

*"Do you have  
a son by  
the name of  
Richard?"*

**A Mother's View  
of a Traumatic Head Injury**

*By*

*Ira H. Huxtable*

Layout and Design of this publication by

**INTER ISLAND DESIGN**

Richard B. Huxtable, her son.

**C**hristmas 1982 - We had settled nicely in our Chalet in Lake Tahoe / North Shore for a week and a half of skiing, hiking and plain frolicking in the snow, when my husband received a call from his partner in the law firm to cut his vacation short because an important client came into town for a consultation that could not be handled by anyone else. We left December 30, 1982 feeling sorry for ourselves.

No sooner back in town, Rich, our son 17 years old got on the phone to his friends to tell them that he was ready for action. Arrangements were made to join a group of his church friends to spent New Years Eve camping out on the streets of Pasadena in order to see the Rose Parade the next morning. Fun indeed.

*January 1, 1983* - Total relaxation

*January 2, 1983* - Clean-up time and preparation for a new week in a new year. (Last year of High School)

*January 3, 1983* - School began. Lots of news from friends and enemies for Rich. His car, a cute, red Austin Healy was still in the repair shop from an earlier re-adjustment. My husband dropped him off at school in the morning on his way to the office and/or Courthouse and a friend from the neighborhood would bring him home after school. Since Rich was enrolled in a Computer program after school at a different location I told him he can have my car in the afternoon and evening.

*January 4, 1983* - Afternoon. I am waiting for Rich to come home to get my car. He did not show up. I get annoyed. What could have happened? He was good at the computer. He was the first one to finish his assignment, even before we went to Tahoe. Unfortunately he saved it under a very common denominator and the next person on the computer wiped it out by recording over it. But the teacher understood and asked him to do it over again, no penalty. So, then, why not showing up? I was more angry

than concerned.

I finally decided to go to the market. On my way home I passed an accident scene where the ambulance had just put the victim on the stretcher into the van and from the crumpled moped I presumed a teenager had met his fate again. A chill ran over my back. Thank God we never gave our permission or were instrumental to let our son have a moped or operate a moped. These things are too dangerous in the city.

Arriving home I found a note from Rich; he had come home apparently somehow and scribbled hurriedly the following:

**“Hi - I’ll be at the Galleria if you need me. Call you later, Love Rich.”**

My husband had just arrived home from the office, when the telephone rang - I picked it up and the most dreadful words a parent will ever hear were: .... This is Officer McKenzie, do you have a son by the name of Richard? - - -

At this point I could feel my vital signs leaving me and I handed the receiver to my husband. I heard hospital, where and the urgency of immediate departure.

On the way over there he briefed me on the sketchy details.

Apparently Rich was traveling on a moped on a main thoroughfare; cross-streets going off in both directions. As he approached one of those side streets, a car made a fast left-hand turn into oncoming traffic and collided with Rich broadside. The impact vaulted him 200 feet into the air, resulting in a broken leg (compound fracture) and a bump on the head, because he landed with the left side of his head on a nearby fire-hydrant. The motorist, an elderly gentleman, claimed that he did not see him; (even though Rich wore his new silver ski jacket, and the streetlights overhead had just been turned on.)

We met Officer McKenzie at the Emergency. Until he handed us our sons’ drivers license I still hoped that it would have been a mistaken identity, because Rich could not have been the victim, since he does not own a moped or has friends who have mopeds. And then I heard him scream from pain and I knew it was my baby.

I tried to rush to his side, but the orderly held me back and assured me that everything is under control. They are waiting to get the X-rays back and then the doctor will talk to us. The screaming went on and my agony of not being able to comfort him or even helping him was excruciating. I was pacing the floor like a caged animal. After what seemed hours, a man rushed through the main doors of the

emergency, introducing himself hurriedly as a Neuro-surgeon and asked us to sign a consignment to operate on our son's head. He had no time to explain, but said it is a matter of life or death.

