

Joan Miller survived a traumatic brain injury and endured years of recovery to become the woman she was meant to be. Now she uses what she learned along the way to help others learn what they are truly worth.

Learning to Make Toast

by Kelly Sharp

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Learning to Make Toast



Kelly M. Sharp

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Table of Contents

THE CRASH	1
FIGHTING TO LIVE	3
THE FAMILY ARRIVES	8
JOAN WAKES	12
WHO WAS SHE?	16
JOAN'S LIFE OF CRIME	24
JOAN MEETS JOHN	29
HAPPILY EVER AFTER.....	39
THE HOSTAGE	43
THE ENEMY	48
LEARNING TO MAKE TOAST	55
FINDING PEACE IN THE GARDEN.....	63
COMING HOME.....	68
DR. BRUCE	82
THE CUCKOO DOCTOR	91
I'M NOT DISABLED!.....	96
NO MORE PITY PARTY	101
I FEEL GOOD.....	106
THE CELLAR	115
JOAN STARTS TO WANDER	122
JOAN AND THE KIDS.....	130

JOAN STARTS TALKING.....	135
THE HIGH COST OF VOLUNTEERING	140
LEARNING TO REST	145
DRINKING AGAIN	149
THE BIRTH OF BIRRDSONG.....	154
MOVING FORWARD.....	163
A LESSON IN LAW: PART ONE	173
JOAN AND THE VIP.....	179
THE SPEAKER.....	185
THE RETURN OF KATHY.....	190
KATHY AND CAROLYN HAVE A PROJECT	195
JOAN FINDS A PURPOSE.....	198
SUSAN	205
JOAN MAKES A FRIEND	217
MAKING PEACE WITH OLD JOAN	221
LEARNING TO LISTEN	227
ADVENTURES IN MENTORING	233
A LESSON IN LAW: PART TWO	244
FORGIVENESS DOESN'T MEAN FORGETTING.....	248
LIVING THE PURPOSE.....	255
A QUESTION OF TIME	262
NEW JOAN.....	268
THE MARRIAGE OF A LIFETIME	272

JOAN'S NEW LIFE	281
JOAN'S WORDS OF WISDOM	284
MY JOURNEY: A THANK YOU TO ALL FROM JOAN	285
500 WORDS AND A KICKSTARTER CAMPAIGN	290

The Crash

It wasn't supposed to end like this. She had finally begun to get it right. She had left behind the crime, the drugs and most of the drinking. Now, she was living a fairy tale life, complete with loving husband, new house, even a dog. Joan had finally found the kind of future she had always longed for.

Then the fairy tale ended.

Joan Miller and John, her husband of seven years, were in Ogden, Utah, in June 1999, to celebrate her 42nd birthday at a leadership conference. Looking forward to a weekend of fun, friendship and learning, they had no reason to think this day would be different from yesterday or the day before that. But it was. This was the day of the crash, the day when everything changed—when her old life ended and her new one began.

The unsuspecting Millers arrived in Ogden with just enough time to get to their hotel, touch base with old friends and head over to the Dee Events Center for the evening entertainment. Dressed in the new green suit and black pumps she had purchased specifically for this trip, Joan sprinted to the front of the auditorium to beat the thousands of other attendees to a front row seat to see the band Dreamer.

The manager of the arena yelled at her for running, but the outgoing and enthusiastic Joan laughed off his warnings. She was there to have fun, which meant being right up front. John could only chuckle as he lovingly watched his wife of seven years dancing near

the stage and taking a turn at the microphone singing with the band. This was his cheerleader, full of energy and eager to share her excitement with everyone around her.

John and Joan stayed until the end of the show, said good night to their friends and jumped into their rented Ford Escort for the short drive back to their room at the Ramada Inn. It took about 10 minutes for John to realize they were lost.

“I made a wrong turn. I turned left instead of right,” he says. As Joan teased him for missing the turn, he decided to head for a nearby gas station and ask for directions back to their hotel. They never saw the drunk driver in the Toyota Tacoma flying up behind them at 75 miles per hour. The Tacoma rear ended their car, spinning it across the center median into the path of a Chrysler sedan with three people inside.

From the passenger seat, Joan could see the sedan heading straight for them and knew they were going to get hit again. “Joan was making this sound,” John remembers, his voice breaking. “She saw it coming and was making an animal type noise. It seemed to take a long time, but I’m sure it was just a few seconds. Just after we got hit the second time, I thought to myself over and over, ‘If we don’t flip over, we will be OK.’ I just kept thinking that.”

As the cars collided, the second impact sent their Escort spinning and skidding down the road, where it finally came to a stop just outside the center lane.

The drunk driver in the Toyota Tacoma didn’t stop.

Fighting to Live

When the car finally stopped spinning and the dust settled John could hear people yelling for someone to call 911. He looked over at his wife and felt his heart stop. The passenger side of the car, where Joan had been sitting, had taken the brunt of the second impact. Her head had slammed repeatedly into the door frame.

“I looked over and saw Joan with her head up against the window barely breathing,” John says. He could see her hands twitching in her lap and blood coming from her left ear. Desperate to get to her, John reached for his door handle, only to realize he couldn’t move. In his panic about Joan, he didn’t realize he had a chest injury and had wrenched muscles in his back and groin. Trapped in his seat, frantic that he couldn’t get Joan to respond, he didn’t know what to do to help her.

