We got home from Rock Creek in time to sign up for my second session of swimming lessons at Downey High School. At least that was the plan. Things didn't work out exactly as planned. The first indication I had that something was wrong was waking Friday morning, July 17, 1953, with a stiff neck and back. It was not only stiff, but it really hurt, too. Putting my clothes on was very, very uncomfortable.

I had a couple of severe headaches the day before but they both went away after an hour or so. I don't remember ever having a headache as a child and, in any case, I wasn't going to let these headaches spoil my summer fun. I'd run down the street and with every stride my brain felt like it wanted to leave my skull. It hurt, but I wasn't concerned. I'd occasionally hear friends and family members complain of headaches, and they always seemed to feel better later.

This back thing was different. I'd never known anything like this. I stayed in bed until mid-morning when my mother called my father at work. He came home and they took me to see Dr. Hershey at the Ross-Loos Clinic in Huntington Park. The doctor did some tests, mostly to do with my reflexes. He said I should be taken to the Los Angeles County General Hospital.

We arrived at County General and entered the Communicable Disease Ward. This was a very old, red brick building on Zonal Avenue, just west of the main hospital building. Everything inside seemed old, too. I was put in a bed and they began giving me more tests. Every time a doctor came by he would ask me to try sitting up in bed without using my arms. This seemed to have some special significance. I did this about a dozen times and had no difficulty.

In the afternoon they did a spinal tap. They told me it was a test to see if I had polio. Everyone in the early 1950s had seen March of Dimes posters with iron lungs and kids with leg braces and crutches, but polio was not something I thought about much as a child. I didn't think any more about polio than I did about getting hit by a truck. I don't remember my parents making much of a fuss over it either.

The tap itself was very painful, but what hurt even more was trying to get in the knees-to-chin position that a tap required. They kept asking me to bend forward more but the pain in my back was really intense.

I spent the rest of the afternoon in a small alcove off a much larger room. I could see other children in the larger room. Although they were all in bed they didn't seem to be very sick. Some of them appeared to be playing games of some kind.

That night my legs began to ache, and shortly after midnight I started to have trouble sitting up. I needed to urinate and I could see a urinal on the nightstand next to my bed. I tried to reach for it but my arms wouldn't cooperate. With great effort I finally reached it but I was completely exhausted.

I wasn't sure how a person was supposed to feel if they had polio, but not being able to sit up told me I had it. I distinctly remember saying to myself, "Uh-oh. I think I have it." When my parents came to visit on Saturday I told them the same thing, "I think I have it." I said it almost apologetically. I knew my parents didn't want to hear this.

Sometime late Saturday afternoon they wheeled me into a small room where they started an IV. Then some people in surgical gowns wheeled me to another room that looked like a dentist's office. Here they performed a tracheotomy.

A tracheotomy — without an "s" — is the name of the surgical procedure to open an airway in your trachea, or "windpipe." A tracheostomy — with an "s" — is the incision left after the operation. I now have a tracheostomy, pronounced with a long "a." Those of us familiar with tracheostomies usually refer to them as "trachs," still pronounced with a long "a."

The operation was performed with a local anesthetic. I was wide awake and I could watch the doctors bending over me as they worked. The one who seemed to be the leader wore goggles over his glasses because, he said, “It keeps the patient’s breath from fogging them up.” There must have been several people present who were unfamiliar with the operation because the doctor with the goggles gave a running commentary. Everybody in the room obviously knew what they were doing to me. Everybody in the room but me!

Up until this time I had moments of apprehension but I was never really frightened. Of course I wondered what was happening but, except for the spinal tap, nothing that had been done was very painful and everybody acted like things were going fine. Then the doctor doing the tracheotomy made one final cut and air started sucking in and out of the hole he made in my windpipe. I thought he must have done something wrong. I tried to ask them what had happened but every time I tried to talk more air bubbled up out of the hole. Now I really was frightened.

When they finished the operation they put me in a tank respirator, more commonly known as an iron lung. As my head was sliding through the opening, I vomited. I tried to apologize but the words wouldn’t come out. And blood seemed to be all over the place. My blood!

