

Mark's Story

I have been the Manager of a sober house for the past seven years.

A sober house is the last step for an addict in recovery, after detox, a treatment center, and then a half-way house. A sober house is a place where addicts in recovery can stay and get their heads together while they figure out how to live a sober life. It's not a medical facility at all, it's a residence, where we enforce sobriety through testing.

Mark rang the bell of our sober house one cold blustery day in late fall four years ago, and I took a dislike to him immediately. He was a big bulky kid wearing a fluorescent orange zebra-print hoodie sweatshirt, wide prison-striped black-and-white sweatpants, and a flat-brimmed baseball hat. The suburban white boy's assimilation of the ghetto rap look.

And the desperation that was written all over this kid's face made me wary.

Mark wanted to know if the house was a sober house, because he had heard that there was a "serious" zero tolerance sober house on this street. I told him that we were indeed a sober house, but we didn't do walk-ins. He asked me if he could come in to call his parents, to see if they could get the referrals he needed. I said yes, but let him in only as far as the front hall. He called his mother, who then called his doctor, and Mark got the requisite documentation and funding to get into the house.

And then Mark crapped out spectacularly a few weeks later.

I was working an overnight shift away from the house when I got a call in the early hours of the morning from the women's manager, with sirens in the background. Mark and another resident had been smoking crack, and had left the gas jets on the stoves on but the burners off, so the house had filled with gas and set off the house's CO2 detectors. And now all the residents were out on the street in their pajamas in the cold pre-dawn darkness, with the fire department, the gas company, and the police.

Mark and the other intoxicated resident were frog-marched out of the house.

We have a 30-day cooling off period before we will consider readmission to our house, and Mark's mother called up a month later and asked if Mark could return. I really wasn't all that enthusiastic about the idea, but she asked if she and Mark could come and speak with me, so I agreed to talk. At our kitchen table, Mark and his mother talked to me and the woman's house manager, and it was apparent that Mark really wanted to come back, and it seemed he wanted to come back for the right reasons. He would be starting the anti-abuse drug Suboxone, with an eye to getting the monthly injection of the drug, Vivitrol. Our General Manager really wasn't all that enthusiastic about the daily oral doses of Suboxone, because it is difficult to keep it secure in a sober house, and the drug has a very high street value. The potential for this anti-addiction drug ending up abused is enormous.

The main office left the decision to me. I was still wary, but I agreed. Mark seemed like a lot of work.

When a heroin user starts out on Suboxone, they may have several days of nausea until their system gets acclimated to it, or the nausea may never subside, which means they have to stop taking Suboxone altogether.

Mark's vomiting for the first several days was just plain alarming. If the women's manager hadn't been a medical professional who was conversant in addiction, I would have put a stop to it, and put him out of the house. Mark would throw up in the morning, Mark would throw up at night. Mark couldn't keep anything down at all. Mark was losing weight, and his face was beginning to look haggard and hollow.

Then on the morning of the seventh day, the women's manager and I were having coffee in the kitchen. Mark came out of his room, and looked at the two of us, smacked his lips and said, "I think I'm going to order a pizza!"

I looked at the women's manager in amazement, and she looked back at me. And then Mark ordered a large pizza. And ate it. And didn't throw up.

And that was the beginning of Mark's longest run of sobriety.

So far, I have barely described Mark, and now you need to know more. Mark was twenty-one years old, about six feet tall, and had played high-school football. He had been lifting weights since his early teens, and had a physique that resembled Arnold Schwarzenegger way back in the Seventies. Mark worked off and on as a trainer at gyms, including some of the national chains.

Mark was also handsome without being pretty, and had a megawatt smile that was offset by dimples. One time Mark was complaining to me that so many girls at a Narcotics Anonymous outing had given him their numbers that he couldn't possibly remember which girl was which. "Look!" he complained to me, showing me a fistful of numbers written on napkins, on scraps of paper, on programs, and on whatever else the girls could get their hands on.

Ah, to be young and have such problems.

The residents of the house were not immune to Mark's charms, either. Every woman who went through the house, whether she was a teen girl or a retiree on Social Security, had a soft spot for Mark. This became a problem in a couple of instances, when a few women became angry that Mark wasn't returning their advances, or when Mark wasn't interested in making plans to move out with them. Mark casually dated a few girls he met at meetings while he was in our house, but he was smart enough to know that a woman in recovery could be a threat to his own sobriety.