“I felt I had to do something, so I took her seatbelt off,” he says. “I guess I was thinking it would make it easier for the EMT’s.”

The paramedics arrived quickly; one working to get John out of the car and into the waiting ambulance while the others went to work on Joan.

“I was very cold, freezing,” John remembers. “I asked several times how Joan was and they said, ‘Oh she’s fine’—which is just what they say.” Trying to keep him from worrying, one rescuer even suggested that John go to a different hospital than the trauma one Joan was headed to because it would be less

expensive. John thanked him for the offer but declined. He would go wherever Joan went.

John may have been reassured by the paramedics' calm, professional demeanor, but the reality was that they were frantically trying to extricate and stabilize Joan just enough to get her safely into the ambulance. Her chances of survival were dropping by the moment. They raced her to the emergency department at McKay-Dee Hospital Center in Ogden, where Blake G. Welling, MD, a board-certified neurosurgeon was on duty.

Looking at her skull fracture, the massive laceration on her head and the blood coming from her nose and ears, Dr. Welling had little hope that he could keep her alive, much less that she would someday recover. He was particularly concerned about her fixed and dilated pupils.

"Pupils should be the same size," Dr. Welling said. Joan's right pupil was *blown*, which is when the black part of the pupil expands to cover the iris, the colored part of eye. To a neurosurgeon, this is an indication of significant brain damage.

Because of Joan's extensive injuries, Dr. Welling had Joan in surgery within 15 minutes of entering the emergency department and began the frantic process of trying to save her. He started by working on the open, depressed skull fracture that had driven more than 20 shards of shattered bone, dirt, and debris into the right parietal lobe of her brain, the area responsible for movement and sensation on the left side of the body.

As he removed the bone splinters, he also removed the surrounding damaged tissue and drained the blood pooling in her skull. He then covered the open area in her skull with the remaining skin, leaving a lemon-sized hole in her head. "She had a soft spot," Dr. Welling says. "It's like taking a 5 iron and taking a divot out of your head."

After the surgery, Dr. Welling used the Glasgow Coma Scale (GCS) to score Joan on her ability to open her eyes and respond verbally, as well as on her motor responsiveness, to determine the seriousness of her coma. The results were not encouraging.

According to Dr. Welling, the best GCS rating after a head injury is a 15. If the patient scores a 15, it means she is awake, alert and oriented to the world around her. Although she may have a minor concussion, the prognosis for recovery is excellent. In other words the lower the score, the more difficult the recovery.

"The worst you can get is a 3," Dr. Welling explains. "People who are dead get a GCS of 3. ... When people have a Glasgow score of 3, 4 or 5, we are talking about a mortality rate over 97%. The other 3% are left in a vegetative state." When he evaluated her, Joan had a GCS of 4. This confirmed his diagnosis that Joan had only occasional brain stem responses. Her prognosis was poor.

Dr. Welling transferred Joan to the ICU, where another set of doctors began treating the broken bones in her face and pelvis, and went to deliver his devastating diagnosis to John.

John, waiting in the emergency department for treatment of his own injuries, had no idea his beloved Joan was close to death. He knew her injuries were severe, but it never dawned on him that he might lose her. He was in the middle of an interview with a police officer about the accident when Dr. Welling came into his room. At first, John couldn't quite grasp what Dr. Welling was trying to tell him.

"He told me that Joan had a skull fracture," John says. "Not being a medical person, and being so literal sometimes, I thought, '*Fracture* means *crack*—big deal.' I said, 'She'll be OK, right?' The look on the doctor's face was shock. He obviously didn't know what to say."

Patiently, Dr. Welling described the seriousness of Joan's condition and prepared John for the high chance that she wouldn't make it through the night. Even if Joan did live, he explained to John, her injury was so devastating that she might never wake up.

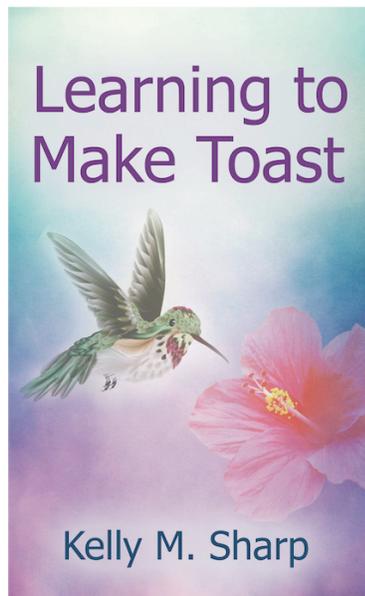
"It was at that point that I got tunnel vision," John remembers, his voice cracking with pain. "Someone came in and asked if I wanted to call someone, and I asked them to call my sister, Shawn. I didn't talk to Shawn very long. She asked if I wanted her to come, and I said, 'Yes,' and that was the end of that conversation."

After Dr. Welling left the room, the medical staff began treating John's injuries, splinting his broken ankle and easing his punctured lung by relieving the pressure through a tube in his chest.

“It felt like they used a railroad spike that they heated up first and shoved in my ribs. I had never experienced any pain like that. It was really intense.”

The double whammy of learning his wife might die and enduring his own medical treatment overwhelmed him.

“After that, I don’t remember anything until the next morning.”



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