TRIUMPH THROUGH TRAGEDY

by

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Chapter 1 The Accident
I recall the motor accident (being hit by a car while riding my motor bike and crashing head first into a canon). I was taken to the Austin hospital and after having a CAT scan I was diagnosed as a quadriplegic (breaking my neck and back).
Chapter 1 - The Accident

'Hang in there mate, you're going to be all right, an ambulance is on its way,' someone said, as I lay motionless on the ground.

'What happened?'

'You've been involved in an accident.'

Then I started to remember what had happened.

After attending a church working bee, I had decided to ride my motor bike to a football game.

While I was travelling along a quiet side street, I noticed a car ahead of me to my left. As I proceeded to pass, he did a right hand turn in front of me without any indication. Having no time to swerve or brake, we collided. My motor bike ricocheted off the car and I went head first into a cannon positioned outside an RSL [Returned & Services League] club.
The next thing I knew I was on the ground, paralysed, unable to move. By the time I was conscious again, people had gathered and an ambulance had arrived. I could hardly breathe, so I asked a bystander to remove my helmet. Realising what had happened, but not knowing whether or not I would pull through, I said to those nearby: 'I want you to know that God loves you and that Jesus died on the cross for your sins.'

While I was lying motionless on the ground, the ambulance officers began to make an assessment of my injuries and to take my observations - my heart rate, blood pressure, pulse rate, skin colour, skin warmth - and they also assessed my conscious state.

Then they began to check my neurological condition. They checked for loss of power to my hands, arms, legs and feet. They asked me if I could move, to which I replied 'No.' By now there was strong indication that spinal cord injury had occurred.

They also noticed that my breathing was unusual, because the break in my neck had affected my intercostal muscles, which assist in the breathing process. As a result of this, I was only using my diaphragm and not my chest to breath. This would also indicate a high spinal cord injury.

Once the ambulance officers had diagnosed the likelihood of spinal injuries, they cut my clothes off and began to immobilise me as best as possible. They then placed a cervical collar around my neck and made sure that my head was in good alignment.
A Jordan frame was then placed over my body, plastic slats were slid underneath me and then hooked to either side of the frame, thus allowing them to lift me onto a stretcher without moving my body. Sandbags were also placed on both sides of my head.

Once in the ambulance, I was given oxygen and my observations were taken again. I was also asked a number of questions in order to establish whether I was disorientated or not. The ambulance officers contacted the hospital to inform them of my condition and that they were on the way. Instead of going into casualty, I was taken directly to the intensive care section of the spinal unit. The hospital was just around the corner from the accident scene. Little did I realise that the hospital I had ridden past on my motor bike would be my home for quite a while.

When I arrived at the hospital I was taken to a small examination room in the spinal unit. Although conscious, things were very hazy. I thought to myself: 'Poor Bev, how is she going to cope?' At the time she was nine months pregnant and we were expecting our first child.

The doctor on duty decided to telephone my wife. Being aware that she was so far into her pregnancy, he took great care in explaining what had happened. At the time of the call, Bev was resting in bed. She had had a very busy morning. We had risen early and gone to the church working bee. While I was busy cleaning windows, Bev was taking our dog 'Buzy,' for a long walk.

Around noon, we decided to go home for a bite to eat. All that morning I could not decide whether I would go and watch the football in the afternoon or stay home. I used to enjoy a Saturday afternoon match because it was a break from the hustle and bustle of ministry. Often I would meet other members of the congregation there and we would have a great time stirring each other and supporting our team. I asked Bev if she would like to come, but she declined. Had Bev accompanied me, I would have taken the car, but as I was going alone I decided to take the motorbike.

'Hello Mrs Brown, this is Dr Dawkins from the Austin Hospital.' Initially Bev couldn't understand why the doctor was calling her on a Saturday afternoon. She thought that the call might have been in reference to a foot complaint I had been treated for at the hospital.

'Your husband Rob says that you are nine months pregnant. Are you okay, are you feeling fine?' he asked.

