

The horror doesn't end with the crash

brain causes it to swell and literally turn to mush.

Harvey picks up a skull, indicating the natural openings in it. The swelling brain, she explains, will push out wherever it finds a hole, oozing out of the eyes, nose and ears. If the brain stem is pushed too far into the hole at the base of the skull that allows it to connect to the spinal cord, the victim can permanently lose the ability to achieve consciousness, breathe, or, in extreme cases, the ability to keep the heart beating may be lost.

Damage to the forebrain can result in the loss of decision making ability, intelligence, and personality. If your head goes through a windshield, you may live through it, but the "you" part of your brain may not. Your "persona" will die.

An injury to the back of the head may damage the visual centre, leaving you with healthy eyes and permanent blindness. Damage to the motor strip on the sides of the brain can leave you paralyzed.

...on one particularly reckless night, he collected 36 demerits...

She picks up a wired together spinal column and shows where each major nerve leaves the spinal cord. Breaks above the branch point usually result in the permanent paralysis of the area controlled by that nerve — both loss of control and loss of feeling.

"Brain and spinal cord tissues do not regenerate," she emphasizes. "The paralysis is permanent." Patients who break their necks high up may lose control of their diaphragm and spend the rest of their lives in an iron lung.

"Can they ask to die?" questions Wayne, a 19 year old packing plant worker who was convicted for impaired driving.

"How can we decide if its a rational decision?" replies Harvey. "We've got no right to decide for anyone else whether they should live or die."

In the neurosurgical ward, we meet two patients, both victims of head injury. The first is in a wheelchair and is reportedly "doing well" he can open his eyes and talks occasionally. He has no spinal injury damage to his brain robbed him of the ability to control his legs. He is 30 years old, with a wife and children.

The bed patient isn't doing as well. Healthy, apart from his head injury and the shattered leg that isn't healing four months after his accident, he is unable to communicate at all. A tube runs into his stomach. He is now able to breathe on his own, but a scar on his throat indicates where a breathing tube once led into the trachea. He is 24 years old and may remain like this for the rest of his life and it will cost a lot to take care of him

"A severe head injury can cost 5 or 6 million dollars — that's to keep the patient alive for the rest of his natural lifespan," says Francescutti.

Over coffee, we watch a "crash test dummy" videotape with Fran, a social worker whose job it is to help the family of the victim adjust to the injuries. Another tape follows, showing one family's experience in coping with their brain injured son whom they took home with them. His brother was killed in the accident that left him partly paralysed and unable to speak.

Lunch takes place over at the Aberhart Rehabilitation Hospital. We are joined by Randy Schneider, a 30 year old quadriplegic. His neck was broken 17 months ago in an accident which "ironically wasn't my fault," he says.

At 29, when the accident occurred, he had been convicted three times for impaired driving, three times for driving while under suspension, and had, on one particularly reckless night, collected 36 demerits in one fell swoop.

Randy is fairly mobile for a quadriplegic after 9 months of hard work, he has regained the use of his hands, although they don't have much strength. He no longer drinks before driving in his customized van ("couldn't if I wanted to — one drink now and my balance goes"), but guarantees that if it wasn't for the accident, he would still be driving impaired.

"The last thing on my mind was to end up in a wheelchair."

His best friend, who fell asleep at the wheel, walked away from the accident. They are still best friends, although the driver still kicks himself.

"Dying is pretty easy," says Randy. "Everyone has to put up with the result of injury." He says that he has "all the support in the world": close friends, family, the brother who now lives with him. It's been tough on the family before his two operations to repair his neck he had no movement at all. In reply to the question of suicide, he says that "at that stage you don't have the choice of killing yourself — you are helpless. When you start doing things for yourself again, things aren't quite as bad."

His life has changed a lot. With only a Grade 7 education, he has always done physical work. Now, he faces the task of finding work that can be done from a wheelchair. It takes him one and a half hours to get showered and dressed. Relationships don't last long — loss of sexual function is another fact of life for a quadriplegic.