More pacing, more hours of waiting. - No more screaming -

After midnight the Neuro-surgeon emerged from the O.R. still in his garb and gave us as much details as he had to give:

He had been on his way home, when he got paged - Code blue - The CATSCAN revealed subdural hemotoma, resulting the brainmass to excrete through the cranium, thus cutting off breathing functions as well as interrupting the normal heart functions. The hemorrhage was a direct result of a piece of skull that had perforated the meningeal artery seeping into the subdura and acting like a balloon, forcing the brain to evacuate through the only opening it could find, the cranium, causing of course additional damage to the soft brain tissue on its' way out.

His cause of action was to stop the hemorrhage, find the piece of skull (3' x 3' triangle) clean it off from debris, clean the original site from sharp edges, sucking as much blood as possible to create a compatible atmosphere for the brain to come back, insert the misplaced triangle with wires back in its place and insert a canule for further drainage before closing .

Apparently the impact of Rich's left side of his head on the fire hydrant had caused the initial breakage, but was heightened by his thrashing around in pain over his compound fractured leg in the emergency room procedures and while they were waiting for some signs of concussions (because the policeman reported a "bump" on his head) and after they had removed the cervical collar, he produced a situation which got totally out of hand.

The Neuro-surgeon stated that this is the second largest case he has seen and operated on in his career. The first case did not survive the operation, therefore he can not give us any kind of hope, that our son will make it through the night.

My question, what the outcome will be, should he survive, was met with equally negative results: because of the brain having been torn through its forceful journey on the inside of the skull towards the cranium, the damage to motor control, comprehension, eyesight, speech etc. compounded by seizures will be tremendous. Maybe he mentioned more, I can't remember. I heard enough. Almost mechanically I asked: What's left? He answered:

*Not much — a vegetable —*

An orthopedic surgeon was working at this moment on Richards compound fracture.

When he was finally wheeled into the post-op room and we could see him, I can not give words to the picture of a once perfect, lively human being and what had been brought out to us. Every inch of his frail body had some kind of a tube connected to an apparatus or a receptical. His left leg was suspended and blood seeping already out of the cast. His arms were attached to feeding tubes, his mouth was taped around a tube sticking out of his throat, another small tube came out of his head for drainage of blood from his skull. Heart and brainwaves were monitored with electrodes. His handsome face was waxen/gray. His beautiful eyes closed inside dark foreboding sunken holes.

Seeing my Rich like this ended a chapter of my life, as well as his. I knew at this moment, if fate will have it, and he will live, nothing will be the same.

**T**he news of Richards' accident ran like wild fire through his High school. Even the principal and vice principal came over to the hospital to sit vigil with us. Every day that passed, new hopes were shattered with new complications. He was in coma - for how long, nobody knew. His leg was bleeding profusely even through the thick cast and therefore very ghastly-looking. Pneumonia had set in and no antibiotic seemed to work.

Hours of agonizing waiting: will an antibiotic be found in time before the pneumonia killed him? One lung had collapsed already.

The SIC waiting room was manned 24 hours a day with youngsters or clergymen from his church. Teenagers who came to see him were allowed in only one at a time, with one of us, my husband or myself once every hour, monitored by the head nurse. Seeing Rich in this condition brought out in everyone such horror that boys as well as girls came out either crying or even throwing up. My husband and I did not mind sharing this unfortunate experience with them in the hope it may be a deterrent for them not to drive a moped in town.

In the meantime, we learned finally what had happened on that fateful day of January 4th: After school, instead of coming home with a friend whose father did not

pick them up, Rich went to the Galleria to borrow a car from another buddy, who had only a moped with him, a christmas gift from his girlfriend , with the promise to be back by 5:30 p.m. By now it was too late to go to his computer class, so he decided to zoom home. That's when he must have written the note to me, because I had just left for the market - The rest is history.

Finally good news. The antibiotic of late seemed to work, however his lungs were still in bad shape. The blood loss seemed heavier than expected. Did it come from the leg? Not likely, not that much.