'Yes,' Bev replied.

'My reason for calling is to inform you that Rob has just been involved in a motor accident.' Thinking that I might only have some bruising or a minor break, Bev asked: 'Is he all right?'

'Well, it appears at this stage that Rob has broken his neck. Can you make it into the hospital?' he asked. Sitting there stunned, Bev finally said 'Yes.' The doctor gave her the directions over the phone, but they just went over her head.
As the reality of it all started to set in, Bev began to cry. Then she thought: 'Who can I call? How will I get into the hospital?' Bev immediately called my sister Irene and explained what had happened. She told Bev that her husband had gone away for the weekend, but she would call my other sister Debbie and her husband Darren, to pick Bev up and take her to the hospital.

As Bev waited by the front door it seemed like an eternity before they arrived. While my brother-in-law drove, Debbie sat in the back seat trying to comfort Bev. 'Is Rob going to be okay?' she asked. 'The doctor suspects that he's broken his neck.' Bev noticed that this had upset Debbie.

When they arrived at the hospital, Bev went straight to the casualty department and explained the situation to the nurse, who was expecting her. Noticing that Bev was pregnant, she called for a wheelchair but Bev declined.

Like the typical hospital, there were many corridors to go through before Bev finally arrived at Ward Seven. While waiting in a side room, Bev was introduced to the wife of a spinal patient. She was involved in a group called 'Backup.' This is a support group of people who are close to people with a spinal injury. She briefly explained to Bev what she could now expect, being the wife of a person with a spinal injury and how 'Backup' could assist. Bev was grateful for the information and advice, even though at the time she could not fully understand what was she was hearing.

By now the other members of my family had been contacted and had started to arrive at the hospital. When Bev was called in to the treatment room she saw me lying motionless on a table with just a draw-sheet covering me. Seeing me conscious was a great relief to her. I looked at her, smiled and said: 'Don't worry, God has everything under control.' Bev was again banished to the little room while I was taken away for a CAT scan and x-rays.

After this, the head of the spinal unit, Dr Brown, confirmed that the x-rays had shown that I had broken my neck and my back, resulting in spinal cord damage, and that I had also broken a rib which in turn had punctured a lung. My mother, who was standing by spoke up and said: 'Will my son walk again?'

'We don't know at this stage,' the doctor replied. My mother's question and the doctor's answer shocked Bev, for even with her nursing experience, the consequences of the situation had not yet fully dawned on her. By this time Bev felt helpless. Nobody knew how to help her or what to say.

After the x-rays I was taken back to the admission room where I had head tongs attached to my head. The head tongs were attached to weights of about three kilograms and their purpose was to immobilise the bones in order for them to heal.

Around 10pm, Bev and her dad left the hospital and went home (we were living at Bev's father's place at the time). It disturbed her to have to leave me at the hospital in that condition. After a cup of coffee, Bev went to our room exhausted and sat on the bed. She started to cry and then she began to pray: 'Dear Lord Jesus, I know that You understand how
I am feeling. Please help me to cope with this situation. Bless Rob, be with him, heal and bring him home soon.'

As Bev pondered on what had taken place during the day, she had hoped that this was only a nightmare which would be gone by the morning.

How strange it was that one day could be so different from the next. On the Friday, Bev and I were on cloud nine. After attending a pastors' and wives' fellowship meeting, we headed off to a little country town real estate agent to sign the papers for our first home. Although small, it was a lovely three bedroom brick house and was only a five minute walk to the church which I was going to help pastor with Bev's brother-in-law. After this, we returned to Melbourne excited, rejoicing in God's goodness, yet not realising what the next day had in store.

Saturday arrived and what a beautiful spring day it was. But in a moment our world was torn apart, and our dreams had become a nightmare.

The next morning when Bev awoke she was still very upset. She tried so hard to control her emotions because she didn't want to upset her father or be a burden to him. After getting dressed and having breakfast Bev came into the hospital. When she arrived she was alarmed to see the nurses cutting my hair off. `Why are you doing that?' she asked. They explained that this was necessary in order to keep the area where the head tongs were put in clean.

