

Whole Again

By Lee Whipple

Bill Barr lost his right leg when a bomb exploded in his car. The crime itself was never solved. But the very qualities that had made Barr the target for murder—his hard-driving, almost maniac devotion to what he considered right and just—turned his tragedy into triumph. The narrative unfolded here, however, concerns not only Barr, but in a nearly incredible coincidence his son as well—and a family named Stokosa, father and son, whose destinies were to become entwined in an inspirational story that can only be described as fateful.

Joliet, Ill., morning, June 2, 1970. It was quiet in the Black Road apartments, and interracial complex built by millionaire land developer and Illinois state assemblyman William G. Barr. The Black Road development was not popular in Joliet. Bill himself lived there and had watched crosses burn on his lawn on three occasions. In the middle of a divorce, he lived alone.

Rising later than usual, Bill walked to his light-green Cadillac, opened the door, and slid behind the wheel, leaving his left foot flat on the pavement—the way he always started a car. Beneath the hood, five sticks of dynamite were wired directly into the ignition system—a professional job. Bill inserted the key and turned it. The explosion rattled windows in a 14-block area and blew the roof off the carport. The hood of the car landed some 50 feet away. Scattered pieces of metal and glass rained down 200 feet from the site.

Bill felt himself lifted up, suspended above ground. Then there was pain. His face was a mask of red. His right leg was torn open, the thigh bathed in blood. Blood was spurting from beneath the remains of his pant leg, beginning to pool under him.

At Joliet's St. Joseph Hospital, Bill was wrapped in bandages—only his eyes and the left side of his face were visible. A tangle of tubes connected his body to plastic sacks of liquid above his head. A monitor recorded his vital signs. Aware of pain, he felt with his hand where his right leg should be. Nothing.

A nurse was bringing in his family, one by one. First, Tony, his son—a slim version of his own younger self—whose graduation from college in Florida he had attended only days before. Then his daughter Robin. Kathy, his youngest, was not allowed to visit. Next, Bill's brother and sister were brought in. Bill started but didn't hear what they said. He was lost in a maze of sedation and shock.

More than 200 miles away, in Ann Arbor, Mich., another man had suffered a different kind of explosion. Walter Stokosa, a 5-year-old prosthetist, was working late

one night when a temperature gauge on a molding oven malfunctioned. A combination of plastics intended for use in an artificial limb ignited, and thick black smoke quickly filled his lab.

The accident, at first, seemed minor, but a sour taste from the smoke remained in his mouth. Inside his body, a chain reaction had begun that threatened his life. In May 1970 he entered the Veterans Administration Hospital. His fingers and toes had become numb and were beginning to curl inward. Within a month, he was confined to a wheelchair, the deterioration of his hands and feet accelerating.

A prosthetist requires many of the skills of the scientist, physician, and craftsman. Walter Stokosa, the craftsman, was dying along with his hands. But each Thursday, he crawled from his bed into his wheelchair, took the elevator to the second floor and wheeled himself to a physical-therapy room. On most days he came to work against the steady deterioration of his body, but on Thursday he came to watch. The out-patient amputee clinic was in session.

A surgeon and two consulting prosthetists were seated at the desk, examining amputees and giving recommendations. Walter moved his wheelchair close and listened, eyes alert to every detail. Whenever the younger of the two prosthetists—a tall man in his early twenties—spoke, Walter's face became especially intent, almost critical.

This man, Jan Stokosa, was his son. Jan was keenly aware that his father was watching, but it did not affect his work. The critical eye of his father was inside him, always. Jan was a respected prosthetist, having graduated at the top of his prosthetics class at Northwestern University. A year before the accident, he had taken over his father's business, leaving Walter full time for research.

Jan listened to each patient intently, his eyes and examining hands in concert with the patient's voice. He did not hesitate or recoil at the club like stump of an arm or leg, nor was he cold or steeled to his task. He seemed to have almost a reverence for his work that carried over to the patients themselves.

