

To Give Is To Receive

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Anyone who has experienced a visit to a hospitalized friend can relate to the feelings expressed in this Short Talk Bulletin. We thank Brother Kleinknecht for sharing these thoughts with us. He has given us all a challenge and a basic lesson in Masonic thinking.

It is a bit out of the way, but you decide, in a fit of self-congratulation, to take the next turn and go the several blocks to the hospital. The parking lot is hot, and there are, to your surprise, plenty of open spaces. The walk to the main entrance is a bit long – and uphill. The quickening of your breath as you get to the top makes you wonder if you should not have resisted that sudden surge of fraternal spirit and forgotten this long-promised visit and gone, instead, about your busy schedule. Still, you made it this far. You might as well go in.

The first breath of hospital air, the air conditioning barely masking the odor of medication and disinfectant, causes a momentary, involuntary shudder, but you go on, inquire at the main desk, then at the floor desk, and, finally, of a young nurse rushing down the hall, medicine trays balanced. She, slightly irritated at the interruption, points to the darker end of the hall, "Last door on the right!"

You pass several rooms. The music of a "soap" comes from the television of one room. There is a sob from another, and you, unwillingly, catch a glimpse of a twisted, anguished form on a neat, hospital-tucked bed. In another room, three visitors (the limit allowed) chat quietly while a child sleeps. Balloons, cards, toys and cut-out flowers cover the walls. You note, however, that most of the rooms you pass are empty of visitors. Quiet. Neat. Sterile. Blank-eyed patients – sitting up or lying down – stare at you. You hurry along and, finally, find the room.

The Brother is asleep. You haven't seen him at Lodge for several weeks. Or is it months? He used to be a regular. Until this happened. The last time at Lodge he was more quiet than usual, withdrawn, a little pale and thin. He seemed to watch and listen intently as if he were memorizing something, engraving on his memory the walls, the words, the faces of the Brothers who greeted him.

There was a hope after the first operation. He was returning to the hospital only for a checkup, just to be sure. That was – you can't remember exactly when, but it must have been awhile ago. He is thinner now. There is a blue pallor to his skin. Tubes run here and there: his nose, his arm, from under the sheet draining to a rectangular plastic bag hooked to the bed's frame.

He is alone.

There is one flower in a bud vase, but it is wilted, browning, dry. The get-well cards are piled up, and their edges, like those of the flower, are crinkling a bit. Over the foot of the bed, there is a silly doll hung from the ceiling by a long, thin spring. Its carrot-red hair, goggle eyes and wide grin bob slightly from the draft of the air-conditioner's steady breath. Its respiration is smooth, a continuing cycle of air sucked in and pushed mechanically out.

The Brother's breath, however, is shallow, short, irregular and from his partially opened lips. His sheet-covered foot shifts, and you wonder how he can rest in that position with all those tubes. He can't, and, after you steel yourself to sitting down and waiting for 10 minutes (no more) for him to wake up, his eyes flutter open. He's awake, or almost so. You smile, say "Hello," using his name. He focuses. Stares. Wonders who you are. Then remembers. You greet him, again, cheerfully and want to exchange the Masonic Grip, but can't. Those tubes. You ask how he is getting on. (That is clear enough.) You apologize for not coming before, ask if you can help, tell of your business that day, the Lodge last week, the weather, the new plans for a shopping center nearby. Only the Lodge matters seem to click, and together you reminisce about past Reunions, parades, visitations, programs and projects.

But it is clear that the visit, though welcome, is tiring. The nurse comes in to check a bottle's drip rate. "She's a nice girl," the Brother says after she has left. "Not like the other one," he adds. The subjects to discuss seem fewer, harder to find, less easy to sustain. The Brother listens, saying less and less. He seems to drift off; then comes back.

"The medicine," he apologizes. "the pain. "

You nod.

"It's a mess," he adds, shifting his eyes toward the needles and devices keeping him alive.

"No hope," you say – but only in your mind .

It is time to go. The Brother seems genuinely pleased you came, urges you to return, but then he slips away, hazily, just as you are going. You step out quietly. This end of the hall is reserved for "regulars," the terminally ill who wait for the hospital's nursing to ease them, gradually, toward death with a minimum of pain.

Reaching the fresher air of the outside, an air seemingly alive with sound and heat, you breathe a sigh of relief. "Glad that is over."

The day is getting on and your schedule now doesn't seem so important after all. You decide to take the rest of the day off, go home. The visit nags at you. You did the right thing, however late, and you are glad you did. You will be back again, soon, this time planned and with a small gift, a flower, something. The Brother really appreciated the visit – but there is more.

You learned something.

In Freemasonry we say we are Brothers. We are. We share this sense of fraternal unity in our Lodge programs, the degrees and special activities. Through these we benefit others and ourselves. We expand our sense of Brotherhood. But this is only one side of the coin of our Craft. It is the brighter, more attractive side. But what of the other, the side of shared grief, sorrow and sickness? This side benefits both, too. In comforting the bereaved and visiting the ill, we are similarly enriched. Go visit these afflicted for their sake, but go to visit for your own sake, too.

Death, illness and isolation are as much a part of existence as life, health and community. Share in these. Give true Masonic Relief to those in need. The bridge of compassion so built goes both ways. You will give comfort, but you also will gain, and gain deeply, in understanding and simple humanity. Too often our lives are insulated from the harsher realities of life. The ill are segregated in nursing homes and hospitals. The dead are hidden under blankets of flowers and the grave by boards covered with mats of bright green astroturf. How can we appreciate the wholeness of life as taught by our beloved Craft if we do not experience and relate to that unity in its totality?

The next time illness strikes a Brother or he enters the portals of death, give of yourself. Recognize your basic bond of Brotherhood by going out of your way to pay a visit. Give him the respect you would desire. Extend your fraternal spirit wholly. You, then, will be richer in heart and soul for this effort. The Relief of our Craft offers comfort and insight to all and expresses the eternal truth that to give is to receive.

STB - February 1982