Also it would be weeks before my hair would be washed. It was easy to see that the nurses had not done a course in hairdressing. With my new `crew cut' it looked as though I was ready for boot camp.

Due to the large amount of medication, I frequently drifted off to sleep. Whenever I did awaken, there was Bev sitting by my bed trying to put on a brave face in order to encourage me, but I knew that deep down she was grieving.
In Ward 7, in a bed directly across from me, there was a man who became a quadriplegic as the result of an accident. He had been quite an active person who blamed himself for his injury, which could only be described as horrific. He was paralysed from the neck down and as a result, all he could do was move his head.

Because the break in his neck was so high, he was attached to a respirator, which was secured to his throat. For the rest of his life he would be dependent on this machine, and without it he would asphyxiate and die.

He had a loving family who gave him both great support and company. One day his sister introduced herself to Bev and gave her a tour of the hospital, showing her where the different amenities were. This was a big help, and Bev appreciated it very much.

I can vaguely remember him speaking words of encouragement to me in my early stages at the hospital, and that seemed to be typical of the man.

He was a popular person, much loved by the nursing staff. Understandably, he became quite depressed and lost all desire to live. Being the active person that he once was, he did not want to live dependent upon machinery and to rely upon people to do everything imaginable for him. What a daunting prospect he faced, living in a body that did not move. Not being able to walk, to stand up, to feed, dress and manage himself.

Although some quadriplegics manage to live this way, this was not going to be the standard of life for him.
Wanting to die with dignity, he took the matter before a Parliamentary Enquiry Committee, and stated his case. On a few occasions he spoke to the Health Commission, but to his dismay, his plea was rejected and he was certified as being unstable of mind and incapable of making decisions at that time. The situation became quite public, featuring in both the television and the print media.

I wanted very much to visit him when I left the hospital, but unfortunately we heard on the television news that he had died. The sputum in his lungs blocked the tracheotomy which enabled him to breathe. At the time of death he was not on the ventilator because he could be off it for short periods of time.

The thought of suicide was not too far from the minds of some of the patients who were about to spend the rest of their lives in a wheel-chair. No longer would they be able to do many of the things which had come so easily beforehand. It would be difficult because there would have to be adjustments to their lifestyle, made not by choice but out of necessity.

Although as a Christian I do not condone suicide, one would only need to spend a short time in a spinal unit to understand why a person would consider it. Some would take their own lives, if only they were physically able to do so.

Those who seem to have a huge problem dealing with their condition are those who, as a result of trying to commit suicide, do not succeed, but end up still having to live with spinal injuries.

I cannot for one moment begin to imagine how low that type of person would feel, one moment thinking that it would all soon be over, then before they knew it, they were in the spinal unit of the hospital looking at months of rehabilitation and facing the prospect of spending the rest of their lives in a wheel chair.

Unfortunately, too, there are others with spinal injuries who, being unable to cope once leaving the hospital, and possibly not getting a lot of support in the community, actually go ahead and commit suicide.

A good family, friends and outside community support base is imperative for those suffering spinal injuries because those who do not have this option find it difficult to cope.

Those who have no partners at the time of their accident seem to suffer an additional pressure because in the fore-front of their mind are questions like: `Who would want me now? Who would find me attractive? Am I good for anything?'

I have found that some people think that by having a physical disability, they have a mental disability as well. On one particular occasion, after I had been discharged from the hospital, I went to a hairdressing shop with my wife to get my hair cut. When the hairdresser approached, she looked at Bev and asked her how I would like my hair cut. Bev, looking somewhat astonished said: `Ask Rob, he'll tell you.'
I also noticed that when Bev and I dealt with people before my accident, they would normally direct their questions and answers to me, but since the accident this had changed. At times I would say to Bev: 'Do these people think I'm stupid? Why are they ignoring me?'