But to a careful observer, there was something wrong. Something felt as much as seen: his manner, perhaps a little too professional, too perfect—controlled totally; his concentration, uncanny. His eyes gave the only tangible clue. There seemed to be an incredible force locked behind them, waiting always for the chance to be free. It was, if one peered closely, not unlike the look in the eyes of the man in the iron chair, his father.

John J. Houlihan walked down the hospital corridor toward Bill Barr's room. His walk made a special sound the Bill recognized. Houlihan lifted his artificial leg by hand and pushed it forward with each step. Houlihan, a Democrat, and Barr, a Republican, had served together in the state opposing each other with equal enthusiasm.

“I’ve been thinking about you.” Said Houlihan, once he was inside Bill’s room. “You could have had it on a platter, but you made your own way. That took spunk.”

Returning from World War II, Bill had shunned the opportunities afforded the son of state senator Richard J. Barr. He took a local job as door-to-door examiner in the federal Office of Rent Stabilization, was promoted six times in nine years to become national director of the agency in Washington, reporting to President Harry S. Truman. When the Office was discontinued in 1953, Bill undertook a series of business ventures. By the early 1960s, he was a millionaire. In 1966, he was elected to the Illinois general assembly and was voted on of the two outstanding freshman legislators by the Illinois Political Reporter.

“Bill, I’m going to show you something,” Houlihan said. “It’s not pretty, but you’ll know my reason.” He lowered his slacks, exposing a wooden leg, strapped and fitted from above the waist. “No stump,” Houlihan said simply. “I’ve got to sit in this bucket here.” He patted the stiff girdle that surrounded his pelvis. “It hurts some, but I went 11 years after Bougainville with nothing but crutches. It was difficult to fit a man without a stump then. They’re doing wonderful things these days,” he continued. “And you’ve got a decent stump to work with. It’s not the end of anything.’

Before the sound of Houlihan’s walk had faded in the hallway, Bill knew what he was going to do. The first days after the explosion had had their moments of anguished despair, but now a future was beginning to take shape in his mind.

A New Life—A New Leg. The next several days were filled with visitors—family, friends, politicians. In the midst of this whirlwind, Dojna arrived. Bill had met her six months before and was unable to forget her—her dark eyes and fine black hair in bold contrast to her fair skin and delicate features. She spoke with the soft accent of her native Yugoslavia. He had learned the Dojna was the director of child and adolescent psychiatry at a Chicago hospital. Bill had called, asking to see her again. Dojna had refused. He was merely separated, she said, with the divorce in process. Bill persisted. At last she agreed to see him with a chaperon. Their relationship grew quickly, despite the very-present escort, and they talked of marriage.

Now she brought a special salve for Bill and applied it gently around his eyes. He could not look at her.

“Your leg?” she asked. “Is that why you won’t look at me?”

Bill was silent a long time. Finally he answered, “I think I’ll learn to get along without that. It’s you I’m going to have trouble doing without.”

“I don’t understand,” she said. “I’m not holding you, Dojna. You agreed to marry a whole man. That’s all changed now.”

Dojna’s eyes were hurt, almost angry. “Bill, don’t use me as your excuse. If you want to back out, say so. Do you want me?”

Bill nodded. Dojna began to cry softly. “I’m glad,” she said, rubbing salve around his eyes once more. This time he did not look away. The future now had a face.

Seventeen days after the bombing, Bill was wheeled into the hospital auditorium, where newsmen and TV cameras were waiting. "It has been reported," He announced, "that the pace of the legislature is too slow for my 'flamboyant' personality and that I would seek a political position where I could more directly affect things. As many of you have already speculated, it's absolutely true. I will seek the office of mayor of Joliet. This setback will not deter me."

Rehabilitation in the hospital had proceeded quickly. Bill began learning to walk on crutches the second week of his stay and could now navigate stairs on them. The physical therapists cautioned him to slow down, but it did no good. He constantly asked about "getting a leg." Finally the surgeon arranged for him to go to the Chicago Rehabilitation Institute, at month's end, to have a prosthesis prescribed.