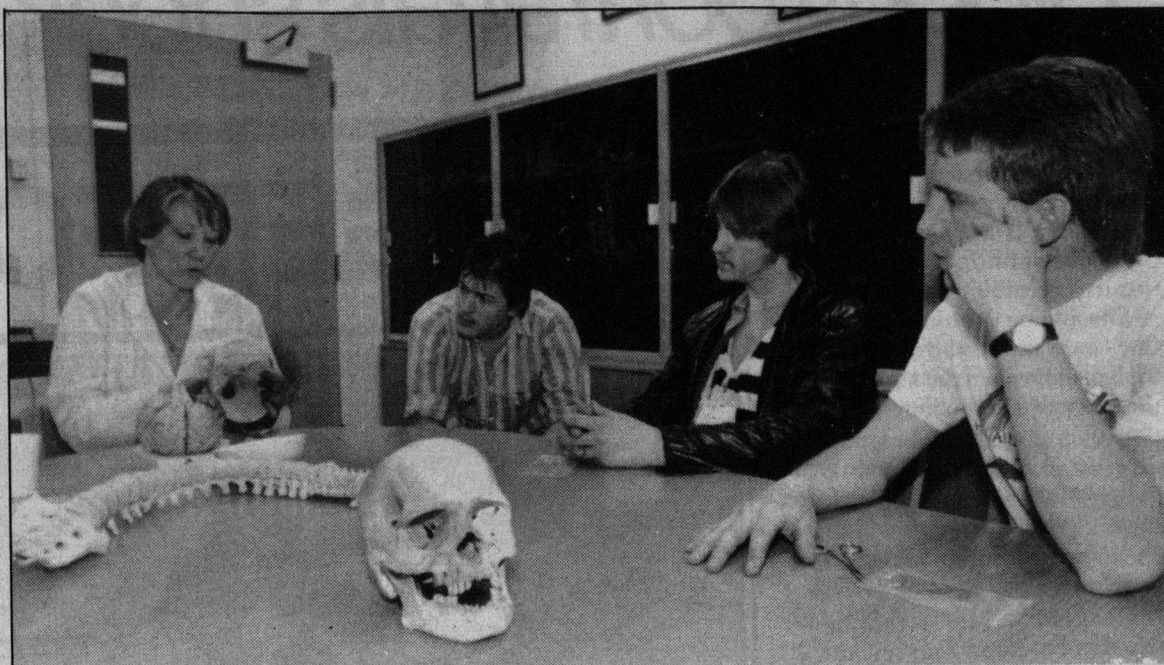
"Your whole life is wrapped around your bowel routine."

His emotions have also changed. He has become more patient, more paranoid. Is it going to get any worse? He drives more slowly and carefully now his stopping time has increased and it is more of an effort to drive.

"You drive for everybody else and yourself," he says. "I don't drink and drive now because I know better."

He seems to have made an impression on at least one of the group today.

"There's a lot of things to think about, that's for sure," says Dan.



Nurse Barbara describes the texture and functions of the brain, using a skull for demonstration.



"There's a lot of things I take for granted."

"It's tough to change," says Randy. "Nothing deterred me — I was suspended for 3 years and drove the whole time. Until one and a half years ago, I lived as I pleased."

"The bottom line is that it doesn't end with the crash," says Camille, who has acted as our guide. "I don't know if I made a difference — but I hope so."

We leave Randy in the cafeteria and go around various "stations" in Occupational and Physical therapy.

In the wheelchair area, the participants are strapped into gear that restricts head movement, immobilizes their back and muffles their hands to imitate quadriplegic disability. They then wheel around for 10 minutes, attempting to

enter a washroom as part of the routine. The door, just barely wide enough to admit a wheelchair, defeats two of them.

In Physiotherapy, we watch as a therapist manipulates the limbs of a patient who broke his back falling down a flight of stairs. Rehabilitation will be a long, arduous process.

At the "Bowel and Bladder" station, a nurse explains the daily excretory routine. Every four hours, the bladder must be emptied via a catheter — or there is a risk of bursting it. Paraplegics are taught how to catheterize themselves, quadriplegics need others to do it for them. Life is planned around the catheterizing, which is much harder for females than for males. Bowel movements are controlled using stimulant suppositories. Sexuality is not covered

very well by rehabilitation research, she says. The chance of having children is 1-15%, and sex, if possible at all, will be very different than it was before.

We are debriefed in a small conference room after this, filling out yet another questionnaire, being asked for comments. The three participants are very quiet, speaking reluctantly if at all.

Will it work as a deterrent? The purpose of the program is to increase awareness of what can occur as a result of high-risk driving behaviours. The driving records of the program participants will be followed and compared to a control group which did not go through the program. If the program works as a deterrent, everyone who gets his or her license suspended will go through it. A program is being set up in high schools in an attempt to change driving attitudes at an earlier stage.

The day starts with death.

There has definitely been some change in the attitudes of the three participants today, as their comments at debriefing indicate:

"It helps you put yourself in their shoes a little more," says Dan.

"Got to get in trouble before you realize how serious it is — a real 'shakeup'," says Wayne.

Mike, 23 years old and suspended for speeding, summed it up this way:

"The biggest deterrent to speeding before was getting caught and losing my license. It never occurred to me that driving consistently at high speeds practically guarantees getting into a serious accident."

The question is: how long will these changes in attitude last? Will they slow down, buckle up and stop driving impaired?

After seeing what they can do to themselves and others, I sincerely hope so.

(Thanks to Camille for her work in arranging for the Gateway participation.)