These are just two examples of what I had to deal with in the outside world. Even with Bev there were times when I would jump to my own defence if I thought that she was speaking down to me or treating me as though I was a little simple, which would upset her because this was not her intention and she could not understand why I would have such a thought.

As much as it is difficult for single people, it is not uncommon for those with partners to separate due to the pressure and frustration of coping with a spinal injury. This must be heartbreaking for spinal patients who are not only trying to come to terms with their accidents, but also suffer the loss of their partners, not forgetting the children who are involved.

In view of this, I thank God for giving me such a wonderful, loving and understanding wife and daughter, and for the support of family, friends and church.

Once a week a psychologist who frequented the ward to ask each patient a series of questions visited me. She was doing research in a particular area, and I volunteered to help out. I was a bit surprised by some of the questions she asked, not because they were intrusive or were an invasion on my privacy, but because they offered no hope. In some cases they could be more depressing to the patients than anything.

Bev attended the first of three family meetings which would take place during my stay in hospital. Dr Brown, a social worker, and a nurse, proceeded to explain to Bev what would take place during my stay in hospital. 'Rob will be in over Christmas, and beyond,' said the social worker. The average time a person with my type of injury would spend in the hospital was at least nine months. 'Over Christmas! But we're only at the start of September!' thought Bev. This distressed her greatly because it also meant that I would miss the birth of our child. Bev couldn't believe this was all happening, and that I would be in the hospital for such a long time. She also had to deal with mundane tasks, like the many forms which had to be filled out for Social Security so that I could receive an invalid pension.

On the Monday morning after the accident, Bev called the real estate agent, Mr Kilkenny, to inform him of our current dilemma and that we would have to cancel the contract on the house. He was quite good about the situation and was deeply saddened by the news. We were fortunate because when a house is bought, the person has three working days as a cooling off period. If they decide not to go ahead with the contract, they can simply pull out of the deal. Had the accident been four days later, we would have been left with a house which we couldn't possibly pay off.

The first two weeks in the hospital were quite intense. The reality of everything was swiftly sinking in. In the initial stages the doctors would come around regularly, pinching and poking to see if there was any improvement. Starting with my toes and finishing with my fingers, they would do a thorough examination and check for any signs of movement. Unfortunately there was none, and I remained paralysed from the chest down. As well as this, the petrol burns and leg wound I had sustained needed to be regularly dressed and cleaned.
Passive limb exercises by the physiotherapist were commenced to prevent stiffness caused by immobility, and also to prevent clots, which are always a risk.

Hope of any recovery was fading by the moment. My legs could have been tied into a knot and I would have been none the wiser. At times I would ask Bev to straighten my legs, thinking they were twisted, only to find that they were already straight.

I received a lot of visitors during this time, most of whom were members of my home church. The news of my accident came as quite a surprise to them. The senior minister addressed the congregation on the Sunday morning after the accident. 'Unfortunately I have some sad news to tell. Pastor Rob has been involved in a motor accident, and is in a critical condition in hospital.' After a loud sigh, the church sat in stunned silence.

My friends the D'Angelos looked at each other in complete shock. They had planned to meet me at the football, had waited for me to arrive, but were at a loss as to why I did not make it. Now they understood. When they came to visit, they were overwhelmed by all the paraphernalia attached to me.

When you incur a spinal cord injury, your stomach falls to sleep and you are unable to eat. To prevent vomiting and aspirating the vomit, a nasal gastric tube is put through the nose, down the back of the throat and into the stomach. This tube drains away any food or stomach contents remaining in it, or made by the stomach in the normal process. The stomach usually starts working again three to four days after the injury.

An intravenous drip was also attached to me, and this provided the fluid my body needed. It would stay in until I was up to eating and drinking again, which could take up to ten days. There would have been a substance called 'heparin' in the drip to prevent any possibility of clots forming in my legs. A calf muscle stimulator was also attached to my legs, which gave a pulsation to my leg in order to continue the flow of blood and to prevent any clots forming. There was also a tube called an intercostal drain, which was placed in my chest to inflate the space between the lung and the pleura (the chest cavity lining). Its purpose was to drain away any blood or fluid which had formed, as this could cause the lung to collapse. The chest tube was there for the purpose of allowing the lung to inflate.