Bill felt lucky. His personal life had never been so satisfying. Because of his divorce, there had been moments of estrangement between Tony and himself. Now it was as if the bombing had broken down the barriers. In the hospital, he and Tony were able to talk.

"There's been so much emphasis on me. What are your plans, son?"

"My friends and I want to go jumping in different parts of the country, Dad."

Tony was an accomplished sky diver, having logged more than 100 jumps.

"And then?"

"Get a job in Florida, I guess, and keep jumping.

"Sky diving is important to you, isn't it?"

Tony nodded.

"Ever think about politics?"

"No, that's your thing, not mine."

"Tony," Bill said, "I'm getting married again—to Dojna. This time I know it's going to work. I'd like you to be my best man."

"I'd like that." Tony said softly.

On June 25, six days after his press conference, Bill was released from the hospital. The next day he and Dojna were married in a quiet ceremony at his apartment. Tony and Robin were beside them.

Bill sat on a folding chair at the Rehabilitation Institute, one of a long line of people in a hallway—each with an arm or a leg missing. Finally, it was Bill's turn. The physical therapist exposed the unbandaged stump. The surgeon felt it, then said to Bill, "Your stump isn't ready yet. The therapist will show you how to wrap it with an elastic bandage to help shape it so that the prosthesis will fit comfortably. Come back in two weeks."

During the wait, Bill's family was his strength. Tony chauffeured Bill, and served as liaison to his real-estate office. Still a state assemblyman, Bill spent long hours on the telephone and traveled to Springfield for a crucial vote. In his first political meeting of the mayoral campaign, he went on crutches to a coffee klatch with neighborhood voters. Finally he returned to the Institute and got the prescription for his prosthesis. Bill then

went to the prosthetist, expecting that his leg would be constructed at a modern medical facility. He found instead a dingy, commercial building in a run-down section of town. Inside, beyond the dirty, crowded waiting room, were three or four tiny examining and fitting rooms, and a small, noisy workshop.

Bill stood, bracing himself at a bar, while a plaster cast was fashioned over his stump. This was the mold from which the upper part of his prosthesis would be made. Some measurements were taken, and after about ten minutes the plaster mold was removed and an appointment was scheduled for an initial fitting. Three weeks later Bill received his leg. It was made of wood with a free-swinging hinge at the knee, which had to be locked and unlocked with each step—a toy-soldier walk. The leg was held in place by a total-contact vacuum: the stump inserted into a socket made from the plaster mold, with a small metal valve regulating the pressure to ensure a firm suction grip. In four weeks Bill learned to walk unassisted. He had fallen and cursed, gotten up, and fallen again. A slight discoloration had started to appear on his stump. He was told this was normal. There was some pain when he walked, but he had mobility, and he was happy.

The Perfectionists. Walter Stokosa had grown up in Detroit. As a young man with no high-school diploma, he had found himself locked into a series of menial jobs. Roller skating was his first means of transcending his environment. At 17, he joined a figure-skating club and began to compete. Each morning he rose at four o'clock and practiced for two hours before going to work at an auto plant; each night he practiced until the rink closed. Three years later, after winning three national titles, he expected to represent the United States soon at international competitions. World War II intervened.

The Army put Walter to work welding, which he learned with the same fanatic dedication that had so quickly made him a national skating champion. After the war, with a wife and a family to support—son Jan was followed soon by a daughter—he returned to a Detroit factory job. A chance comment set him free.

He overheard a man say he was looking for a highly skilled welder to do some delicate work in orthotics (orthopedic appliances). Walter took the job, working a full day before starting his regular afternoon shift at the factory. In spare moments he read medical textbooks and orthotics journals. His real pursuit, as always, was perfection.

Walter attended school at night—first for a high school diploma, then for certification as a prosthetist. Later, he helped establish the orthotics and prosthetics department at the University of Michigan in Ann Arbor. After that, he moved on to his own practice.