I either passed out or they gave me a shot of something to make me sleep, because the next thing I remember was waking up in a large room. There was a mirror over my head, and in the mirror I could see a row of large black bellows across the room. They were going up and down. I didn’t know much about respirators but I figured one of them must be making me breathe. I tried to figure which one it was by timing my breathing with the motion of each bellows. None of them seemed to match my breathing pattern. It wasn’t until later in the day, when my mirror was adjusted upward, that I realized those bellows were all attached to the underside of other respirators. I couldn’t see mine because it was beneath me.

I was in a Drinker-Collins “iron lung.” The Drinker machines were bluish green and had the bellows on the bottom of the respirator. These were the most common type of tank respirator in Los Angeles County. The Emerson “iron lung” was a pale yellow, almost sickly color and had the bellows on the end. The Emerson machines were less sophisticated and cheaper to manufacture. They were more common in other parts of the country. Both types made a low whooshing sound as they worked to keep us breathing.

An iron lung helps a person breathe by creating a rhythmic negative pressure within the tank. This negative pressure creates a partial vacuum and the patient’s chest wall expands trying to fill this vacuum. When the chest expands the patient draws in air, mimicking natural breathing. The pressure and rate can vary for each patient. Those of us with significant paralysis of our breathing muscles often had additional air forced into our lungs through a tracheostomy. The tracheostomy can also be used to suction mucous from our lungs. I’m sure the tracheostomy saved my life.

After a few days I got used to the routine: two shots in the morning, one at noon, one at night, bath every day, and an enema every other day. Yuch! I had blood taken for tests every third day, usually out of my leg or groin. Ouch! Some people might think that if a person can’t move, then they can’t feel either. Let me clear that up right now. Polio does not affect your senses. You are able to feel everything. If something looks like it would be painful, it probably *is* painful!

I couldn’t swallow, so they inserted a tube through my nose and down into my stomach to feed me, and I still had the intravenous tube in my arm. Later they moved the IV to my leg. When they did this they performed what they called a, “cut down,” similar to what is now called a central line. They cut open a vein in my ankle and inserted the IV tube directly into the vein. That was one of the things that really hurt, both when it was opened and again when it was closed. I assume they must have used some local anesthetic but it sure didn't feel like it.

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My mother drove to the hospital to visit almost every afternoon and both parents came in the evening. I'm sure it was a difficult time for them. I was their youngest child, and I was very, very ill with bulbospinal polio, the most severe form of this disease. I learned later that, in addition to polio, I had a life-threatening case of pneumonia.

It was probably more difficult for all the parents. Imagine entering a room filled with these huge metal tanks. The tanks are making their whooshing sound. All you can see are heads sticking out one end of each tank, and you know that one of these heads belongs to your child.

I've heard from many polio survivors who felt isolated from their families while in the hospital. They state that their parents were not allowed to visit them for several weeks. Even when they could, they would be kept separated, either behind a glass partition or outside the building completely, only able to wave to their child through a window. Many were visited only on Sundays or some other rare occasion. This was not the case at Los Angeles County General Hospital. As I relate above, my parents were allowed to visit me twice a day, with restrictions on actual physical contact. When I was transferred to Rancho Los Amigos we had regular visiting hours. These were Saturday and Sunday afternoons and evenings, and Wednesday evenings. Parents could visit their children on any day and at any reasonable time. Perhaps the doctors and hospital administrators in Los Angeles County had a more enlightened perspective than those in other parts of the Country.

My father began a daily journal of the events surrounding my illness and hospitalization. He never mentioned it, and I didn't know about it until after his death when I was going through his papers. I believe this journal was his way of coping with the strain and sadness he and my mother must have endured.

Here are some excerpts from the first few entries:

Friday, July 17: Dr. Hershey examined him and gave us an order to take him to the CD building at the General Hospital. Arrived about 11:30 a.m. They asked us a lot of questions and gave Richard an examination. He said he felt "Pretty good," The doctor told us he had no muscular weakness at that time.

