

A SAFE RETURN

Michael Goldsmith

APRIL 15, 1983, seemed like a rather routine day for me. I had just returned from Knoxville, Tennessee, where I had given a lecture on asset forfeiture to the local U.S. Attorney's Office. In recent years, I have enjoyed giving many such lectures as part of a program sponsored by the Department of Justice. This trip, however, had been especially memorable because I began my teaching career at Vanderbilt Law School in Nashville, Tennessee, and so the occasion provided me a chance to visit some former students. I had also taken the opportunity to drive through the mountainous countryside of eastern Tennessee and to reminisce about my early years. PHOTOGRAPHY BY JOHN SNYDER





"Oy vey, go to the doctor. Vat do you know about taking

Perhaps I should have spent even more time reminiscing. My return to Salt Lake City would be more momentous than anything I could have imagined. I arrived safely in Salt Lake City and went home to complete my tax return. The last thing I remember happening is a phone call that I received from my accountant, who explained my tax bill to me.

Like thousands of other Americans, shortly afterwards, I passed out. I had been struck, however, by more than an adverse tax bill. An aneurysm had ruptured deep inside my brain, and my chances of surviving to pay my tax bill in person had immediately been reduced to only 50/50.

Of course, I am not a doctor (lawyers, after all, are simply graduate students who are not able to get into medical school), and so, at first, I didn't know what was wrong with me. I had heard a strange popping sound inside my head, and although some of my college friends from the 60s routinely hear such noises, this experience was a new one for me.

But I didn't need a medical degree to know that something was terribly wrong. I felt very dizzy, the way you might feel after having stayed too long in a jacuzzi. Also, I happened to glance at a mirror, and what I saw was even less appealing than usual. Within a few minutes, I had become drenched in perspiration.

Even so, the macho side of my personality told me that everything was all right, that I should tough it out and that all I needed was a good nap. Fortunately, my macho side is about the size of an earthworm, and soon my Jewish side and years of training from my Jewish mother prevailed. I heard a voice inside my head (this really happened) say "Michael, if you take a nap, you'll wake up dead. You've never been macho before, and this is not the time to start." Then I heard my mother's voice say to me: "Oy vey, you have a headache, go to the doctor. Vat do you know about taking care of yourself? You couldn't even get into medical school. Now the doctor for you."

In the past, I've almost never paid much attention to my mother. (I can still recall telling her: "Mom, I'm 13 years old. I know what I'm doing.") However, I had learned the error of my ways. This time I said to myself: "She's right. I couldn't get into medical school, but at least I've got medical insurance (even if it is DMBA) and I'm a taxpayer. I'm calling an ambulance." So, I did.

Well, I'm a Cougar fan, but this was not time to become a zealot. So, I hitched another ambulance ride, this time to the University of Utah. That's the last thing I remember about this world. I didn't wake up again until May 4, 1993.

However, I do remember a lot about the mystical world that my mind and soul inhabited for that three-week period. I remember snow-covered moun-



In retrospect, I might have panicked from fear that the ambulances would be busy with thousands of other taxpayers who had also received bad news from their accountants. Fortunately, the rest of the populace seemed to be enjoying good health; the ambulance arrived within minutes, and again I passed out.

The ambulance took me to LDS Hospital, where the emergency docs diagnosed my aneurysm, and judged my chances of surviving the night at 50 percent. And that was the *good* news. The bad news was that, given the depth and location of my aneurysm, none of their surgeons felt comfortable performing surgery on me (and these were the guys who had gotten into medical school?) They recommended that I go elsewhere. You might want to keep this quiet because elsewhere happened to be the University of Utah Medical Center.

tain peaks, and beautiful snowy days with perfect blue skies. (I realize, of course, that snowy days usually are not accompanied by clear-blue skies, but that's what I remember, and I'm sticking with my story.) Apparently, I took advantage of the opportunity to ski because, on at least one occasion, I sat up and told everyone around me to "go in for lunch without me because I want to keep skiing." And so I skied.

I also spent considerable time and energy discoursing about the law. Once, I am told, I mistakenly thought that I had been requested by the medical staff to solve an unusually complex legal problem, and so I called in all the doctors and nurses and gave them a lecture about legal ethics (this must have been one of my shorter lectures). Upon concluding my remarks, I said: "So what's the legal problem that you want me to solve? I'm a 'can-do' kind of guy. Let me at it"—at which point they told me

care of yourself. You couldn't even get into medical school."

that there was no legal problem, that they had not called upon me for help, that I had sustained a ruptured cerebral aneurysm, and that I probably needed my rest

And that was good advice I would need my rest, especially since I also recall having been elected to Congress and, presumably, would soon need to deal with the rigors of political life. So a good rest, no doubt, would be helpful. Actually, I knew that there had been no election; I believed my political ascendancy had occurred by acclamation. (When I announced this remarkable development to the collected medical staff, they told me that this was good news because it showed that my "ego [was] still intact." This meant that, whatever the extent of my brain impairment, at least I would still think a lot of myself. The analogy to many practicing attorneys seems obvious even to me.)

