“Make a fist and hold it,” the friendly young nurse says to me as she pumps up the blood pressure cuff. It tightens around my bicep, and she slides a needle into my rising vein. When she does the same to my other arm, I smile up at her in her bright red scrubs. I realize that the Red Cross staff members no longer say things such as, “OK, you’ll feel a little sting,” or ask if I’m ready. They know that I know the drill.

On the first anniversary of my brother David’s death, now ten years ago, I decided to give blood for the first time at a local donation drive. David had been a doctor, and I figured he’d have appreciated my tribute. A few weeks later, I got a call informing me that I produce triple platelets—three times the normal amount.

“Would you be interested in submitting to apheresis?”

“Apheresis?” I didn’t know what that word meant, what exactly platelets did, or what it meant to have triples. Apparently, my body produces a great concentration—even a surfeit—of the clot-
ting material needed to survive. In the world of phlebotomy, my biological good fortune gives me some kind of rock star status. Now, my online donor card tracks only the last 30 appointments I’ve had, yet I’m not as regular as I feel I should be about getting to the chilly Red Cross lab to let them open a vein.

I am forty-five years old now. Having outlived my brother, other family members, even close friends my own age—which isn’t supposed to happen in a just universe—I have an acute sense of being alive. So did David. In addition to working in a radiological practice, he was a dedicated outdoorsman and elite athlete. He traveled the globe and competed in mountain biking and cyclocross competitions, triathlons, ultramarathons, and adventure racing. He was attempting to summit all fifty-four of the Colorado Fourteeners, a range of 14,000-foot-high mountains, when he fell and died.

Since then, I’ve lost three friends to cancer, one to a blood disease, several to suicide or overdoses, and a couple to accidents. I’ve learned more about radiation and chemo than I ever hoped to. I’ve witnessed the dismaying aftermath of a mastectomy; gaped at the discovery that an egg-sized tumor was retrieved from a friend’s brain; watched a belly swell to the size of a basketball after every experimental drug had been tried, and had failed; imagined the darkened lining of a dear chain-smoking friend’s lungs. In the last decade, still more people I love have dealt with arduous treatments, operations with long recoveries, chronic
pain, mental illnesses, and the deaths of long-fought-for babies.

In my four and half decades on the planet, I’ve had one tiny day surgery, two minor broken bones, one ER trip for stitches in a finger, and a few cavities. Kid stuff. The trivial injuries one experiences from simply living in the world.

But I do suffer from a strange affliction: It’s not quite survivor’s guilt, but something like it. Survivor’s obligation, perhaps. Through little effort of my own, I’ve been given something remarkable—excellent health—and I can’t help but believe that I owe it to the world to give back.

I owe it to my brother. I owe it to my friends. I owe it to people undergoing chemotherapy, to trauma patients, to those with blood disorders, to those having major surgery, to premature babies.

As a result, I occasionally spend a couple of hours at a time with a thin plastic tube snaking out of one arm, which feeds into a refrigerator-sized machine containing a centrifuge that spins the sticky yellow cells out into a small plastic pouch. Another tube delivers the rest of the blood material back into me through my other arm, along with so much saline that the instant the process is finished and I am disconnected, I always have to pee.

During the procedure, I squeeze a foam ball every few seconds with the hand connected to the outgoing tube so that the blood runs faster, just like in a regular “whole” blood donation. With headphones on, I watch TV shows on Netflix. I started with “Mad Men,” then “Parenthood,” now “This is Us”—binge-watching without guilt. The
hardest part is making sure not to bend either arm. I get really cold after an hour or so, but I’m lucky; some donors’ faces go completely numb, others have sneezing fits, and the worst cases throw up during the process. The nurses are happy to scratch a nose or adjust headphones, though I’ve never actually asked for that. I can’t imagine vomiting into a bag they are holding, though I do accept a heated blanket.

My blood type is B positive, which always makes me chuckle; it’s like my innards sending me a message.

“I am so lucky,” I said to my husband this morning before I drove through the pouring rain to the local donation site. He worries because he sees how tired I get after the process; I often sleep the rest of the day. Once, I had to pull over on the drive home because I thought I was going to pass out. I learned later that the calibration had been too high on the machine that day, and too many platelets had been retrieved. After that scare, he was angry with me for donating so much. “Who do you think you are? Mother Teresa?”

I’m not bothered by needles and have sat for the duration with a badly positioned one pinching painfully and said nothing. I hate putting people out, and who am I to complain about anything, really? Sometimes, when a needle is removed, my vein keeps bleeding for a while. As they press a folded piece of white gauze against the wound and hold my arm up above my head, I joke to the nurses, “You should have left a few platelets for me!” Red Cross humor.
Despite an excellent exam with my OB/GYN and a clean mammogram less than six months ago, I ask for an extra breast check with my primary care doctor, not because I am actually at risk, but because another—and then another—friend is diagnosed with breast cancer, and I am freaking out. Though my breasts are dense, they are fine.