And even the guys weren't completely immune to Mark's charisma. Mark was the kind of guy who lit up a room like the sun coming out from behind the clouds, and if he saw you were in a bad mood he would make it his personal mission to make you laugh. And he was the funniest person I have ever met, and not in the slightest bit nasty or caustic with his humor.

Mark liked sports, "The Universal Language Of Guys", and would stake out the TV Room for Sunday afternoon football. And when Mark was in the TV Room, eventually everybody else in the house would just naturally gravitate towards the TV Room too, just to hang out with Mark.

Mark would periodically bulk up and cut his bodyfat for promotions at the gym. He delighted in pointing out his "vascularity" to me, saying "Look at how this vein travels up my bicep and across my pectorals!" tracing a great big pulsing artery up his arm and across his chest. I personally found that to be absolutely revolting to the point of gagging, so Mark would roar with laughter at seeing me turn green.

Mark would make his chest muscles flex independently and he would do a ventriloquist act where he would flex his right pectoral while he was making one funny voice, then flex the left pec with another funny voice, making us all dissolve into laughter.

After his latest gym promotion had ended, Mark would treat us to his favorite "Stupid Human Trick" by succumbing to his long denied lust for junk food, and he would see how fast he could wolf down a whole large pizza without ralphing it right back up again.

Mark in these happy days was a warm, friendly Helios Apollo. He was sympathetic and kind, and someone the other residents could talk to about their troubles. And at the same time he was committed to staying healthy and going to the gym every day to turn himself into a physical ideal that most of us will never approach.

But Mark himself was always completely approachable. He was like a best friend to all the residents in the house, and always had time to listen to his housemates, uncritically, and with great patience. I noticed he never told people what to do, or gave them his solutions to their problems. He was wise enough to know that sometimes just getting someone to listen is the solution to some people's problems.

Mark was very unassuming and humble, and never put on airs. Mark actually came from a well-off background, but you'd never know it from anything he said. As far as most people knew, he was just a recovering addict living in a sober house in a solidly lower-middle-class neighborhood.

So now I've explained why I didn't like Mark at first, and I've also explained why I might have grown to like him.

But that wasn't the reason why I liked Mark.

After his thirty-day exile, Mark and his mother sat in our kitchen as they made the case for him returning to the house. Mark had pinned all of his hopes on us being impressed with him starting Suboxone, but the General Manager for the corporation really wasn't on board with the idea at all, either with Mark returning to the house, nor the risky anti-abuse drug.

"Why should I let you come back, Mark?" I asked.

Mark exchanged a look with his mother and then turned to me. "Because you called me on my bullshit."

When you work with addicts, you see that a high proportion of them are actually very charismatic. I'm not exactly sure why. Maybe charismatic people are more likely to have a large circle of friends and eventually some of those friends will lead them to substance abuse.

Maybe some addicts develop their charisma (either consciously or unconsciously) as a way to get their hands on drugs.

When you work with addicts, you have to learn very quickly never to trust them. My General Manager's prime directive was, "Always expect deception, and always be attentive." Addicts are the best liars there are. They have to be, to fool the people who know them best, and to get their hands on drugs. Even knowing that they're the best liars in the world, even I still get fooled occasionally, after all this time.

So that was the footing that Mark and I were on when he returned to the house. I found him to be personally very likeable, but it was unspoken that I would still not trust him. And that was completely okay for the both of us.

One evening a couple of months after Mark returned to the house, I was throwing something away in the kitchen trash, and I saw one of those cheap fabric roses you can buy at a 7-11 in the

bottom of the trashcan. "Oops!" I said. "Looks like somebody had a failed romance!"

Mark's bedroom door was open, and he came out with a quizzical look. "What do you mean?"

I showed him the fabric rose in the bottom of the trashcan, and he turned to me, with both amusement and alarm on his face. "You mean you really don't know what that is?"

"What?" I asked, dully aware that I was missing something important.

"Those roses come in glass tubes, which crackheads use for crackpipes", he told me as my jaw dropped. "They buy the roses just to get their hands on the glass tubes. So somebody in the house is smoking crack."

I was completely unmanned, and getting red-faced. Mark looked patiently at me. "If you had to guess, who would you say it was?"