'How could Robbie be so fit and well one day, then battered and broken the next?' the D'Angelo's thought. They remembered the fun we'd had together, the meals we'd shared, and the many hours spent talking about the things of God. Only the night before my accident, Bev and I were at their home laughing around the kitchen table as we drank coffee and had something to eat. Like typical Italians, you couldn't leave until you had eaten, regardless of whether you were hungry or not. I also think they felt sorry for me because I was so thin.

Although the many visitors were encouraging, at times it was exhausting. Some of my visitors couldn't come to terms with seeing me in that condition, especially the children. Besides having about 80 children in my Sunday school, and being the chaplain for the church's Royal Ranger's Scouting Group, I was also the chaplain for Northside Christian College. As the children were a major part of my ministry, it was such a blow not being there to continue my work with them.
I was pleasantly surprised one afternoon when two of the students I taught came into the hospital and presented me with a rather large get well card signed by the students, as well as a cassette of Christian music. It was a lovely thought, and it felt so good to be remembered.

On another occasion, a pastor friend and his wife paid me a visit. Graham and I had known each other for many years and were good friends. News of my accident had come as a shock to him, and seeing me there lying motionless made it even worse.

Not long after they arrived, he said to his wife: 'We should be going now, Honey.' He said goodbye then headed off down the corridor. His wife, Julie, followed about two minutes later. As she approached the exit, she heard a commotion and noticed someone lying on the floor being attended to by the nurses. As she got closer she saw that it was Graham. Apparently, the sight of me was too much for him, causing him to faint. Every so often I remind him of this, then we have a bit of a laugh, much to Graham's embarrassment.

Being on the pastoral team in a church of five hundred people guaranteed me many visitors. It seemed like hardly a day went by without receiving a visitor or two. The pastoral staff and congregation at Northside Christian Centre were wonderful to both Bev and me. Their love and support will never be forgotten. They also took up a collection for us which helped us to pay a few bills.

There were times when Bev and I just wanted to be alone, but we soon learned that privacy was simply non-existent in a hospital. No sooner would we get a few minutes to ourselves than it would be interrupted. There was always something going on. If it was not a nurse needing to attend to me, then it would be either a doctor, a physiotherapist, an occupational therapist, an orderly or haematology nurse wanting some of my blood. Three times a week blood was taken from my arm and tested to make sure that my blood was not clotting too slowly, and so that I would not bleed. I was also prescribed an anticoagulant drug called 'warfarin,' which helped to thin the blood, which in turn caused it to keep circulating to prevent the clots.

The ward nurse politely, and with great care, informed Bev that for three hours after lunch she could not see me. At this time the orderlies would arrive to turn the patients over. It would take about six of them to turn a patient. As pressure sores were a big problem to spinal patients, being positioned properly was also a must. I would spend four hours on my back and then two hours on my side. Initially this upset Bev because she found it hard to be told: 'It's time for you to leave now, Mrs Brown.' It was like a continual tearing away, something that Bev was not adjusting to very well.

During this time, she would sit in the hospital gardens and fill in the time by knitting and reading the Bible. Although Bev would sit alone, she was well aware that Jesus understood how she was feeling, and that He was giving her the strength to cope.
After a gruelling first week I was out of the danger period, taken out of intensive care and
moved to another section of the ward. Ward 7 was quite cramped and run down. It was built
in 1890, and it certainly felt like it. If a nurse put a trolley on one side of the ward to do a
surgical dressing, by the time she had turned around, the trolley would have rolled across to
the other side, such was the slant on the floor. One time, a possum fell right through the
ceiling and landed on a patient, much to the patient's surprise!

One would find it hard to believe that people who had suffered such terrific injuries would be
subjected to such poor conditions. In fact, the most recent prison built in our state is like a
five star motel by comparison. I suppose it says a lot about the priorities of the state.