Saturday, July 18: Arrived at the hospital at 2 p.m. Richard was suffering some discomfort and said, "I have it", meaning polio. He showed us the difficulty he had moving his arms. We returned home somewhat apprehensive. At 9 p.m. Dr. Miller called and said Richard developed some difficulty breathing and they were planning to put him in an Iron Lung later in the evening. He called again about 11:30 and suggested we come there. We went immediately. We couldn't see the doctor until 2:15 a.m. He explained they put Richard in the Lung as a precaution and to save his strength. We went home feeling pretty low.

Sunday, July 19: Called the hospital at 9 a.m. The nurse said Richard had a quiet night and that we could see him. We went right over and visited with him for 10 minutes. He seemed in good spirits, under the circumstances, and was comfortable. Talked to one of the Drs. and he explained some things about polio to us. As long as the patient has a fever it is still "working". After that they can determine the extent of nerve damage. There is nothing to do but wait for two *or three days for the answer. They will be anxious days for us. Went to the hospital again in the evening. Richard is a very sick boy.*

Monday, July 20: I left work at noon. Went home for lunch and we went to the hospital. The nurse was working on Richard when we saw him. The Dr. said he had developed pneumonia. Still a very sick boy. We returned to the hospital at 7 p.m.. We were rewarded with the first hopeful sign. Richard seemed in good spirits and the nurse said his temperature was down a little. We came home clinging to that slim thread of hope.

Tuesday, July 21: Came home for lunch and went to the hospital. The nurse was working on Richard so we had to wait in the hall a few minutes before we could see him. He is very sick but the Dr. said his fever is slightly lower. He also told us that Richard has a better than even chance to pull through. Returned to the hospital at 7 p.m. Richard was asleep when we went in but the nurse awakened him. He seemed glad to see us. I asked him if he was discouraged and he shook his head to indicate a definite "NO!" That spirit can't lose and I'm real sure he will win.

I treasure this journal. It is important historically, but even more important to me is the written record of my parents' thoughts and concerns.

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Everyone had to wear gowns and a few people wore masks when they were on the patient units in the Communicable Disease Ward. Men, who I assumed were doctors, would often stop by my respirator. They would talk *about* me, but never *to* me. It was almost like I was a bug in a petri dish. This heightened my sense of apprehension. Were they preparing to do some different tests? Would they be painful?

The nights were the worst times. They kept some of the lights on and there was always someone who needed attention. I didn't want to sleep anyway because, when I did sleep, a little bit of the air being forced into my lungs by the respirator would leak out my nostrils. When I awoke, aerated mucous covered part of my face. This was very disturbing to me. Try to imagine lying on your back. You have the worst "cold" you can envision. Now imagine that while you are sleeping you are continuously and unconsciously blowing your nose. And, you are blowing your nose without even using a tissue. Yuch! I don't remember other patients mentioning this but I'm guessing there must have been others with this problem. It was caused by the almost complete paralysis of my breathing and swallowing muscles. Any slight control I had while awake disappeared when I slept. I had this problem for almost two weeks.

I was very naïve. I had no real understanding of how serious my condition was. Oh, I knew that I was completely paralyzed, but the long-term impact did not sink in. My greatest concern was that I might miss the first day of school. Part of this may have been because my only direct knowledge of polio was through the Elwood boys. They both had polio in 1948. They were in the hospital for about three weeks and then reappeared without any visible aftereffects.

As I lay motionless and on life support I thought about starting school in September. After a couple of weeks I realized I wasn't going to suddenly jump up and start walking, but I still thought I'd leave the hospital before school began. I could visualize going back to school on crutches or maybe a slight limp. In a kind of demented way this appealed to me. I figured all the pretty girls would fawn over me. And, when I was thirteen, all girls were pretty.

Perhaps a person's mind tries to protect itself from reality. Or, perhaps my mind was just overly dense. Before polio I bit my fingernails. I tried to break the habit but not very successfully. In the iron lung I couldn't bring my fingers to my mouth. After a few days I could tell my nails were longer. I mentioned this to my parents and my father said he'd buy me a nail clipper and file if I continued to let them grow.

Here I was, encased in a large, 800 pound metal cylinder with just my head sticking out. I couldn't move, breathe, or swallow. But when my father offered to buy me my own personal nail clipper I felt as if I'd just won the lottery.