Putting skiing and politics aside, I remember spending most of that precious time with my kids. In my mind's eye, they were by my side at every moment. We skied, we biked, we hiked, and we even bought a new place to live. Even now, when I visit certain places, I recall having been there with my kids during my aneurysm, and I can't believe that those experiences never happened (because in my heart they really *did* happen).

Also, for those of you who are into NDEs (near-death experiences), I did see a Light. It was a constant presence, very bright and it shined through a blue veil. I kept noticing it and wondering about it, but, in typical Goldsmith fashion, I remember being too busy to check it out. After all, blue-sky powder days are rare even in Utah, and that Light was always there. So, I assumed there would be plenty of time to check it out later. (I surely hope that's true.)

I often wonder if things might have worked out differently if I had been more curious about the Light. I don't think that I met Jesus, Mohammed, or Moses. But, maybe I would have met them, if I had decided to pursue the Light. One day I hope to find out—but not too soon.

Is there a metaphysical aspect to death? If that Light did reflect the breach between life and death, could medical science still have saved me had I decided to venture across the divide? God only knows.

During my period of unconsciousness, I felt content and placid. This other world posed no problems for me, at least compared to my reality. However, my real world counterparts—family and close friends—suffered greatly. Jeff Nelson, a private investigator and wonderful friend, was in the waiting room when they wheeled me out of surgery. Jeff later told me that I looked far worse after the surgery than I had looked going into it. My head had been shaved; my eyes were blackened and swollen, and a scar in the form of a giant question mark was etched on top of my scalp. Jeff said that, if he had had a camera, he would have taken a picture and sent it to me as a postcard with the caption: "Michael, you've got to slow down."

The doctors told Jeff and my other supporters that I would be in critical condition for 14 days and that, during that period, I would be greatly at risk of death or grievous bodily injury from compression seizures. So, while I skied and contemplated the Light, my friends and family counted each passing day and prayed for the safe passage of two weeks.

To keep me from slipping into a coma, the medical staff woke me every hour. They did this to keep me from falling into a deep sleep that could produce a coma. Notwithstanding their good intentions, these hourly wake-ups made me somewhat grumpy, but they worked.

I am told that, whenever the staff awoke me, they asked me if I knew my name and where I was. "Who wants to know?" I replied and "what about my constitutional rights?"

Actually, I answered their questions as best I could, although apparently I never could state my location correctly. Because I believed myself to be in Philadelphia with my kids, I paraphrased WC. Fields and said "On the

whole, I must be in Philadelphia." (When I awoke, I remained steadfast in this belief until we later checked my Frequent Flyer records at Delta Airlines, which to my surprise confirmed that there had been no activity on my account since April 15, 1993.)

During this time, my colleagues and friends at BYU really came through for me. Dean Reese Hansen visited the hospital and provided great comfort to my mother. Professor Doug Parker was there, too, and spent considerable time consoling my sisters. Many others also visited or made their feelings clear to my family. I will always be grateful to Reese, Doug, and to all of you who stayed so close to the situation and showed such strength and compassion for my family.

When 14 days had finally passed without incident, the doctors began to express great optimism for my recovery. And slowly I began to awaken. As I reflect upon that time, it seemed like a rebirth. I felt warm and snugly, and very well protected. Everything seemed new and fresh.

At first, there was concern about partial paralysis, as I had difficulty opening my right eye and moving on my right side. But these difficulties quickly resolved. Others, however, required more time to alleviate: double vision, for example, and a tendency to experience word processing difficulties while speaking. (Fortunately, as a law professor, I neither need to read nor speak for a living. Instead, my secretary could read old class outlines to my students. Some students might even prefer it this way. So these initial deficits did not cause me to panic.)