Internal bleeding - but where? Where is that hidden cause. More X-rays. Because of his pneumonia he had been transferred to Isolation, surrounded by glass walls and a nurse 24 hours a day charting everything. Finally after having used 24 pints of blood that seemed to enter his body as fast as it left him at the other end, they discovered the culprit: an ulcer as big as a fist. A specialist who had been called, went in to cauterize it, but concluded that it was too big. Diagnosis: If we do nothing he will die, if we operate, he will not survive the operation.

As long as the prognosis was that negative, a drug, that had just been released from the Food and Drug Administration TAGAMENT was the only course of action left. However it will be at least three days before a result can be seen. Will he live that long? Three more days of agony. Since this drug had not been used on an ulcer, of such dimensions, physicians were cautious. Furthermore, with each day passing, another day of coma is being added The chances of a meaningful recovery is slipping further and further away.

In the morning of the third day the first sign of color change in the blood, and he was still alive, even if just by the grace of artificial means.

By now he was 7 weeks in SIC - Isolation. His leg got "windowed" several times for signs of infection, still bleeding from his rectum, a skeleton with badly colored skin adorned, weighing probably no more than about 100 pounds, if even that, in deep coma; complication after complication - Nobody wanted to say it out loud - Is the time ripe to suggest pulling the plug?

The neuro-surgeon had ordered a few days ago a revolutionary new procedure, which seemed rather macabre; have a portable radio affixed to Rich's favorite station: KROQ (24 hrs. a day) even though he was in deep coma. It seemed that this experiment had brought results in Israel with head-injureds and Dr. Wade wanted to try it out: after all what did we have to lose?



Seven-and-a-half weeks had passed since the accident. He was still in coma. No primal instinct. Every day Rehab personnel would come with their almost voodoo-like bag to probe for a sign of response, without result.

Then, one day, early in the morning, the cleaning lady who did her thing every day in the same way, spotted, while mopping under his bed, a minute slit under the right eye. By the time the nurse tried to evaluate the woman's finding it had closed again. Everybody heightened their effort of arousal and finally a slit had been reported by more than one caretaker. They called it tracking. Even we were lucky, one time, to observe it.

But it took again weeks before both eyes were slitty and seemingly trying to hang on to a focal point. We all rejoiced. We felt that now was really a beginning that we can work with.

He was still on Tagament for his bleeding ulcer and on many other medications, administered artificially, when he got transferred to Rehab.

**T**he weeks and months that followed were very trying and painful, for everyone involved. He was still semi-comatose, his right arm totally bent up, where his clinched fist met his chin and almost cut off his breathing again. A rigid cast had been ordered to archive a downward motion, away from his face. Tone had set in after all these weeks and short of breaking his bones, it seemed an almost impossible task to give his stiff arm a new direction.

The more he came out of coma and into a somewhat awareness, the more difficult he was to handle. The director at Rehab warned us, that he will go through a period of extreme anger, which is more subconscious than willful. We lost one very good nurse due to just such an occurrence, as he tried to bite her while she fed him.

I came every day at 1:00 p.m. and sometimes even earlier in order to be part of his recovery, which the Director of Rehab underscored. He told us that it was very important for the family to be present during all that ordeal, because he had seen patients die, because family members did not participate in their recovery. Stimulation is the most important factor. Nurses and doctors can do only so much and the rest has to come from the family.

I probably carried it to an extreme, because I did nursing duties for him; why wait

for a nurse to clean him up - after all, he is my child, only a bit older and bigger. I managed to curb his anger outburst with a firm hold on the only good arm and hand he had, and a strong "NO". He understood. I could do what I deemed necessary without getting in trouble with the authorities.

Level I, Level II, Level III - each level was met with new challenges, new discoveries and yes, new learnings. Rich turned out to be their little guinea-pig: instead of letting nature take its course, without stimulation, they bombarded him with constant input. The speech therapist worked with him, even though his vocal chords were not intact. Time would tell if they had been cut permanently or just massively extended.