"The new guy?" I stuttered.

"Probably." Mark clucked his tongue at me. "You should probably go search his room."

I looked off into the distance and my jaw went completely slack. "Have you ever done a room search?" Mark asked.

"Sure!" I bluffed. "Plenty of times!" I said without making a move towards the new guy's bedroom. Mark saw through me immediately.

"C'mon," Mark replied, and led the way up to the new guy's room. Mark then professionally and swiftly searched the new guy's room, and in a couple of minutes turned up drug paraphernalia and crack residue. Mark patiently explained what he was looking for, where I should be looking when I did a search myself, and then explained the significance of the everyday items that the new guy had used for cooking crack.

"And you probably don't want to have that white vinegar under the kitchen sink, either," he said. "You can use it for both crack and heroin."

I stood there with a furrowed brow, shaking my head at my incompetence.

Mark smiled at me. "It's actually kind of refreshing that you don't know any of this stuff."

I muttered something non-committal.

Mark squared himself up in front of me, and gave me a forgiving smile. "Hey, don't beat yourself up because you don't know everything druggies do. Even I don't know everything there is to know about drugs, and you know my history."

We walked back down to the kitchen.

"Throwing the guy out is your job," he said grimly. "Good night." Mark closed the door to his bedroom. And I sat in the kitchen and waited for the new guy to come home, so I could put him out of the house.

And as I sat there waiting for the new guy, I had a lot to think about.

Even if you have nothing to do with addiction, and even if you've never been sick a day in your life, you probably already know that there's a bewildering amount and variety of prescription drugs available, to treat everything from fingernail fungus to major psychosis.

Some of those drugs can be used to get high. We've all heard of Oxycontin, and probably Percocet too, but there's dozens of other drugs that you might not realize have a great potential for abuse, and wily addicts often try to "slip one past the goalie" and get us to agree to an addictive drug on admission to the house.

And the pharmaceutical companies will change the slightest, smallest molecule of a seriously addictive drug, and resubmit it on the market with a new name.

To combat this, we list all of an applicant's prescriptions on entry, we have the applicant write all the prescriptions in their own hand on the contract, and we send the list to upper management for review. And I was also relying on the women's manager, who was a Nurse's Aide with a subscription to the Nurse's Prescription Desk Reference.

We have still gotten caught a couple of times over the years, with seriously-addictive drugs slipping in under new prescription names.

I was doing an intake, and I was hearing some prescription drug names that were unfamiliar to me. The applicant was giving me a sly knowing smile, and giving me vague answers when I asked what the prescriptions were for. I was getting a decidedly bad feeling.

The main office wasn't responding to my texts, and neither was the women's manager. In a flash of inspiration, or maybe desperation, I texted Mark and asked him if he knew what the prescriptions were.

Mark responded immediately and sure enough, these were some "new, reformulated" versions of drugs we didn't allow. When I related the bad news to the applicant, he blew up. "But they told me you guys wouldn't know what those were!"

Mark's knowledge of pharmaceuticals was a bit alarming. But he wasn't using anything, and I was sure of that. We would have caught him in our testing, and he knew it. I would say to Mark, "If only you would use your superpowers for good!" and he would laugh. Mark had never been more than an average student in school, but if there was something he cared about, his mind was like a steel bear-trap. This was true of football, but it was also unfortunately true of his encyclopedic knowledge of drugs.

Some facilities will try to "dump" their unwanted patients on us. This means a treatment center will either lie their asses off about a troublesome patient on the phone, or sometimes just drop the problem patient on our doorstep without even calling us first. We are always very suspicious when a social worker breezily calls us at 4:30 on a Friday afternoon to tell us a pre-paid client is on the way.

I do intake interviews in the kitchen, which can be closed off for some privacy. Mark's room was right off the kitchen, which was the best bedroom in the house. He got that room eventually by seniority. That bedroom was great for easy access to the kitchen for midnight snacking, but the downside to that room was being confined to your bedroom when there was an intake in process in the kitchen.

A guy I'll call "the Grizzly" rang our doorbell late one Friday afternoon. I opened the door to find an enormous guy in hospital scrubs with blank eyes and wild overgrown hair and beard. The Grizzly looked at me with outright hatred, and was almost entirely non-verbal, grunting monosyllabic answers to my questions. He had his discharge paperwork with him from a facility

that handles addicts, mental patients, and also criminals. It wasn't clear which category the Grizzly belonged to.

