

## You Wouldn't Believe It If I Told You

Written by {ga=diminishingskills}  
Friday, May 16 2008 7:00 PM -

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The 31st annual Cleveland Marathon is tomorrow, and TCF contributor John Hnat will run in the event. In itself, this is not ground breaking news. Unless of course you consider the fact that he was recently diagnosed with two blood clots in his lung, a serious condition that threatened his life and put him in the hospital. We re-ran an excellent piece from John this past week that detailed his training for last years marathon and his split from his wife. And now, we get the prologue to that piece, and the latest series of events that rocked his world in preparing for this year's Cleveland Marathon.



*About a year ago, I wrote a long piece about running the 2007 Cleveland Marathon. The [Cleveland Marathon](#) is significant to me - it was the first marathon I ran (in 2002), and I have run it every year since. The 2007 race took on particular importance to me because my then-wife and I had split just days before. I wrote about my experience in a story that generated more responses than anything I've written before or since. (This site recently re-ran the article in two parts. The first part can be found [here](#), and the second part, [here](#) .)*

*It's now one year later. That year has been the most challenging and stressful year of my life in very many ways. But it has also been a year of growth, and of new experiences, and of lessons learned. Hopefully this piece will convey all of*

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*the emotions of that year ... and how it has led me to run the 2008 Cleveland Marathon, which will take place tomorrow morning in downtown Cleveland.*

## **Till Death Do You Part ... Well, Maybe Not**

When we left the story, I had just separated from my then-wife. Since the race, we've gotten divorced (it became official last summer), I've moved into my own home, and life has settled into a new normalcy. It didn't get there without plenty of fights, anger, tears, and sadness, but it did eventually arrive. It's like a gash that has healed. You can still see the scar if you look closely, but it's not something I even notice anymore. Sure, there's the occasional moment of anger or bitterness - I think you'd have to be a robot not to have them - but they vanish about as quickly as they appear. My ex-wife and I will always be connected because of the children we share, and will always work together to raise them as best we can ... otherwise, she's in my past.

It's kind of funny to write so little about the divorce now, after having it consume so much of the past year. But that's really all that needs to be said.

## **Why You Shouldn't Take Your Health For Granted**

As of this writing, I am 38 years old. I realize it's self-interested for me to say this, but: that's not very old, not at all. In those 38 years, I've been fortunate to have good health. Other than a fainting spell a few years back, I'd never spent a night in a hospital, nor had I ever needed to visit the doctor for anything more serious than the occasional infection ('just give me a prescription for something that ends in *-cillin* and I'll be on my way, Doc');

That changed somewhat in November 2007, when I started having serious pain in

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my abdomen. I landed in the hospital with what turned out to be a bleeding ulcer. I started taking medication for it, and have not had a problem with it since. Haven't even had to change my life, unless you count "taking Tylenol instead of Advil when I get a headache" as a major lifestyle alteration.

So even with that experience, I still did not appreciate my mortality. I suspect that most people my age or younger are in the same boat: serious illnesses and the possibility of dying are far-away, abstract concepts. Sure, we know that it will happen to us someday, but it doesn't happen to *us* - it happens to people *far, far older*

than us. We simply go about our daily routines. In my case, that means raising my two children, working, spending time with friends, and hobbies like Cleveland sports (duh).

And running.

In the past eight years, my attitude toward running has progressed from *why would I want to do THAT?*,

to

*I'll give it a try 'cause I need to do something to stay in shape*

, to

*I'm really going to run 26 miles in a row?*

, to a full-blown addiction. Okay, "addiction" may be a bit strong; but running has become a part of who I am. If I go more than a day or two without running, I get edgy, and probably am not much fun to be around. (After re-reading that last sentence, maybe "addiction" isn't too strong after all.) And I keep in long distance-running shape year-round. I like to think that I could fall out of bed and run a marathon on any given day.

So it was only natural for me to look for another marathon to run. The marathon year has two peak seasons: in the spring and (especially) in the fall. The ideal temperature for running a race is roughly 45 to 65 degrees, so most marathons are timed to occur when the weather is most favorable. (Of course, there are

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exceptions. Many distance events pride themselves on taking place in particularly brutal conditions. One of the most notable is the [Badwater](#) ultramarathon, a grueling 135-mile jaunt through Death Valley during the middle of summer.)