Finally, one day, I was greeted with the biggest news of the station: Richard grunted. Immediately we started working with him, by coaxing him to grunt, more and more. I brought a magnetic board with colorful alphabets in from his kindergarten days and taught him repetitiously, every day a new character, in sight and sound. My husband worked at home, after visiting hours, on a newly discovered method of stimulation and learning tool: the COMPUTER.

He programmed things for Rich that could be used once he is home, i.e. shapes, words, including numbers and comparisons. The Speech Department started, at the same time, that approach in the hospital.

**A**fter 7 months the decision was made that he could leave the hospital. He was a paraplegic, his right arm in a semi-rigid cast, his left leg in a cast; he could ambulate from the wheelchair to a chair, or bed, but he could not feed himself properly.

The Director of Rehab suggested an institution in Bakersfield, a place that had a very good reputation for being trustworthy and efficient. The people in charge had been invited by Rehab to meet with us, but after talking with them, we rejected their offer, simply because their program did not meet the standards we had set for the future of our son: We had come too far in order to turn him over to care-takers, instead of teachers.

For the last few weekends, before leaving the hospital they let us pick him up on Saturdays and Sundays to introduce him, little by little, to the outside world. We took him to restaurants, to church, even to friends' homes. My feelings were as high and



proud, wheeling him around in his wheelchair, like the days when I showed him off in the baby carriage, 17 years ago. I knew the future looked bright.

His attention span was low and he would fall asleep in no time. Every 30 minutes a new stimulation had to be introduced.

We opted for taking him home against the opinion of the Director of Rehab who restated the fact, how dangerous Rich is to himself because of poor judgment, and the need for constant supervision. But we felt, with our total dedication to his recovery, we will meet the challenge. We instigated the help of the School District with home-room teaching and, of course ongoing out-patient therapy at the hospital.

Unfortunately the day of release had to be postponed slightly, because he suffered a grand mal seizure as a result of a drastic switch in medication. At first it looked like we had lost all our ground and would have to start from scratch, but after almost a day and a half of comatose sleep, he woke up to remember at least a few things again and the rest came back shortly thereafter.

**O**n a sunny, hot July 16, 1983 we brought our son home. The staff at Rehab had misgivings after visiting our home earlier, because we lived on a hill in a tri-level home with three different ways to enter the house: the conventional way, which had 12 stairs, no railings and corners to manipulate. The second way was through the garage, at street level, connected through 18 steps with the inside of the house and the family room, kitchen, dining room and formal living room; then 5 more steps towards the outer wing to the bedrooms and 2 more bathrooms. There was a ramp like concrete walkway for service people on the side of the house which would lead eventually to the rear of the building and into the bedroom areas. To us, this was the best way to bring Rich into the house; by pushing or pulling him up.

We engaged one of Rich's nurses from the hospital to be our morning nurse for the time being, since I had to go back to my part time job at First Financial Credit Union. Not that I wanted to, but everyone said I should, as long as other professionals were busy with him anyway. The morning nurse would give him his daily bath, medication and get him ready for the homeroom teachers. One teacher came from 9:00 a.m. to 10:30 a.m. to work with him on reading, writing and speaking, and the other teacher from 10:30 - 12:00 noon for math and comprehension. Maggie, the morning nurse would give him his lunch; then I would come home at 1:00 p.m., followed by a

physical therapist who came to the house, to work with him for 2 hours on his body, teaching him to walk, to stretch, to reach etc. or took him to the nearby YMCA. As soon as he left, I would take Rich food shopping for more stimulation that was different. I would talk to him as we went through the aisles (in his wheelchair), what the name of that product was, showing him different packets, or foods, what their functions were, and/or let him pick something from the shelves just like I did when he was a little tyke. My attitude and voice was totally normal, as if I was happy to have company while shopping and could discuss the evening meal with someone of substance. From time to time I would let him pay for the groceries so he could get used to monetary transactions.