The Grizzly was completely flunking out on the intake questions, from not having the slightest idea what the date was, to having a massive amount of deadly-serious anti-psychotic prescriptions that keep him barely functional.

The Grizzly's discharge paperwork from the facility said he was violently schizophrenic as well as psychotic. There was absolutely no way he should have been sent to our house. But I plunged ahead with the intake process anyway, while I was searching my mind for a way to safely get the guy the help he needed, and also get him out of the house.

I was getting a sinking feeling that this was going to turn out to be a complete disaster.

Everything went to hell when we got to the section of the intake where we ask the applicant about their criminal history. Normally, we're just fishing to make sure that the applicant doesn't have any sex crimes, arson, or domestic abuse charges, and to see if they're on probation or parole, or have pending court dates.

But when I calmly asked the Grizzly if he had any criminal charges he howled, "You're not supposed to ask about that! You can't ask me about that! They were assholes to me in the ward so they had it coming!" as he pounded the kitchen table with his great big fists. The guy was absolutely massive, an enormous bear of a man. He was probably about 6'8" or more, and though his stay in the psych ward might have added pounds and wasted away his muscle tone, the fists slamming down on the table were like ham hocks. And his voice was like a lion roaring.

And then Mark's bedroom door opened and Mark stepped out into the kitchen and looked directly into my eyes with his feet planted wide and his arms folded across his chest.

"Is there a problem, boss? Mark asked me.

And then Mark casually looked over at the bear of a man towering over the kitchen table. Mark's nostrils flared slightly and he sniffed, completely dismissively.

"We're just deciding whether the house would be a good fit for [the Grizzly]," I said, as my fear ebbed away to relief.

And that's all there is to that story, really. The Grizzly had at least six inches on Mark, and easily outweighed Mark by a good hundred pounds or more, but the Grizzly settled down immediately. That was Mark being intimidating. Mark must have been completely formidable on the football field in high school.

(The Grizzly decided he wanted to go back to the hospital. I don't think I have ever been happier to call for an ambulance in my entire career.)

But now you see how Mark had gained my trust. And he wasn't even really trying. He wasn't in any way trying to ingratiate himself into my good graces.

In the seven years that I have been a sober house manager, we have had at least a couple hundred people come through the house. The sad truth is that I don't remember the greater number of them at all. I can look at the intake questionnaires and the contracts and I can't connect them with faces. There are only a few that stand out. There were of course a few that I really didn't like, for their belligerence, or stubborn refusal to go to meetings, or refusal to clean up after themselves, or similar. There were also a few residents that I really liked and grew fond of. These were invariably residents that worked their asses off at their sobriety and saw a

measure of success.

I'd like to think that the majority of people that come to us at least initially want to be sober, although I am aware that there is a percentage of people that are dogging it, either for their relatives or for the courts. That latter group usually doesn't last a month.

We get referrals from treatment centers, and also from the courts, parole and probation, because we mean what we say when we say "Zero Tolerance". No "three strikes", no "two strikes", no "revolving door". We also work with homeless shelters, and city, state, and federal agencies, as well as church groups to place homeless people after addiction treatment.

Mark was the only one ever to walk up to the house on his own and ring our doorbell.

Mark was 21 when he first rang our bell. We do not have much luck at all with that age group; I can count those successes on the fingers of one hand and still have a couple of fingers left over for a peace sign.

So many of those kids feel like their twenties are their time to "party", to experiment with drugs, and maybe they'll get serious about kicking their addictions when they hit thirty. "YOLO!" they call out as they plunge heedlessly into a dangerous new adventure. "You Only Live Once!" the kids all say.

It bothers me no end to see so many of these young adults on something as deadly serious as heroin.

And these aren't dead-end kids from the ghetto that were probably doomed to a bad end from birth. These are kids from solid middle-class or even upper-class families and might have had a bright future if they hadn't been snared by the addictive allure of painkillers and then moved on to heroin.

We had a kid in the house who had been kicked out of MIT because of his heroin addiction. MIT said they would take him back if he could prove his sobriety for a year.

Another kid wanted to know if the local university would let him practice on their pianos while he was in our house. I laughed at the idea, but when I made a call to the university, the head of the music department swiftly called me back and said, "Yes! Yes! Of course!" because the kid was actually a well-known musical prodigy.