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I don't recollect exactly when I found out that I would be transferred to Rancho Los Amigos Hospital (now Rancho Los Amigos National Rehabilitation Center). My first thought was, "No way!" We had driven by Rancho several times when our house in Downey was being built. It had always been described to me as the, "old folks home." There was no way I was going to an old folks' home. Rancho had been the county poor farm from the late 1800s through the 1930s. I didn't realize that Rancho had been gradually changing. It had become the largest of the thirteen respiratory centers funded by the National Foundation for Infantile Paralysis (March of Dimes).

Three weeks after I entered the Communicable Disease Ward at County General I was put in a huge ambulance built especially for tank respirators. A team of electricians followed as I was pushed through the corridors of the hospital and out to the ambulance loading ramp. They would alternately disconnect and reconnect my respirator to long electrical extension cords. My regular mirror was replaced by an unbreakable one made of polished metal and the rear doors of the ambulance were left open so I could see out the back. This was in the closing months of the Korean conflict and we happened to enter the freeway in the middle of a military convoy. I could see a long line of Jeeps and transports following the ambulance. They stayed with us for a mile or two until our driver hit the siren and we pulled away, screaming down the freeway off ramp.

I was taken to Building 60 at Rancho. This was just an old, two story stucco structure about 60' by 150', divided into four large rooms on the ground floor. There appeared to be eight to twelve patients in each room. There were several identical buildings in a row: Buildings 30, 40, 50, 60, and 70. My room in Building 60 had all boys, from about eight to fourteen years old. The staff greeted me warmly and always had a positive attitude, at least around the patients. The whole atmosphere was that patients were going to get better. And most did.

While at County General the only visitors I was allowed were my parents. At Rancho they allowed visits by other family members and friends. The Elwood boys and many of my school friends came by, but I think some of my friends were kept away by their parents. Polio is not contagious after three weeks but some parents probably thought it was better to be safe than sorry.

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After two weeks at Rancho I was assigned a physical therapist. Her name was Miss Coler, known "affectionately" as "Killer Coler." Her first task was to stretch any of my muscles that had tightened from disuse. The only parts of my body that I could move by that time were the toes on my right foot. There was a lot of stretching to do! I was still unable to breathe on my own, so when my respirator was opened for therapy I was hooked to positive air pressure directly into my tracheostomy.

Every day, prior to therapy, I would get hot packs. These were wool blankets that were steam heated and spun dry, then wrapped around my arms, legs, and body. They were very hot, and I got burned once. But that happened only once, and was just carelessness by an inexperienced nurse. After a half hour the hot packs began to get cold and clammy. The cold, damp wool made me itch and it really felt good to have them removed and have the sweat toweled off. Some polio survivors talk about the awful smell of the hot packs, sort of like a wet, dirty dog. I agree that they did smell, but I didn't find it particularly objectionable. I actually enjoyed the moist heat.

About the same time I started therapy, they also began feeding me soft foods by mouth. It wasn't long before the tube was removed from my nose and I began eating regular meals. We often had soft-boiled eggs for breakfast. Sometimes they were nearly raw, and at other times they were as hard as golf balls. It didn't make any difference to the nursing attendants who fed me. As they cracked open the eggs they would always say the eggs were, "Just right." It got to be an ongoing joke.

Sometimes my mother would prepare Lipton's chicken noodle soup and bring some to me in a thermos. The noodles were small enough to drink through a straw. There was a trick to eating because I had to time my swallowing with the respirator. An iron lung pretty much takes over your life. It is much stronger than a patient's weak muscles. It tells you when to breathe and how deeply to breathe.

Talking while in the respirator was very frustrating, too. I would get in the middle of a word and have to stop and wait for the next breath. People using respirators often talk in sentence fragments.

This might be a good time to explain terminology. I use "tank" and "iron lung" interchangeably in my story when I refer to these large respirators. I think most people in the 1950s would probably be more familiar with the term iron lung, but, in the hospital, this type of respirator was usually referred to as a tank.

I quickly learned the emergency "code" of respiratory dependent patients. If our respirators malfunctioned, a tube became disconnected, or something happened that needed immediate attention we were told to make a clicking sound with our tongue. This always brought a rapid response from the nurses.