In January 1984, the school board decided that it was too expensive to send homeroom teachers out, if he could attend public school for handicapped children. His regular High school refused him, because they were not set-up for wheelchair access. They made arrangements for a different school. He did relatively well, good enough to satisfy their demand to graduate him with the rest of the other students in June, and also, I think, in order to get him off their back. Once out of High school they were not responsible for his education any more. He needed only a few more units in order to graduate. His comprehension was very good by then, but his dexterity (writing) and eyesight for reading was lousy. Since he was a right-hander from birth, he would rather type on the computer than to try to manipulate a pen or pencil with his left hand.

As it turned out, the Division for Handicapped Children at Public School never had to teach a head injured survivor before, because they did not live long enough, to be taught. Their curriculum was set up for mentally retarded children or youngsters who had severe MS. Rich was a new experience for them and they felt not trained enough for him.

In order to continue with the motto: STIMULATION we took him on a one- week-cruise around the Hawaiian Islands. It was so successful, that we stayed 3 more days in Honolulu. From the hotel room (Hawaiian Regent) I asked my husband to contact the State of Hawaii, Neuropsychology Dept. to learn more about what their approach to head injured survivors was, since I had heard and read about a Dr. Craine who believed in a new and different approach to learning through computers, and longer duration of teaching in the same environment.

My husband talked to Dr. Craine by phone and made a tentative appointment in case we would be back in time from the Polynesian Cultural Center. Unfortunately we

left the Polynesian Cultural Center too late to meet Dr. Craine and had to leave for the mainland the next day. Besides, my husband was more interested, at that time to sent Rich to a pilot program of the local community college for advanced head injureds and/or physically disabled students which I felt, was pre-mature; especially, since his verbal skill and writing ability were still a lot to be desired. Any kind of failure, at this point, should be avoided at all cost. I could see all sorts of traps for him over there; too soon to have to cope with. For one - the social aspect. In High school, he was very popular; he was handsome, had a cute sports car, was witty, and very entertaining (he won a trophy for the golf team, sang, danced and acted on stage) the girls about crazy about him. After the accident and after all the hysteria had died down, people went on with their lives, moreover they did not know how to be with him anymore, he was different now; the end effect, they stayed away.

Even his best friend forgot his phone number as well as his address, even though he lived only a few homes up the hill. Chances are he will run into them on campus. How will he handle it? Eventually he will have to, but not just yet.

The Community College Division for Handicapped Students accepted him on a trial basis, together with 5 other students and on the strength of his computer knowledge; besides, the teacher needed a minimum head count in order to get the grant.

**O**ctober 6 and 7, 1984. My husband was feeling poorly. He had seen a doctor who mis-diagnosed his condition. On the night of the 9th his condition worsened and I brought him to the hospital to be admitted, if for no other reason than to be under observation. They sent him back with me to return the next day for an upper and lower GI examination. After spending a restless night, he had a massive heart attack at 7:00 a.m. and died almost instantaneously in front of me. I called 911. The fire department staff, paramedics and our own registered nurse could not revive him.

Rich who was in his room, could hear me calling Maggie in fright, he could hear the commotion and was afraid for his dad, who he loved very much. He asked to see him, and under the circumstances the paramedics gave their permission to have Rich be wheeled close to the body. After a few seconds he was escorted back to his room, not knowing that he saw his dad for the last time.

Everything that happened after that moment with and to Rich is again a totally unbelievable outcome. A friend of ours had been called to be with him while I had to escort my husband to the hospital. Even though I had to deal with an understandable shock of reality that my husband, my mate, the father of my son, who is now head injured, had died, is gone forever, and all the ramifications involved with it, it freighted me to have to tell Rich the horrible news, and how he will take it. I finally had to face that fact.

I do not wish to elaborate at this time on what happened at the hospital between the time they took my husband there and the time I returned with Maggie to the house in order to confront Rich.