This is the point where I need to introduce my running partner Matt. We've been running together for a little over three years now, ever since the Sunday morning when we just happened to be running on the same trail, at the same pace, at the same time. We've gotten to the point where we have one or two "marathon trips" per year, the same way other guys may have an annual hunting or fishing getaway.

Well, Matt just happens to have a desire to run every marathon in Ohio. (I think there are a dozen, give or take.) Why, I do not know. The heart wants what it wants, I suppose. And that led us to the [Athens Marathon](#), a small race run in the Ohio University college town in early April. We trained through the winter - one run in 6 degree temperatures, another in which a front with 50 MPH wind gusts moved in about halfway through the run, and a two hour-plus treadmill session the weekend of the big blizzard last March - with an eye towards Athens. And other than coming down with the flu about two and a half weeks before race day, I felt terrific. My tune-up runs in the days before the race told me that I was ready to go.

The race day came. I did quite well for the first five miles - running fast (or at least as fast as I was going to allow myself to go) and feeling strong. Then something strange happened. I started feeling very sluggish and tired. It's not unusual to have valleys throughout a marathon, so I figured that I was just having one of those moments, and that it would pass.

Except it didn't. Halfway through the seventh mile, the course had a turnaround point for those runners in the half-marathon; I was very tempted to turn right there and head back, because I was feeling so whipped. I kept going, but my feet felt like they were in cement blocks. By mile 10, I was feeling worse - very exhausted, dizzy, lightheaded, and having trouble keeping my balance. Matt (who had been

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trailing me by a few hundred feet up to that point) caught up to me. He asked me "are you doing okay?", a question whose answer he already knew. No, I wasn't doing okay.

It may be difficult for non-runners to understand this point, but when you've trained to do it, running ten miles is not that difficult. I had never before been that tired so early into a run. I've completed 16 marathons, a decent number of half-marathons, and more long training runs than I can count. In other words, I should not have been that tired from running ten miles. I should not have been slowing down so much. Because I was, that meant something was very wrong.

I told Matt what I had already decided: that I was going to drop out of the race at the next aid station. After what seemed like a couple more hours, but in fact was maybe five minutes, I arrived at the station. I pulled off to the side of the course and sat down.

I need to digress here to talk about race volunteers. Most every race of any appreciable distance will have aid stations - places on the course where you can get a cup of water or sports drink, and maybe a slice of a banana or an orange. These stations are entirely staffed by volunteers - people who give up a few hours of their weekend in order to help runners they don't know. Races simply could not be run without the help of these volunteers.

As I sat down, I was immediately helped by several of the volunteers at this aid station. One gave me a cup of water; another gave me a banana; a third asked if there was anything else I needed. I wanted nothing more than to lie down on the ground. A few minutes later, two of the volunteers drove me back to Athens (where the race had started, and where the finish line was located). I can't say enough for the help they provided.

I returned to my hotel room, and after a hot shower, I felt much better. I was still at a loss to explain why I had gotten so sick - maybe I wasn't over the flu from a

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few weeks ago? - and hoped that whatever had happened would disappear and never return.

The next time I ran was on Tuesday, two days after the Athens debacle. I planned to run for about an hour. Roughly 20 minutes into the run, I started feeling the same symptoms - fatigue, dizziness, lightheadedness. I told myself to tough it out - after all, quitting is not really one of the characteristics of a distance runner - and completed the hour despite getting ever more exhausted. The next day was the same story, except this time I went only 40 minutes before packing it in. The day after that, it was 30 minutes. And that time, unlike the other days, I continued feeling weak for hours afterward. I remember taking my kids to the mall that evening, and thinking *I need to sit down* as we walked.

I had already decided that I would call my doctor the next day; that decision became even easier when I woke up with pain in my chest and side. Not excruciating pain; more of a soreness that appeared every time I took a breath. If I tried to take a deep breath, it felt like somebody was plunging a knife into my side. At approximately 8:00:01 AM that morning, I called my doctor's office, and was fortunate to get an appointment around lunchtime.