When Jan was seven, Walter began schooling him in anatomy and the physical properties of woods, glues, metals, and plastics. Walter was a hard master, often losing his temper, beating Jan when he was improperly prepared. One day he beat Jan's dog, a Siberian husky, to death with a rod. Eleven-year-old Jan watched as the rod struck

again and again. Jan hated his father and feared him. The dog was somehow a lesson. The price of Jan's disobedience, perhaps.

Yet Jan's feelings for his father ran deeper than the surface layers of hate and fear. He viewed as shallow and unworthy those who lacked his father's zeal. A powerful bond grew between them, a tapestry of dark colors, deeply woven with their shared quest for perfection.

Jan had taken up judo shortly after high school and had progressed quickly. Knee injuries frequently cooled his interest, though, and brought him back to prosthetics. But when his knee healed, he would again compete. By 1970, Jan had won 20 consecutive victories and was jumped two classes from middle-degree-brown to black belt. He was one of the top competitors in the Midwest and a potential Olympic contender.

Walter's accident did not turn Jan back. If anything, he immersed himself more completely in judo. He rose at four o'clock each morning to exercise before going to work. In the evenings he ran ten miles and practiced at the YMCA; on weekends he traveled to tournaments. From his own experience with skating, Walter must have recognized that Jan was attempting to escape his environment, an environment that he, Walter, had so carefully constructed.

February 1971. Jan woke with a start. It was the middle of the night. The phone was ringing. His mother's voice was urgent: "Come quickly."

Walter was dead.

The funeral was not for three days. On each of these days Jan sat near his father's casket in the funeral home. For the first time in his life he felt he could tell Walter how much he loved and respected him—and how much hated him. He remembered a prosthesis about which he and Walter had disagreed—and then Walter suddenly grabbing an iron rod and screaming for Jan to leave before he killed him. The next day they went calmly back to work. *They made people walk*, Walter said many times. It wasn't a vocation; it was a religion.

The funeral itself was a blur. Jan sat next to his mother and sister, but he was not really there at all. He would be leaving soon for Japan, to continue training in judo. The U.S. Olympic team was his goal. A page had been turned in his life. He did not plan to return to prosthetics.

Defeat. Bill Barr met voters at factory gates and supermarkets in the morning, spoke to businessmen at lunch, went to coffee klatches each evening. In the January 1971 primary, he defeated the incumbent mayor and a field of nine of candidates. The regular election was still ahead.

His leg had become steadily worse. At the end of each day, his stump was plum-colored and too sore to touch. Dojna urged him to see a doctor, but he was in mid campaign.

A month later the pain intensified. Bill had trouble sleeping. His eyes became bloodshot. Finally he took Dojna's advice.

The surgeon who performed the amputation had retired, but another doctor told Bill that the discoloration and pain were normal during the adjustment period. He prescribed sleeping pills and medicine to clear up Bill's eyes. The pain grew worse. One night Bill woke in a cold sweat. He realized he was holding his stump with both hands, slowly rocking back and forth in bed. The ache in his stump had become a throbbing pain that spread into his lower back. It was almost morning, however, and the pain was not so difficult to manage in the day time. The campaign whirl helped him to put it aside, but the nights were hard to get through. He was already taking too many sleeping pills. By April—the month of the mayoral election—he was finding traces of blood in his prosthesis at the end of the day, and he was sweating through three sets of pajamas before morning.

By election day, Bill's face was thin and had a waxen hue. The pain in his leg was constant; he could sleep for only minutes at a time. And the political barrage against him was unrelenting. Dojna was tired too. She had been setting up a new psychiatric practice, helping Bill through 16-hour days of campaigning and trying to fill all the special needs the loss of his leg had created.

Dojna sat alone with Bill at campaign headquarters when he received the news. Bill put down the phone. She knew from his face that he had lost.