Rich and I sat for quite awhile, embracing and crying. As if he already knew what I had to tell him, instead of having a screaming fit or outburst, or even a seizure, he calmly cried with me and when I said: "Daddy is not getting better, he is still at the hospital and it does not look as if he can come back to us", Rich kissed me and said: . . . "Don't worry, Mom, I'll take care of us." He had transformed himself from a needy, childlike convalescent to a calm and supportive friend.

The next days were hell. Since my husband was a very public figure, well known in the legal field and admired by friend and foe, in Sacramento as well as in Washington, where he had just been sworn in at the Supreme Court, I was bombarded with decisions. Instead of burying our Daddy at Forrest Lawn, just Rich and me and maybe some relatives in quiet and solitude, the Law firm instigated a near statesman-like funeral, where dignitaries from Washington and Sacramento stood in line to be pallbearers. Time had to be set aside for Rich and me to see our Daddy in the slumber room and without reporters waiting for us on the outside.

The day of the funeral was standing room only. People filed by the open casket to take a last look at him in order to believe that it was really Richard Langdon Huxtable. Rich took it all in stride, because he had a new mission in his life: to watch out for his Mom, because he is now the man in the family.

*His father was buried on October 15, 1984.*

**O**n the first day of school, at the Community College, Rich caught a bad cold; his fever shoot up to 103. They called me from the nurses office and after a day or so at home it turned out to be again pneumonia. Meanwhile important days were lost for his trial run at the college. Then his father died. By the

time he returned, he lagged behind the rest of the students. Furthermore, in my estimation, the curriculum was not suitable for head injured students. The teacher had them create a short story of about 5 minutes and telling it extemporaneous, in front of a camera, without notes, in order to be critiqued or praised for their performance. This is, what students are required to do in regular speech classes; I do not believe that it belongs in a classroom for speech impaired students who have, in addition, a problem with memory. This approach might be helpful for some, especially those who were paralyzed from the waist down, but for headinjured survivors, it had the opposite effect.

Shortly before Christmas I had been told to make different arrangements for the next semester since Rich did not meet the criteria for the Disabled Student program. - At least not yet, maybe in another year.

Before I'll be through with probate, it can be years. The insurance company had cancelled us immediately following my husbands death. The finances available set by the court will be ceased after 5 months. I could not effort outside help. I needed my part time job now desperately, but where can I leave Rich for 4 hours? No more nurses, no physical therapy. The house was too big and cumbersome for me alone to handle, especially having to take Rich out daily in the wheelchair for stimulation by bringing him back and forth on the long steep ramp, in and out of the house. And what about his future? I strongly believed that we had just began to rehabilitate this young man, that there is so much more untapped territory to explore; after all the NEW ENGLAND JOURNAL OF MEDICINE had just stated, evidence had been found that destroyed cells will rejuvenate themselves somewhat, meaning if there are new cells available, they need to be used and trained. But who will help me with this task? The conventional ways were outmoded and new ways had not made enough inroads to be publicized.

I also discovered that rehabilitation institutions were mostly built around residential concepts, and only for 6-8 months - after that it is up to the next facility somewhere else to continue, where they had left off. In other words, we would be gypsies of the road, from Pennsylvania to Florida, from Arkansas to Louisiana. Except for Hawaii.

We made reservations for the beginning of February to fly to Hawaii, to see Dr. Craine at the State of Hawaii, Neuropsychology Dept. who agreed with me, that it is more beneficial to the headinjured survivor to stay close to the family and once having started a program, to stay with this teacher for as long as it takes to rehabilitate him or



her. He took us in with the understanding that we may have to wait awhile before an opening will be available. That did not bother me, since I needed time to sell our house on the mainland anyway.

Selling our house was for Rich and me a very emotional event. This was the house my husband and I designed, built, lived in it for the past 13 years and where he died. Where Rich virtually grew up in (we moved there when he was 5 years old) and where we had good times as well as sad times. We took our dog (Collie) with us to Hawaii, who had to go into quarantine for 4 months and nearly died from the ordeal.

