion for the surgeon’s fees and the hospital charges. Still, it made me wonder what happens to those not covered by medical insurance.

Six weeks after I had received the pellet treatment, Susan and I flew to Vancouver to attend the memorial service of my long-time friend and former Montreal track teammate, George Gluppe. On our return trip, we arrived at the Vancouver Airport three hours before our scheduled departure. We planned to have a nice, relaxed dinner before leaving Canada.

As we approached the U.S. Customs and Immigration area, Susan remembered the two apples in her handbag. “Are we allowed to take these with us?” she asked one of the roving officers after she took them out of the bag.

“No, you’re not,” replied the man after looking at the apples. “Go back into the hallway and dispose of them in the designated bin,”

“I’ll eat one of them,” I said, taking one out of Susan’s hand.

“You’re not allowed to consume it here,” the officer said sharply after I took a large bite of the crispy red apple. “Take them back and dump them!”

Recalling my Hawaiian incident with the U.S. Customs, I wasn’t about to argue, so I followed his instructions. Then Susan and I waited for our turn to clear Immigration.

When we handed our documents to the immigration officer, what seemed like a pager attached to his belt began to buzz. *Is the customs agent we talked to earlier signaling him about us?* I looked alarmed at Susan, expecting to have our bags searched for more fruit.

“Has either of you had any recent medical procedure?” the officer asked.

“I had a hip replacement several years ago, but my husband had an operation last month,” Susan replied.

The buzzing sound weakened as the officer moved his device closer to Susan. I realized it was not a pager at all but some radiation detector. Then he moved toward me. The noise intensified. “Looks like you’re radioactive,” he said to me.

“Possibly, it comes from the pellets the doctors implanted into my prostate,” I offered.

“My instrument can’t distinguish whether the radiation comes from a bomb or a medical device. I’ll turn you over to a specialist with a more sensitive instrument. Please follow me!”

He led us to another section and turned me over to another officer. After lengthy questioning about my medical and surgical history, he checked the amount of radiation my body emitted and then reviewed his results with another officer. I did not hear their conversation but saw both shaking their heads. They sent me back to sit next to Susan while they analyzed the data.

“What if they won’t let you return to the U.S.?” she asked. “We both have classes to attend tomorrow.”

“I’ll contact the doctor who performed the surgery. He can verify that I’m not a terrorist,” I said, trying to comfort her. However, I was also concerned.

The first officer returned, holding a different instrument resembling a large hairdryer with an electronic display window. “This is a Geiger counter combined with a spectrum analyzer,” he told me. “It will reveal what type of radioactivity you have. Let’s go into another room for more testing.”

He scanned me several times from head to toe with different settings for another hour, frequently consulting a user manual. After each scan, he appeared more confused. “It doesn’t make sense,” he mumbled. At that point, I offered help.

“I am an electrical engineer and worked at the company that developed the Spectrum Analyzer. May I help you?”

After a short hesitation, he agreed. We detected the signal frequency still radiating from the pellets in my prostate.

Then, he led me back to Susan. “Please wait.”

Ten minutes later, he returned with my passport. “We were able to identify the radioactive material inside you as iodine. Next time you leave the U.S., carry a document from your doctor to explain what he did.” After having me sign an official paper, he led us out of the Customs area. “Thanks for your help, and I’m sorry about the delay. Have a safe flight home.”

The airline had already paged us, and we rushed to the gate. “Now, you’re probably back on their blacklist,” said Susan after being seated, “In addition to being a smuggler, they also suspect you of carrying radioactive bombs!”

The Future

Coach Besser, how old are you?” one of the hurdlers on my 2013 high school track team asked me when I told them about my running days. The others in the group waited curiously for my answer.

“Two times, three times, two times, three times, two plus two plus three,” I replied.

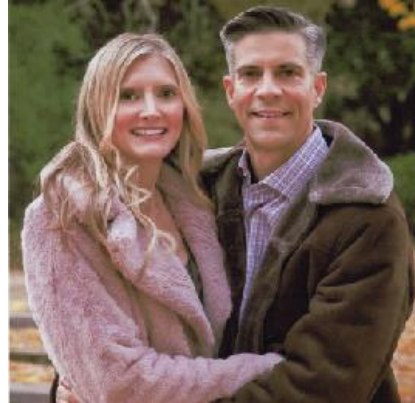
It took some time until one of them did the math in her head. “Seventy-seven!” she exclaimed. “That’s three-quarters of a century. You’re older than my grandpa!”

She was right—I had reached old age. The last part of Sinatra’s song, “But now the days grow short, I’m in the autumn of my year...” describes how I feel. Time seems to run faster. The weeks, the months, and even the years pass by rapidly.

Now that I have fewer demands on my time, I plan to assist others in return for all the help and support I have received. As I continue my volunteer activities in coaching, working with the IEEE, and leading the sleep apnea group, perhaps I can aid others in passing through their

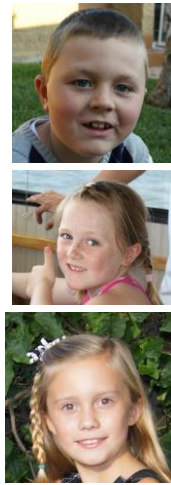
hurdles. Sharing life with Susan, assisting Éva, and visiting my widespread family more frequently are also high on my list of priorities.

Daphne and Kent's children help me to fulfill my grandfatherly role. Matthew, Madeline, and Grace call me by the Hungarian name for Grandpa, *Nagypapa*. During our visits, I enjoy doing special activities with them, like hearing Matthew's discourses on the planets and dinosaurs, counting the freckles on Gracie's face, and watching opera DVDs with Madeline (*Pagliacci* is her favorite). They love to hear my bedtime stories, particularly about Missy's adventure with the skunk. These kids represent the future to me.



Top left to right: Daphne & Jim, Kent & Joan. Bottom: Erica & George, Nanci and Aaron.

My life has been a learning experience. Coming from an environment that barely provided the basic necessities needed to survive, I gradually progressed and now live in one of the most desirable places in the world. I have a loving family, many friends, financial stability, and the best medical care available. What more could I ask for?



Left: Niece Debby with her mom and four children, Center, top to bottom: Our three grandchildren Matthew, Gracie and Madeline. Right: Susan and I with Missy.



Left: Surprise birthday celebration for Susan in Budapest – with gypsy musicians. Right: Visiting one of the oldest Hungarian wine cellars in Eger.



Celebrating George's 50th birthday