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Once a week the hospital tested the back-up electric generator. With so many respirator dependent patients, it was vital that they have a reliable source of emergency electricity. At noon, on the dot, the tank respirators and other equipment would go silent as the outside electricity was shut off. In a few seconds we'd hear the huge diesel engine start up. After a few more seconds the engine was up to full speed and the transfer switch was thrown to the emergency generator. Everything would run on back-up power for about half an hour before they would switch back.

It was also vital that all employees know how to manually pump the tank respirators, just in case something catastrophic happened. Doctors, nurses, therapists, maintenance staff, and custodians had to learn. This was hard, physical work, but everyone was trained in this important exercise.

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Like many of the other patients in an iron lung I had several personal items hanging near my head at the front of the tank. I had a small plastic dog that the Elwood boys brought me, a photo of my brother Rodney in his Army uniform, a photo of one of my girl friends, and a photo of me throwing a football. The football photo was the last picture taken of me before polio. Looking back, I think having it on my respirator might have been my subconscious way of saying, “This is the *real* me. Not the weak, emaciated kid you see with his head sticking out of this tank.”

The mirror over my head was adjustable. On the back there was a wire frame that could hold books or magazines. Someone would have to come by periodically to turn the pages. Reading was a very slow process, but I kept up with my school work and read several books this way.

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Most of the time things were pretty monotonous, although we did have movies once a week to break the routine. These were usually short films, but occasionally we had a full length feature. A man would bring a 16millimeter projector to the ward and place the large projection screen at one end of the room. Sometimes the beds and tank respirators would have to be moved around so that we could all see. One afternoon they wheeled a group of us to Rancho’s large auditorium to see a fully staged production of Humperdink’s opera *Hansel and Gretel*, complete with orchestra and professional singers in costume. Other times we would be visited by some well known personality. The first one I saw, after being at Rancho about a week, was Barbara Stanwyck.

Some strength was returning, especially to my legs, and I slowly regained some breathing tolerance: ten minutes, three times a day, then fifteen minutes, then twenty, etc. When I could breathe about one hour on my own I graduated from the tank respirator to a chest respirator. This type of respirator covers just a person’s torso. It looked a little like a turtle’s shell. It allowed me to lie on a bed, escaping the confines of the tank.

By Christmas 1953, I had enough breathing tolerance to visit home on a four hour pass. Most of the patients were not afforded this luxury because they lived too far from the hospital. But, it was just two miles from Rancho to our house. A few days prior to this my mother and father had to take lessons in how to operate the various pieces of equipment I had to take home with me: portable respirator, suction machine, etc.

The first time I went home I noticed something different, but I couldn’t figure it out right away. Then it dawned on me. It was quiet. There were sounds at home, of course, but at Rancho there was a constant background noise of respirators and other equipment. It wasn’t loud enough to bother anybody but it was always present. The silence at home was kind of eerie until I got used it.

In January I was transferred from Building 60 to Building 40, and my activities were stepped up. One of the first items on the list was to plug my trach tube with a temporary plug made of rolled up adhesive tape. It took several days for me to get used to breathing through my nose and mouth again, but now I could talk without putting my finger over the open trach tube.

The next thing they wanted me to try was standing, using a, “standing board.” This was a narrow wooden table with a gear arrangement so that a person strapped on it could be raised from the horizontal to the vertical position. I was told that before I could be allowed to stand I needed a plaster "body jacket" to help support my back. They took me to the plaster room where I was suspended in a kind of rack made out of pipes. My head was in a harness, a sling supported each arm, and two slings supported each leg. More harnesses were added to each ankle and traction was applied. This allowed the doctors and Nino, the "cast man," free access to the main part of my body so that the plaster cast could be applied. The rack looked like a medieval torture machine, but there was very little discomfort. I did, however, have a feeling of extreme vulnerability from hanging suspended in mid-air. I felt really naked, too. They put a stockinet over my torso that became the lining for the cast but I was lucky if they left the stockinet long enough to cover my private parts. If the stockinet wasn't long enough they sometimes placed a washcloth or small towel between my legs. I still felt naked.