"Bill," she said, "I'm sorry."

He shook his head. "It's all right. How *could* I be mayor right now anyway?"

Talking to other amputees, Bill had uncovered a possible cause of his pain. His stump could be changing size and shape—perhaps because of too much early use, or because it had not been wrapped properly since the amputation.

The prosthetist agreed to make adjustments in his leg. He substituted a piston knee for the old-fashioned hinge to make Bill's walk smoother, recast his stump and remade the socket. Bill tried the new leg for several weeks, but the pain remained, as constant and excruciating as before. The doctor prescribed more sleeping pills; he could find nothing wrong.

It had been almost a year since the bombing. The reality of his situation was rushing in on Bill. He was badly crippled, in constant pain, and *no one seemed to know what to do*. At Dojna's suggestion, he went to see a surgeon who had a reputation for innovation in difficult cases. The surgeon prescribed cortisone injections into Bill's

stump. They helped to decrease the pain at first, but the effect wore off quickly, and each shot seemed to have less effect than the last. After several weeks, the doctor pronounced the treatments a failure.

Bill spent more and more time in his apartment. He took sleeping pills in the morning to extend the period of semi consciousness. At his office, he often had to be told things several times, and on his worst days he would read a memo endlessly and not grasp it's meaning.

Bill and Dojna began to visit a series of doctors, having their hopes raised and dashed. A surgeon spoke to them honestly: "Mr. Barr, your problem lies at an unfortunate crossroad. There are prosthetics, physical therapy and medicine. The doctor prescribes to the prosthetist, but how much does he actually know? I myself don't really know a damn thing about that leg you're wearing.

"We see the especially good adjustments tap-dancing on television; we read about the amazing things certain amputees do. But what percentage of amputees does this constitute? Perhaps 20 percent of amputees are in situations similar to yours. I want you to understand where we start.

He diagnosed a circulation problem, and suggested surgery to create a main circuit for blood flow in Bill's stump. The surgeon also recommended making one large scar of all the many little ones. He stressed that this was just speculation: it might work; it might not. Bill agreed to go ahead, but three days after the operation, the stump still burned and ached. As last resort the surgeon advised Bill to go to the Mayo Clinic and have some first-rate diagnostic work done.

Dojna saw Bill's hope come to life, and she understood. But a part of her wanted to point out that the Clinic, for all its renown, did not practice magic; there was no guarantee.

A neurosurgeon at the Mayo Clinic found that one of the nerves in the stump was regenerating. "It has grown into a tiny ball and is causing the pain." Two days later he removed it surgically, and in only three more days Bill returned to Joliet. He woke the next morning screaming. The end of his stump was swollen and had turned purple. A glance, and Dojna knew: a hematoma—as occasionally happens, there was bleeding into the tissue of the stump. The same day they were on their way back to the Mayo Clinic.

The hematoma was treated, and a new prosthesis prescribed. When it was ready, the doctor gave Bill a lecture. "Let me be frank: I do not believe that you have ever accepted the fact that the prosthesis will never replace your leg. You are a wealthy and powerful man who is used to having your own way, but you must realize that no one can restore your leg. Until you accept this, I do not believe anyone can help you. You must learn to use your prosthesis, and you must learn to live with some pain. "I have scheduled you into our physical-therapy department. They will make sure

you know how to use your prosthesis correctly. The rest will be up to you. I have left instructions that you are to walk and walk and walk—until you have mastered this thing.”

Dutifully, Bill kept his physical-therapy appointment. He walked back and forth between the parallel bars listening closely to the advice of the therapists. He climbed up and down the practice stairs. He learned to sit and stand as if he were a new amputee. The therapists seemed, to him, cold and aloof, more taskmasters than teachers—but perhaps the doctor thought he needed that kind of instruction.

On the second day, there was a violent increase in pain in his stump. Bill left the training area, sat down, and removed his prosthesis. It was filled with blood. He had had enough. As soon as his stump healed, Bill and Dojna left. On the plane back to Joliet, they did not even speak.