Our sober house is an unprepossessing building on a residential street, not the best looking house on the street nor the worst, but there's no sign on the front that says, "Addicts Live Here". I tend to only see all the deferred maintenance. The neighbors tolerate us because we give the residents rules including "Don't annoy the neighbors!" and if the residents break the rules, they're out.

We have had people referred to us from homeless shelters who came to us with only the clothes on their backs, and we have had heirs to the world's largest fortunes who could probably have easily bought up the entire house with their weekly allowances.

And so many young kids hooked on heroin.

At the risk of sounding like a complete fossil, it wasn't like this when I was young. How did we get here in barely a generation? From Ronald Reagan's "War on Drugs" to kids passing Percocets around in Home Room?

There is no one single path to addiction, and there is no one single path back to sobriety. I can't tell you exactly how Mark did it for so long, but I can make some observations. First, the

Suboxone. Mark said that for the first time in a long time, he was completely free of the desire for heroin or opiates. He struggled with the side effects of Suboxone at first, but then got into a long perfect groove for many, many months.

Next, Mark was a regular at Narcotics Anonymous meetings. He went every day. Mark made many friends in NA among the people who were seriously trying to maintain their sobriety, and he took to heart the idea that he had to change his life and habits if he wanted to be sober.

Mark actually brought some of the people he met at meetings to the house as successful residents themselves.

Mark also gradually went back to work full-time as a personal trainer, first in a crappy no-name gym, and then back into one of the national name gyms.

Mark wanted it. He wanted to be sober. Mark worked at it every day. The same strength of character and determination that made Mark into a muscle hulk in demand as a fitness trainer was also put to good use to fight his addiction.

Mark did it day by day. Mark did it every day for many, many months.

We regularly test residents by collecting a urine sample three times a week by a third-party lab on a set schedule. The samples are sent to a lab that returns the results to us by the afternoon, and the results are 99.999999% accurate.

The scheduled testing is at 5:00 AM, which is a bit brutal, but it insures that everyone is home, and everybody wakes up with a full bladder.

Some people have a difficult time urinating when someone is watching. Mark was a champion pee-er, and gave a sample without any fuss, then went back to bed.

Until one morning at the end of August when Mark was having difficulty giving us a sample.

As Mark gulped down cups of water, I looked at him in disbelief. This sudden pee-shyness usually meant that a resident was 'dirty' and was going to give us a 'positive' sample.

Mark did eventually give us a sample, which was duly packaged and the technician took the morning's samples off to the lab. Mark went back to bed. But I couldn't wait until the afternoon when the lab results would come in.

I knocked on Mark's door. "Come in," he said.

I opened the door to find Mark sitting on the edge of his bed crying, and the sight of him crying almost broke me, too. "What happened, Mark? I asked.

"It all just got to be too much", he said. "I was going to be going back to school next month, and I was thinking about moving out of the house, and they're on me at work to up my new memberships..."

He sobbed. "No."

"No, that's not it..." He took a deep breath and wiped his eyes.

"Do you want to know what it was? It was crack. The last time I did it, I left some on the table, and it was like I OWED myself that crack! It's like it's been haunting me all this time."

And then he put his head in his hands and sobbed. Is there anything worse than seeing somebody you admire cry?

I called Mark's mother, and then Mark and I sat there and watched SportsCenter in his room.

Mark and his parents made the decision that two failures at our house was the end of that particular road. The last time I saw Mark was two days later when he moved his belongings out to go to a treatment center, and I lost contact with him for a season.

In the days after he left the house, dozens of people rang our doorbell to ask why Mark wasn't going to meetings, and to ask if he was all right. I have never seen that before or since.

For months afterward people would still ask me about Mark.

Just after Christmas of that year, Mark called to ask me to watch out for his W2s. He was down in a program in Florida. Mark absolutely hated the cold weather, so he was happy to be down in Florida for the winter. He was doing okay on Suboxone again, and was considering saving up enough money to go to Europe for the cocaine vaccine they have over there. The vaccine would cost a fortune for a non-European, and the vaccine only had an 80% success rate, but Mark thought it might be a good idea to try it.