The hope for a continued rehabilitation, mentally as well as physically overshadowed our sadness.

In order to bridge the gap between an opening in the program, Dr. Craine suggested to start already with the preliminary testing and physical therapy. Sensing that Rich showed a great deal of flexibility on the computer he gave him simple tasks to do, including building a reference library, catalogue-ing etc., just to keep him occupied and to make him feel he had something to contribute. In fact, Rich enjoyed his "job" so much that he preferred to work on the computer at Neuro-psych rather than to attend his sessions at PT. Once found out, he faced a barrage of criticism.

I enlisted him also in the nearby Community College (Windward College) for 2 semesters of Computer Programming, which also contributed to his self-confidence when he found out that he knew more than the rest of the students. It greatly eradicated his bad experience back on the mainland with Community Colleges.

He had a computer at home and used almost all of his free time to experiment with art and symbols, also referred to as ClipArt. He decorated greeting cards or announcements, found great fascination with different fonts and showed advanced thinking in that field. Even though he had only one hand to operate the keyboard with, his brain seemed to make up for the lack of speed with ingenuity.

It was time to re-think his future. I personally would have liked to see him develop equally in handwriting, walking, talking and expressing himself. Instead, every time I would insist on making time for repetitious lessons in the above mentioned categories it was almost futile. In order to improve, the desire had to come from him personally. By the time the long awaited opening in the program occurred, he had developed in a different direction. Computers and everything connected with it was his world.



**W**e returned to California to pursue a career in that field. Easier said than done. He attended another computer class which just gave him more of the same. We went to the Department of Employment to inquire about a job in that capacity in an office. We got turned down, because his dexterity was not good enough to be in competition with wheelchair bound handicapped who could fulfill more than one task, like typing with both hands, and answering the telephone, taking messages etc. Many times these jobs are offered by banks who are employing handicapped for the graveyard shift. The next category would have been clean-up jobs at a gas station, for which he did not qualify because he could not stand for more than 5 minutes before his system would start to break out in perspiration without stopping. His clothes would be soaking wet. In colder climate it would be a health hazard. If he would do a mundane assembly job where his brain is virtually dormant and only his left hand is moving, he would fall asleep after 20 minutes. In other words, he needed to be mentally stimulated.

Stimulation - stimulation. I enrolled him in the YMCA to continue a physical regimen of some kind. I suggested playing golf (as ridiculous as it seemed to me at the time with all of his deficits). But low and behold, since this was his sport of choice since he was 5 years old, we rented a golf cart and he did remarkably well for the first time, with his left arm only. By now we had a few bases covered, except for employment. He offered his services as a volunteer to the local hospital, that was like his second home anyway and everybody knew him there because of his accident. They were very proud of him for how far he had come. He worked 3 times a week in the morning until noon at the Speech Department on the computer, organizing their software into categories and implementing new programs for their patients.

After 8 months a hospital reorganization took place and Rich's services were no longer needed. We had reached again a low point. By now I was finally through probate. Since his enthusiasm for computer work was still going strong, I had to find an outlet for his ability.

I always felt that a small town environment is more suited for him, like Kaneohe in Hawaii or Avalon on Catalina (another island in the Pacific, 26 miles off the coast of California).

We visited Catalina in May of 1987 and asked the principal at the local school if he would like to have Rich as a teachers' aid for computer classes.

He seemed pleased, except that we would have to take up residency. Very difficult to get housing. We put ourselves on the waiting list for a condo.

Returning to Hawaii, Rich repeated his offer to the local schools there, while looking for a condo in Kaneohe.

Meanwhile, on the mainland, we found out that our Real Estate lady had secured a condo for us on Catalina. We went into escrow. Shortly there after we heard from Kaneohe and started escrow proceedings as well.