And that's when my life changed forever. I told my doctor the history of my symptoms, just as I've done here. He listened, then asked what seemed like a strange question: had I had any pain in my legs in the past week or two? Funny you should ask, Doc. On the Thursday before the Athens race, I woke up with a pretty good pain in my left calf. It didn't feel like a muscle pull or a cramp; this was more like somebody had whacked me in the leg with a sledgehammer. I wondered where this soreness came from - did I bump my leg against something? Did one of my kids kick me? Was it one of those psychosomatic things that bubble up in the days before a race? - but didn't have an answer. My leg was sore, but I was able to walk and run on it without any problems, so I didn't think anything more of it. My leg continued to be sore the rest of that week, and into race day ... and after the race, I did not notice the pain any more. It wasn't like I could tell exactly when it happened - just that I had noticed the pain before the race, but not after.

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That's when my doctor told me that I'd be spending the next few days in the hospital. I was floored - *but I have plans this weekend*, was my first thought. My doctor told me that he suspected I had a blood clot in my lung. Based on the symptoms, he figured that it started as a blood clot in my leg (or a [deep vein thrombosis](#) (DVT), to use the medical term). Then, during the race, the clot broke loose and traveled through my bloodstream to my lung (thus becoming a [pulmonary embolism](#) (PE)), where it lodged. The DVT would explain the pain in my calf; the PE would explain why I suddenly became tired and lightheaded while exercising.

(*Note: I am not a doctor, nor did I stay at a Holiday Inn Express last night, so the medical information I provide here is based on my non-medical-expert understanding. I'm sure I'll hear from at least one or two doctors about the paragraphs that follow.*) If you do any research into PEs, you'll find pretty quickly that they can cause death. (I think that's a good definition of a serious condition: if "sudden death" is one of the symptoms.) But the possibility of death from a PE is not an *ongoing* one. It's more like a game of Russian Roulette - either there's a bullet in the chamber, or there isn't. If there isn't ... then you're in the clear. Maybe not the clear - you still have a blood clot in your lung, and have to deal with losing lung tissue and decreased lung capacity - but at least you're not going to die immediately.

As I understand it, that is the risk of death from a PE. Think back to eighth grade health class for a minute, when we all learned about the chambers of the heart. Blood makes its way through the veins and back into the right atrium of the heart. It then moves to the right ventricle, and then to the pulmonary artery, which takes it to the lungs. The pulmonary artery is where your chance of death comes in. If the blood clot travels through your heart and into the pulmonary artery, and then blocks off that artery, the blood flow is cut off to the rest of your body, and you'll be dead within minutes. You're toast. (*Once again, using the technical medical term.*) You could have it happen on the steps of the Mayo Clinic, and you'd still be toast. And if it happens to you while you are running on a secluded bike path in rural Ohio ... then you're burnt toast. In other words, if your DVT turns into a PE, you could be DOA, and then you're really SOL.

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A CT scan taken that afternoon confirmed it: I had two blood clots in my right lung. (Hence the pain in my right side.) I spent the next five days in the hospital getting poked, prodded, and tested. I had CT scans, X-rays, an ultrasound on my leg, an EKG. I had so much blood drawn, I figured that they were going to eliminate the possibility of clotting simply by taking all of the blood out of me. And I was started on blood thinners, both injected (twice a day into the fat of my abdomen; I KNEW there was a reason I skipped all those abdominal exercises throughout the years) and pills (a medication called Coumadin).

(Another digression: apparently I was the one person in America who had never heard of Coumadin before. In the past few weeks, whenever I have mentioned my little episode in the hospital, I've always been asked: "did they put you on Coumadin?" Co-workers, friends, the other kids in my children's preschool class - they all seemed to know what it is. I must have missed the day in school when they told everybody about it.)

The time in the hospital was frustrating (as my doctor had told me it would be). After about a day, the pain in my chest and side had disappeared, and I felt fine. Why did they keep me? Because (1) they wanted to see that the blood thinners were doing their job, and (2) they wanted to be very sure that there were no other blood clots about to do damage. (Kind of like playing Russian Roulette again, if you will.) Since being released from the hospital, I have not once felt sick.