After a few days of semiconsciousness, I was transferred to a "rehab" ward, where I spent almost a month undergoing a variety of speech, occupational, and physical therapies. Slowly but steadily I made progress. I also learned the importance of developing patience, and that when your patience has seemingly been exhausted, yet another reservoir of inner patience can be located and tapped. Never run out of patience. It's crucial

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to sustaining long recoveries and to getting on with life

Meanwhile, I wanted to get on with my life and leave the hospital as soon as possible (In retrospect, I guess that I had not yet fully developed the quality of patience. However, this quality is especially difficult to attain on a diet of hospital food.) The main hitch to my release was my lack of "pathfinding skills." In short, I got lost a lot. The doctors were concerned that, due to this deficit, I couldn't function safely. I told the docs to relax because this "deficit" really meant that I was returning to normal—I've always gotten lost a lot. (That's why I commute to BYU with Professor Burns, and she almost never lets me drive.) I told them that, years ago, I had been forced to abandon my efforts to obtain a pilot's license because of this problem. I could take off and land the plane without difficulty, but I could never find the airport. This story is true, but the docs didn't believe me. So I stayed in the hospital a bit longer to hone up on my pathfinding skills. When I continued to have trouble (making my way from my bed to my bathroom), I argued that, under the rigorous "pathfinding" standards being applied to me, I would have been institutionalized before my ruptured aneurysm. "Just give me a bedpan, and I'll be fine," I told them.

At times I felt like a rat in a maze, but eventually my pathfinding skills improved to the extent that I could usually find the bathroom two out of three times. This apparently was good enough because they released me.

Now I was really cruisin'! Except that my driver's license had been suspended for medical reasons. No problem, I remember thinking. At least the road test won't require me to prove proficiency at "pathfinding." With a little effort and concentration, I'd pass the road test the first time—provided, of course, that I could remember where I had last parked my car (or even the make and model number of the car).

Eventually, my mother found my car (just like she always found my toys for

me when I was a child). However, she refused to take my road test (just as she had always refused to do my homework). So I was on my own.

Well, I passed the road test, but I honestly don't remember my score. However, I have finally recognized the wisdom in a statement made to me long ago by a former student: "What's the difference? A pass is a pass, right?"

Right, and so now I could drive. But, could I find my way?

With a lot of help, eventually I would. I spent the summer of '93 and much of that fall resting and trying to relearn old skills. For example, I often felt quite uncomfortable in ordinary speaking situations. My speech therapists characterized the difficulty as a word processing problem. As I tried to speak, my brain would struggle to find the right word for whatever sentence I was attempting to construct. With concentration and effort, I could usually find the proper word, but the effort often left me physically drained.

This problem scared me. We all mumble and stumble on occasion, but I did not want stumbling and mumbling in class to become my trademark. Over time, however, my therapists showed me how to control my speech to minimize this difficulty. Today, fatigue from this process is still a factor, but now when I mumble and stumble in class what you're seeing is really a *preexisting* deficit that I can blame on the aneurysm. (In fact, if I am not dealing with someone who knew me before April 15, 1993, I can blame all of my preexisting deficits on the aneurysm. So, in a sense, I'm better off.)

Even with the benefits of speech therapy, I felt apprehensive about returning to the classroom. I didn't know if I could sustain the concentration required for a full lecture period. (Yes, although it might not be apparent from some of my previous classes, I do try to think while lecturing.) And I didn't want students to believe that occasional speech impediments reflected a lack of cognitive abilities.

Ironically, during this period of self-

doubt, I received an offer to be a visiting professor at Cornell Law School. I have always wanted to teach at Cornell, my alma mater, but I had let previous opportunities pass and their interest in me had apparently subsided. Perfect, I thought, now that I've had a brain injury I'm finally good enough for the Ivy League. They really want me this time.

I mulled over the Cornell offer with my medical support team. The docs and therapists unanimously advised that, under the circumstances, a visit to Cornell would not be a good idea. They felt that returning to teaching would be tough enough without the added pressures of a transition to a new school and place. They also felt that the supportive atmosphere of BYU would be especially conducive to a good recovery. They were right. I decided to return to BYU for winter semester and, although I did have difficulty finding the right classroom on the first day of the semester, I have never regretted that decision.

As I expected, my students at BYU offered me hope and encouragement for a full recovery. And they tolerated my occasional lapses with grace and good humor. I will always be grateful for this support.

Meanwhile, I have attempted to go on with my life. I continue to spend as much time as possible with my children, and I have begun to return to a variety of research interests. I'm also much more interested in playing just for the sake of playing. Recently, for instance, I joined an adult fast-pitch baseball league. We play weekends, and roaming the outfield grass has brought back many wonderful memories. I've found that the ruptured aneurysm did not affect my ability to hit a curve ball. I never could before, and I still can't now. So, everything's different, but nothing has changed.

Today, my recovery continues. I still experience problems with fatigue and sometimes with my speech pattern. But, I'm alive and still in the game—even if I can't hit a curve ball. And I never lose sight of my good fortune.