**I**n order to continue his mental stimulation and until being through with escrow in both places, I contacted a well known Art School which had recently implemented a computer graphics art class. Since Rich did not have the required pre-requisites for this school I was lucky to get the teacher, who was teaching this class in the evening, to come to the house and give Rich the same lesson as she was giving a few hours later, that night at the academy. She gave him homework and compared him with her class. At the end of the semester he met the class, and his work had been evaluated and graded along with the rest of the students (which, for the most part were men and women presently employed and experienced in graphic art - but not computer art). It was astonishing how well he had done. The teacher told him that he had now stepped over the threshold of being a novice or hobbyist, to being a full fledged Computer Graphic Designer. He can now make a living with his craft, either as a freelancer or an employee. He had now a document for his tenacity and love for a profession that had evolved and that he will always cherish.

When we arrived in Avalon, the little town on the island of Catalina, Rich went to the local printer, showed him his portfolio and asked him if he had work for him. In order to work as a freelancer, he had to take out a business license. He called his business "*INTER ISLAND DESIGN*". After he got his first job from the printer, a wonderful and prosperous career had started. The printer saw a lot of potentials in him and guided him through many new phases in that profession, almost like an apprentice.

In Avalon Rich has the freedom of transportation which was an additional important step to independence. In order to get around in town, everyone is driving a golf cart, which he can control and operate. Automobile licenses are hard to come by, since the City is trying to keep pollution to a minimum. The waiting period for a

license is between 5 and 7 years.

To find employment with benefits etc. is still our final criteria; which brings me to the closing of this remarkable account of a human life that took a side turn.

**A**s time goes on, the medical field learns more and more about the development of damaged cells and how to react to new challenges. What used to be true 10 years ago has been revised. I, as an innocent bystander had to adjust to a new way of thinking, acting and controlling. Nobody walks into such a situation prepared or bookwise. We all come from a different walk of life, but the first thing you have to do is educate yourself to what has happened, what will happen (most likely) and what YOU can do. Don't wait until a physician is giving you crumbs of his vast knowledge that will make no sense to you because you lack the years of study that he had. Go to the hospital library or public library and pull every reference you can put your hands on to learn about your loved-ones condition. After all, he is in good hands, while you have the time - and if you say you don't have the time, then make the time; you can help save his life and future in the long run. Don't leave it up to professionals to do the job for you; they have other patients to take care of. Learn from them and fill in. Continue with what they have done, and do it just as patiently and caringly. Repetition, endless repetition, is the key to success. Turn back the clock and become a parent/teacher again, even if it is your husband, wife, father or mother.

We all tend to get frustrated from time to time, but as caretakers we do not have that luxury, because our voice or body language weighs double with people who look to you for guidance and stability. Head injured survivors can feel a dishonest person faster than we give them credit for. We should always be honest with them, even to the point of admitting if something is not to our liking - but in such a way that he becomes part of finding a solution, thus teaching him the art of problem solving, rather than being dishonest or condescending.

Rich and I did not had a very good relationship before his accident. Being a teenager is difficult enough (generation gap) compounded by his hyperactivity and competitive relationship with his dad; but after the accident, we both had a second chance to start anew, especially on my part. I learned to view him by his accomplishments and not how long it took him to get there. Chronological age had seized to exist. I also learned, along with patience, time is counted double, because they have to start from the beginning again, while being bombarded with outside

happenings of their chronological age. Society wants them to crawl, walk, think and act within a year or two, in comparison with nature's scale of 15 - 20 years. We all have the hope that our children will choose a profession or occupation that meets with our approval and by preparing them for such, we often press them into a direction that they are either not suited for, or even dislike tremendously. It is not hard to find out what they like to do most (except for watching television; although use TV as a tool) then turn into that direction. Success will be on all sides.

The overview is: be patient, positive, honest and loving. The head injured person is a living soul with feelings and hopes - nothing compares with being a part of his success, that you participated in.

In parting I would like to express my gratitude to Dr. Craine, the Neuropsychology Department and all the professionals who helped me to achieve the success of my son who is well on his way to independence. They came to my aid, at a time when I needed it most.

*Thank you very much.*