## We Are All Raymond K. Hessels

*On a long enough timeline, the survival rate for everyone drops to zero.*

That line from the movie *Fight Club* is one of my favorites, and it applies here, but I think we can do better. How about:

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*This is your life. And it's ending one minute at a time.*

Better, but there's a scene from that movie that really hits the bulls-eye. It's the scene in which Brad Pitt's character grabs a convenience store clerk and forces him onto the ground at gunpoint. He demands the kid's wallet. We discover that the kid's name is Raymond K. Hessel. Then Pitt's character, still holding the gun to Raymond's head, asks him what he wants to be. A veterinarian, Raymond replies ... but that he needs too much education to get there. Pitt's character then pulls the gun away, and tells Raymond that if he is not on his way to becoming a veterinarian within six weeks, he will be dead.

If the last few weeks have taught me anything, it is this: *we are all Raymond K. Hessels*. We all have dreams, goals, things to cross off our Big To-Do List of Life. Are we getting there? Or are we putting them off until *tomorrow*? And when *tomorrow* gets here, will we put them off again until another *tomorrow*?  
?

Life was meant to be lived - *today*. It has to be lived as though there may be no tomorrow ... because there very well may not be. No, I don't mean that in a "cash out your 401k and buy a sports car" sense - the odds are good that there will be a tomorrow. But there's no guarantee. Look at me - relatively young, in excellent condition, low pulse, low blood pressure, low cholesterol; you name the medical bar, and I can clear it with room to spare - and I ended up with a potentially fatal condition. If it can happen to me, it can happen to anybody. (Like CBS sportscaster [Bonnie Bernstein](#), for instance.) And if it's not a blood clot, it could be a heart attack, or an accident on the highway, or the bus that smashes into you as you step off the curb.

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So whatever it is that you really want to do - that trip to Italy, going back to school to get your degree, calling the estranged brother that you haven't seen in three years, whatever - set it in motion *today*. Don't wait for a *tomorrow* that may never arrive.

### "You're going to do WHAT??"

The morning after I was released from the hospital, I saw my doctor at his office for a follow-up appointment. We talked for probably a half hour. And then I asked the question that had been the giant pink elephant in the room that whole time: when can I start running again? At first, my doctor advised me against running. He said that walking would be okay, as long as I kept the effort at a low enough level to talk while walking. Doc, I said, I run all the time while talking; that's kind of the point of having training partners for those really long runs. In that case, he said, go ahead and start running again, but take it easy.

If you give me an inch, I'll take a yard. Or six miles, as it turns out. I left his office, went home, changed into running gear, and ran six miles at the local Metropark. I felt rusty after nearly a week off, but otherwise no ill effects. No exhaustion. No dizziness. No pain in my side. (Later that day, my doctor called to give me instructions on what medications to take; I told him that I ran six miles earlier, to which he responded, "thank you for the heart attack you just gave me.")

Encouraged, I tried to go farther the next day, and made it to eight miles. The day after that, it was ten. And that following Sunday, I ran 15 miles at a good clip. All of it pain-free, and all of it with none of the other symptoms. I felt like I was back to normal.

That's when I seriously started thinking about running the Cleveland Marathon. I had signed up for the race back in January; but after landing in the hospital, I

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figured that the marathon was out of the question. At best, maybe I could downshift to one of the shorter events (a 10K run and a half-marathon); at worst, I saw myself in street clothes at the finish line, cheering for my friends as they finished, while quietly chafing at not being able to join them.

Now, running the full marathon seemed like a possibility again. The following Sunday, three weeks before race day, Matt and I ran 20 miles.. Other than the soreness and fatigue that is normal for running that distance, I felt fine.

Why is it so important for me to run this race? Some of it is because it's the hometown marathon; some of it is keeping the consecutive years streak alive. And I'll admit - some of it is the buzz of going from a hospital bed to the marathon finish line in the space of a month. I'm sure that some idiot dedicated runner has run a marathon a month after having a PE, but I'm confident that the list is small. It's not a list that I would have wanted to find myself on, but we can't always control where life takes us.

Most of all, it's about living for today, and not passing up opportunities that you want to take advantage of. I just know - *know* - that sometime around 10:30 tomorrow morning, on what looks to be a cloudy day in Cleveland, I'll be crossing that line, and it will mean more than it has any time before.

Oh, one more thing. Previously, I've never filled out the emergency information on the back of a race number, as you're supposed to. I'd never given it a second thought before. But I'll be filling it out this time, and every time from now on.

See you tomorrow morning.