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Jerome Jenkins, a cash clerk at Crossroads Depot Division 2 moves one of the mobile vaults trucked to the Crossroads Depot from various divisions. A mobile vault filled with currency and coins may weigh as much as 750 pounds. After his May 2005 stroke, Jenkins spent five months in physical therapy to be able to resume his job.



## Stroke Survivor Jerome Jenkins an Example for Other Stroke Victims

By NED RACINE

(April 6, 2007) – Jerome Jenkins' year-long trial began with apparent indigestion and persistent tingling in his hands.

Those symptoms appeared near the end of Jenkins' shift on May 24, 2005. A cash clerk in Revenue Collection, he suddenly faced a life-threatening emergency. Diagnosing that emergency took several hours and illustrates the sometimes subtle symptoms of stroke, the third leading cause of death in the United States.

"He walked past my office," said Beverly Williams, senior supervisor in the Revenue Department, recalling that Jenkins' skin color looked odd. "I said, 'Jerome, are you OK?'"

Jenkins told Williams he felt some indigestion. He didn't tell her he had been running cold water over his hands, hoping to end the tingling.

### Advice From a Stroke Survivor

Jerome Jenkins has definite advice for someone who thinks he or she might be having a stroke on the job.

"If you're at the work place, make contact with the right people – your supervisor or co-workers. If you can, take an aspirin or have a bottle of aspirin with you. Have a cell phone close by. Contact people. Let them know that you are having a certain feeling. And if there is anything going on with the head, definitely get yourself checked out.

"Have strong faith in trying to get yourself back. Don't get down on yourself. Don't let people say that 'You can't.' Get rid of the words 'Can't do.' That's the kind of stuff that will hold you back. You have

"I was unable to recognize the episodes [strokes] at work because I wasn't familiar with what a stroke was," Jenkins said. "My picture of a stroke was maybe someone [immobilized] or fainting."

to be mentally tough. Be patient. You can't rush yourself."

See also: [Stroke Myths](#) from the National Stroke Association

Jenkins, then 48, left the Cash Room at Crossroads Depot, Division 2. While crossing the yard to his car, he lost his sense of balance and wondered, "What is going on?" Still, he drove himself home, where, continuing to feel odd, he called paramedics.



Jenkins and Beverly Williams, his supervisor, stand with a token-counting machine. Very similar to machines that bag potato chips, this machine counts and seals tokens in plastic bags for resale.

### **Paramedics found nothing wrong**

The paramedics arrived, but found nothing wrong. "That's what is so strange about a stroke," he said. "Your symptoms could masquerade so [paramedics] cannot pick them up."

Jenkins napped for 30 minutes. When his wife, Victoria Woods, a Metro senior community relations officer, found him difficult to wake, she called paramedics again.

This paramedic team transported Jenkins to Martin Luther King Jr. Harbor Hospital. As with the first team, the paramedics could not find evidence of a stroke, although by now he could not move his limbs.

In the emergency room, Jenkins surprisingly recovered use of his extremities. Only when an hour of more subtle tests were run was a doctor able to tell him he was having a stroke, making him one of 700,000 Americans who suffer a new or recurrent stroke each year.

"I was surprised, shocked really," Jenkins said. "I'm thinking you would pass out or have a bad headache, but I didn't experience any of those. I was just receiving a small ping inside of my head."

A physician administered aspirin, on the chance it might break up the blood clot in Jenkins' brain, even though he was past the two hour-window when

aspirin is considered most helpful for stroke victims.

That night Jenkins transferred to Kaiser Permanente West Los Angeles Medical Center, where he fell asleep about 2 a.m. "Everything was moving, everything was fine."

When he woke up, Jenkins felt extremely hot. He heard the heart monitor going off. "I'm saying in my mind, 'Wow, this isn't good.'" Then he blacked out.

### **Awaking from the blackout**

When he awoke, doctors and nurses were standing over him. The doctors told Jenkins he had had another stroke. He spent the next four days in Intensive Care.

Once his condition stabilized, Kaiser moved Jenkins to Daniel Freeman Memorial Hospital in Inglewood for physical therapy. Before his stroke, he had never been in a hospital. He would live at Daniel Freeman for five months.

On the day Jenkins transferred to Daniel Freeman, he discovered how his strokes had affected him. "I got on the side of the bed to get out . . . I thought maybe I could just jump on out and get going." Instead, he almost fell over when he tried to walk. His nurses had to catch him.

A team of therapists was assigned to Jenkins, one devoted to helping him walk. One piece of luck for the left-handed Jenkins: his left side was unaffected.

Because of the damage to his right side, however, Jenkins was unable to put on his clothes, shower or go to the bathroom by himself. "When you go [into rehab], you have to check all that personal stuff at the door, because you have no personal life. You have to be monitored [constantly] when you have a stroke of this degree."

"Getting used to that was really one of the low points," he said. "I just built a strong inner wall to fight through that and get myself better."

Photos by Ned Racine



Jenkins explains the workings of one of the Cash Room's coin-counting machines. He suffered the first two of his six strokes while on the job.

### **A turning point**

The turning point for Jenkins was getting up on his feet and moving his limbs. "That gives you a lot of inspiration that you are going to make it through. I didn't know how far I was going to be going, but I knew it was

a beginning.”

Part of Jenkins’ rehabilitation was returning to the Cash Room with one of his therapists and working part time.

“He has just made incredible progress,” said Beverly Williams, his supervisor. “He couldn’t lift his right arm at all.” Now Jenkins meets his job requirement of being able to lift 50 pounds. “He does that as well any of my employees.”

Jenkins speaks glowingly about his co-workers. “They’ve been great. Outstanding. They helped me come back and gave me a lot of support when I was in the hospital . . . And then that helps you, too, when the people around you care.”

Jenkins’ return to his duties in the Cash Room was the subject of a video made for Daniel Freeman Hospital. The video, he explained, will be shown to stroke survivors to reassure them, “You can come back to normal, functional life and be productive.”

Although Jenkins was able to assume his pre-stroke job last month, shadows of the six strokes remain. His right leg drags a bit. His speech is a bit slurred. He cannot extend his right arm in some positions. Because he can no longer jump, he cannot play his beloved basketball, although Jenkins works to make that a temporary thing.

Still, Jenkins considers himself lucky. After all, strokes kill more than 150,000 Americans each year.

“It’s been a real journey we’ve been on with him,” Williams reflected.

“I knew I was going to get better. . . I had that mindset,” Jenkins said.

Stroke Myths (From the National Stroke Association <a href="http://www.stroke.org">www.stroke.org</a> )	
Myth vs.	Reality
Stroke is unpreventable	Stroke is largely preventable
Stroke cannot be treated	Stroke requires emergency treatment
Stroke only strikes the elderly	Stroke can happen to anyone
Stroke happens to the heart	Stroke is a "Brain Attack"
Stroke recovery is necessary for a few months following a stroke	Stroke recovery continues throughout life