

FROM STROKE VICTIM, TO STROKE SURVIVOR, TO HEALTH CARE REFORM ADVOCATE

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© May, 2006

Less than one year ago, I suffered a massive stroke while my seizure damaged shoulder was being operated on. I felt victimized. First by my failure to act decisively to heed the clear warning signals, then by a host of cascading medical reactions and unforeseeable consequences of well intentioned medical decisions. The stroke took everything but my life, my vision and my memory. Like many stroke survivors, I couldn't get beyond the "why me" question. After one month, I was stabilized, taught to swallow and transferred to a rehabilitation facility directly from the hospital that cared for me during the initial crisis, surgery, stroke and recovery. While in the rehab facility, I could see beyond the "why me" question, and I saw my condition in the context of a wide range of stroke survivors and other cerebral trauma patients. I feel that every stroke victim can find some other stroke patient in worse condition than their own. Even the dead, if they can look back, could easily find some stroke patients they wouldn't want to trade places with.

Today, unless you asked me to lift my left arm over my head, I think only an expert could readily find lingering effects of my stroke. The limited range of motion in my left arm is more an aftereffect of my seizure and subsequent shoulder surgery than it is a stroke effect. I feel my amazing recovery is due to my being a good student and a good patient. I learned what went wrong and what I could do to correct the damage. I also followed explicitly the rehabilitation routines prescribed by my therapists.

I grew up in a very religious home and I'm tolerant of any sincerely held religious tenets. I, however, don't pray, meditate, or believe in Gods, spirits, angels or devils. I'm a materialist, a secularist and a student of Science and History. I believe advances in science drive human progress and if seen in a broad enough perspective, the human condition has made steady progress.

After a month at the rehab facility, I had made good progress and was allowed to go home. I was advised to continue my therapy as an outpatient at an affiliated satellite facility. I reported three days a week for six hours a day to the clinic outpatient facility. After some five months of this rigorous routine, I was released to my local health center where I continue to do regular exercises in a swimming pool.

At the outpatient facility, I immediately realized that I was in the ideal situation to maximize my progress. What I thought was going to be a less intense rehabilitation regimen was, in fact, the best possible combination of vigorous rehabilitation while readjusting to home. Because all of the patients were well enough to go home every day, they were well enough to interact with each other between the therapy sessions and at lunch. That interaction proved to be a profound learning and therapy enhancing experience. Not all of the patients were stroke victims, but all of them suffered from some cerebral disease or

injury. In this situation you get to see that you are hardly alone and the help and advice by others in the same boat cannot be fully appreciated by anyone who is not a cerebral trauma survivor

This unique patient population was serviced by an experienced and dedicated staff of wonderful therapists. They made evaluations and measured progress in a systematic and effective way. This difficult and challenging work was done in a way that transformed painful experiences into something that was simply necessary to achieve what we all hoped for. This environment clarified for me many of the issues in the American health care delivery system.

One day a new stroke patient arrived with her whole family, her husband, grown children, and grandchildren. I soon learned that they were from Cleveland and were living in a downtown hotel while granny went through rehabilitation. When I learned that she was treated for her stroke at a world famous cardiac clinic, I scratched my head and asked her why she didn't do her rehabilitation there? Her husband replied without missing a beat that the clinic won't do rehabilitation therapy because there isn't enough money in it. Rehabilitation therapy doesn't entail expensive medications, surgery, high tech instruments and tests. In effect, rehab services would not be a sufficiently large profit maker for the clinic.

At that small and rather dingy gym, a small team of skillful therapists is able to work miracles by simply laying on their hands and taking their patients to a painful place. They convince their patients that this painful trip is the only way back to where they once were. In this simple way, they are taking a sledge hammer to the lie that American big business, big pharmaceuticals, and the medical establishment would have us believe. The answers to America's medical delivery system are not critical, monumental last minute interventions. The answers lie in prevention, rehabilitation and wellness care.

The application of scientific advances and the latest research into physical, orthopedic and neurological medicine will only enhance the effectiveness of rehabilitation therapy if the basic paradigm is left unchanged. The one on one interaction of therapist and patient was the essential element of my astounding recovery and it points to what must become a national orientation away from crisis intervention towards wellness care. Our costs could be dramatically reduced and outcomes improved across the board if a single payer national health care could be instituted.