At my annual eye check, I ask if I need bifocals because I fear my vision is declining, but I needed only one measured tweak to one contact lens. I think of the dozen medications my husband takes and feel almost sheepish telling the doctor what I’m on, because it’s only two things, maybe three.

After being off the charts two years ago, my blood pressure is perfect now, due largely to a great therapist and a switch in medication. My body mass index is fine. My bones and teeth are strong. I should watch my triglycerides, but so should anyone who loves bread and cheese as much as I do. Why am I walking around with such good health? What did I do to deserve it?

In yoga class today, my beautiful and supremely fit teacher, stands in front of the mirrored wall in her colorful athletic wear and complains of her sore knee and strained hearing. She is turning forty tomorrow.

“What will be next? Will I go blind?” She is laughing and joking, I know, but I want to get serious and unfunny and dark. I want to bring her glib humor to a dead halt. I want to tell her, right then, what Cybil Shepherd once said, “Birthdays are better than the alternative.” Someone else said, “Do not regret growing older. It is a privilege de-
nied many.” I don’t say these things, but I go home after class wishing I had.

A small cardboard box arrives in the mail from the Red Cross. Inside is a stainless-steel travel mug with their bright crimson plus sign logo and the hashtag, #CancerKicker. This is what I get paid with—on top of the plain good feelings—SWAG. I have been given Red Cross t-shirts, tote bags, stickers. I’ll proudly take my coffee tomorrow in this mug, and I’ll be honest if a colleague asks what #CancerKicker is about. I’ll tell her that what I give at the Red Cross is reverentially referred to as “liquid gold,” that it stays viable only for five days, so the need is constant, that it’s easy to donate, and that she should see if she can do it, too. I’ll recruit like a missionary, even knowing that coercing coworkers to go for a whole blood donation when it’s happening right downstairs from our office is damn near impossible. Where is their sense of community?

My neck skin is becoming slightly papery, I notice in the bathroom mirror. I think about Nora Ephron’s book, I Feel Bad About My Neck, and spend a minute more on moisturizing in the morning before I berate myself for caring, for vanity. After all, my best friend from college just lost all of her hair from chemo. She will have to don a scarf or a wig or a hat while my hair grows down my back. Last year, for the third time, I cut nine inches off my hair to send off to be made into wigs for women and children with cancer.

I grew up in a family that made us aware of what we had. We were taught to donate to others in need, to sort through our toys at the holidays,
to give away a few, then a few more after our parents reminded us that some kids didn’t have any for Christmas. No toys seemed like the worst fate imaginable. I was a kid. I had no idea. Each season, Mom made us try on too-small pants, shirts, and jackets and then chucked them in the Goodwill bag. Both of my parents have been lifelong volunteers and donors. I don’t have much extra time these days, and I’ve never had lots of money, so for me, these days, it’s about biological gifts. It’s all I’ve got.

In addition to blood and platelets, I became a bone marrow donor last year simply by sending in a swab from the inside of my cheeks. I told my husband that if called, I would have to take the time off to do it. That donation is not so simple; it is surgical and requires needles in the pelvis, although anesthesia ensures you feel no pain. Every year, I make sure my driver’s license still has me marked as an organ donor. My friend Karen bolsters me when my enthusiasm flags, saying, “Your body makes so many good things for other people!”

Am I really so good? I live with the regret that a friend on dialysis died of kidney failure, and I never knew whether one of mine might have saved her. Maybe I wouldn’t have been a match, but I’d have given one to her without having to think about it for even a minute.

“Show me the insides of your arms,” the Red Cross nurse commands, after checking that my iron and blood pressure are fine. As I pull up my sleeves, she examines my forearms and the crooks of my elbows.
She looks at my puncture scars. “You donate a lot—or else you like heroin a lot.” I laugh, surprised at her humor.

Each time they badger me with emails and phone calls, asking me to schedule my next appointment, telling me that “it’s an emergency,” that “there is a critical shortage,” that “only YOU can make the difference,” I am frustrated until I remind myself of Susan, Joanna, Teri, Roxane, Jay, Max, Kim, or Kevin. When I’d really rather do something for myself, I think of the little boy on the poster by the apheresis registration desk, the girl on the Red Cross thank you emails, the anonymous patient at a hospital in Connecticut where my last batch of sticky clotting cells was delivered.

Do I believe, deep down, that if I give enough (and when is enough?), I might somehow save the next friend? The next family member? By extension, might I save myself from another loss? Do I think that I can save my own life? That by tithing this way, my generosity will be so great it can outweigh illnesses, accidents, trauma—even my own?

Absurd, I know. But maybe I do.

Anne Pinkerton is a writer and communications professional at Hampshire College and holds an MFA from Bay Path University. Email: aapinkerton@gmail.com