I told the women's manager that I had spoken to Mark, and she asked me to tell Mark to text a picture so she could see that he was okay. Mark sent a dour 'gangsta' picture, but he looked very healthy. His skin was clear and his eyes were healthy, with no tell-tale circles under his eyes.

The women's manager asked me to text Mark back and have Mark send a picture of him smiling.

Mark sent a beautiful selfie of him and his nephew. That wasn't quite what we meant, but we let him get away with it. We wanted him to send a current picture to show that he was happy as well as healthy, and we knew that his nephew was a thousand miles away from him in Florida, so the picture had to be at least a couple of months old.

A couple of weeks later in January I texted Mark when his W2s arrived, and I also let him know there was always a place for him in our house. Mark said he appreciated the offer, but he felt it was important not to move backwards, but forwards, and moving back to the house would seem like too much of a backwards step.

I told Mark that the house just wasn't the same without him, and that I missed him. I thanked him for the things he had taught me.

"What do you mean?" he texted me back.

"Thank you for teaching me that people CAN be successful on Suboxone..." I texted.

"...and thank you for teaching me that if you eat a whole large pizza in under three minutes, ninety percent of the time you will yakk it right back up!" I continued.

"LOL!" Mark responded.

I was happy to make Mark laugh.

In May of this past year, we had our worst week ever at the sober house. We had a fatal overdose on a Tuesday, then a horrific suicide on Thursday that might have killed everyone in the house had the timing been slightly different.

It was a horror show. It was a very hard time for me personally, and I took advantage of crisis counseling that the local medical center offered. After a couple of weeks I felt like I was on the mend. I felt that while I was still overtired and short-tempered, I was getting over the trauma.

And then, out of the clear blue, someone told me that "Mark was dead". I couldn't believe it. I was sure it had to be some other "Mark".

My hands shook as I tried to type his name and the word "obituary" on my phone.

And there it was. There was no doubt. It was Mark. He had died about a year before.

And I began to cry.

The cemetery where Mark was buried was listed in his obituary, and I wanted to go visit his grave. I was hoping for some sort of closure. The town's cemetery department suggested I call the funeral home to find out where his grave was in the cemetery, but the funeral home never called me back. So I drove to the cemetery, and then drove aimlessly around and around on all of its tree-lined lanes and paths, getting more and more frustrated trying to find Mark's grave.

I saw a magnificent gaggle of wild turkeys strolling through the cemetery, and I jumped out of the car and walked across the grass to photograph them with my cellphone. But by the time I got close enough to photograph the birds, they had all fled into the deep pines that bordered the cemetery.

And then I looked down, and Mark's grave was right in front of me.

"Hey Mark! Wild turkeys were just shitting on your grave!" I called out into the silence of the cemetery. He would have laughed his ass off at that.

I think that there is a kind of fate, but that most often we bring about our own fates ourselves. It's the fireman so often heedless of danger that gets killed in a burning building, or the careless driver who dies in a crash. The misanthrope who believes that people are no good who dies of loneliness, and the miser endlessly counting his coins who dies of silver poisoning.

And I think Mark may have known, or at least feared, that his addiction would one day kill him. I think that maybe that was the desperation in his eyes when he first stood on my doorstep on that blustery cold day that seems such a long lifetime ago.

I could spend the rest of my days crying about the tragedy of such a golden life of promise cut short, but I resolve instead to remember how Mark struggled so successfully with his addiction, how he struggled against fate for so long, while I knew him.

I could recite the statistics of how many young lives have been recently lost to heroin, but all of those lives are more than just a number to their families, and I refuse to let Mark be just another statistic.

And I refuse to let Mark be thought of as just another dead junkie.

Heroes die. Heroes always die. Heroes die whether they have completed their tasks, or left them unfinished. It is not that a hero's heart will beat forever, because no one is immortal, and all hearts--however strong, however heroic--must bend to time and stop beating eventually.

It is what that man does with his heart while he is alive that makes him a hero.

Did I tell you how rare it is that someone so young would be so successful at fighting that

addiction for so long? And that is why I will always remember Mark. Beyond the surface charisma, beyond his sense of humor, and even beyond his good and generous nature, it's Mark's heroic heart that I will always remember.

Mark was the fabled Sisyphus getting up every morning in the dark of the valley of despair, and pushing that damned boulder up that damned mountain, every damned day, for so very, very long.

You are my hero, Mark.

Rest well, my friend. Your labors have ended.