With the plaster body jacket I was allowed to sit on the side of the bed for a few minutes. I was even allowed to stand briefly and to sit in a wheelchair. Not for an extended period, but long enough for my parents to wheel me outside and look around.

Standing was a big milestone. I was very unsteady but I could support my own weight without braces or crutches. This gave hope that I would walk at some point.

By February 1954, I had improved enough so that I could breathe without any equipment for several hours a day. We were all looking forward to the move to the new facilities on the north side of Imperial Highway, but shortly before the big day came I caught a cold and my left lung collapsed. It didn't actually collapse, that was just the term they used. Medically, it was atelectasis. I remember that it was just before visiting hours on Sunday. All of a sudden, I couldn't breathe. Pandemonium struck as I made the emergency clicking sound with my tongue! Nurses and attendants ran everywhere. I was lying on my bed and they opened an unused tank respirator across the room, picked me up, and shoved me in. A curtain was pulled around the area and in several minutes two doctors appeared with a portable x-ray machine. I was put on medication and remained in the tank for about three weeks.

I was still in the tank when we made the move to the north side of the highway. The move was very well coordinated. They moved more than 125 patients, many in iron lungs, in just four hours. My home for the next six weeks was Ward 502. The new 500 Building looked more like a country club than a hospital. The architecture of the main entrance had a very modern appearance, with a gently sloping roof and expansive floor-to-ceiling windows. The circular driveway in front of the main entrance was landscaped with tall palm trees and tropical plants.

The 500 Building had three patient wings: Wards 501, 502, and 503. Each ward had eight rooms, and each room was designed for eight patients. When fully occupied there was space for one hundred and ninety-two patients. Most of the patients had some degree of respirator dependence. That was Rancho's specialty. The 500 Building also had outpatient clinics, several therapy rooms, and an indoor exercise pool.

After I got over my cold I was allowed back on a bed and I was assigned a different physical therapist. Miss Viola Robbins, known as Robbie, was head of the Physical Therapy Department. Having her as a therapist was a mixed blessing. She knew what to do and had the pull to get whatever treatments she thought I needed, but she also had teaching duties. Robbie had the habit of bringing student therapists around to various patients so that the students could observe the therapy sessions. I was the one she picked most of the time because I was cooperative, and also because I was so thin that my bones, and what muscles I had, were clearly visible. Robbie would come by in the morning, followed by four to six students, ask if I was dressed yet, and proceed with her demonstration. If I said that I was not dressed she would pull the curtain around the bed. Sometimes, but not always, she would leave the sheet over strategic parts of my body. These were the only concessions to privacy she made. Robbie's physical therapy students were usually female and, more often than not, very attractive. I really liked Robbie, but for a young teenage boy it was very unsettling.

I never complained, because I was taught not to complain. I also didn't want to blemish my reputation as the, "Nice, cooperative boy in bed number eight."

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In May 1954, all of the teenagers and younger patients moved to Ward 503. Here my daily activities increased. My tracheostomy was closed, I went to occupational therapy every day, to the pool three times a week, and I was fitted for a pair of leg braces. I could stand and walk a little without braces, but the braces added stability. In June I received my own wheelchair. For several months I switched back a forth between using the chair and walking, increasing my walking time until I no longer need the wheelchair.

Once I could get up I started writing a journal. I didn't write every day, but whenever I felt that something happened that was worth recording. I had to learn to write with my right hand because my left hand wasn't strong enough to hold a pencil. My teacher knew I liked poetry, so she encouraged me to write as an exercise. I wrote a short poem about my new leg braces:

These are my braces,
They set me free.
But, these are my braces,
They are not me.

Without my braces,
I sit in my chair.
Without my braces,
Life is not fair.

But, put on my braces,
And I'm just like the others.
Put on my braces,
And I run like my brothers.

Well, not exactly,
I'll have to admit, no.
Well, not exactly,
'Cause I had polio.

It was obvious by this time that I would have neither the breath nor strength to play the saxophone again. I was very disappointed, but I had to face reality. My parents asked what I wanted to do with it. I suggested they try to sell it. They did, and I got the money from the sale. I felt a little guilty about taking the money. After all, my parents paid for the saxophone originally. I felt guilty, but not guilty enough to refuse the money.