The Final Straw. Dojna screamed. Bill’s body lay motionless on the bed. The bottle that had held the sleeping pills stood empty on the nightstand. It had been more than half full the day before. Dojna reached for the telephone. An hour later, as she sat in the waiting room of the hospital, Bill was being wheeled down the corridor away from her, perhaps forever.

A doctor came out, a colleague she knew well. “We won’t know for quite a while,” he said. “Go home and get some rest; you’ll need your strength for later. The phone was ringing when Dojna reached the apartment. Not the hospital, she was sure, not yet. She ignored it. It continued to ring. *It must have been ringing all night*, she thought. Then suddenly she knew—*one of the children*. Something had happened. She ran to the phone.

By morning Bill regained consciousness. He woke in a half world. He felt no relief at finding himself alive. He felt nothing at all, his emotions locked safely away. But the pain in his leg was there, tying him to the real world. He remembered taking the sleeping pills, one by one, sitting on the edge of the bed. He began to worry about Dojna—and here she was. On her face were written the hours she had spent waiting, but her eyes were soft. They told him she understood. Then a glaze of tears came over them.

Bill, I have to tell you something. There’s been an accident. Tony’s been hurt—they’ve had to amputate his foot.”

Bill reeled as if physically struck; he felt dizzy and nauseated. He reached out his hand. Dojna took it.

Jan Stokosa was back in the United States, drifting south. His judo training in Japan ended when a severe knee injury took him home to Michigan for treatment. The surgeon had asked what he planned to do. If it was to be more judo, he would need surgery; if “normal activity,” the knee could be allowed to heal by itself. Jan chose the latter.

Judo had been an escape for him. He has used it as a place to hide from the life his father had fashioned for him. After Walter died, he had grabbed at it to fill the void. He had brought to the art of judo fanatic discipline, but no love or commitment. He had been disrespectful of it—the same kind of disrespect he despised in others: a lack of deep commitment to whatever one did. As if in punishment, he sentenced himself to wander.

Jan went to Georgia in November 1971, then on to Daytona Beach, Fla. His savings had run out, and he was doing odd jobs- cooking, pumping gas. The idea of selling his car and hitchhiking had occurred to him, but there was no hurry. He wasn't headed anywhere in particular. What difference did it make when he got there?

Tony Barr lay in a hospital bed, very still, his face expressionless. A week earlier, on June 15, 1972, he had been standing with friends near the edge of an old railway platform. A train roared past and the handle on the open door of a freight car struck his arm, spinning his body out of control. His left foot went under the train and, in an instant of searing pain, a wheel cut a large part of it away.

When he awoke in the hospital, the surgery had already been performed. A doctor told him that his heel and a small part of his arch had been saved-the rest was gone. He had a cast on his arm, stitches in his face. It was like this that Bill and Dojna found him.

Over the next months, throughout the summer of 1972, Tony underwent four surgical revisions of his amputation. From the waist down he was in a body cast, his left foot attached to the calf of his right leg in attempt to graft skin over the wound. Even when the cast came off, he was not able to leave his bed. His broken arm was not healing properly and this precluded the use of crutches. From his window, on weekend, he watched brightly colored parachute canopies open and drift slowly down the sky- there was a drop zone on a few miles away. Tony wondered about the future.

The surgeon had told him he would be able to resume his normal activities completely. "Some newspaper stuffed in the toe of your shoe and you'll be as good as new," he had said. Tony wanted to believe this, but he couldn't ignore his father's plight. He remembered a conversation with Bill that had given him hope and determination. In a voice filled with emotion, his father had vowed that if there was a way on earth to be whole again, he would find it-for the both of them.

Indeed, in Joliet, Bill had achieved an almost manic level of activity. Tony's accident had rekindled the spark that drove him, though his physical agony was unchanged. He realized now that his own problem was part of a much larger one. He had experienced a wide range of facilities and care, yet even with his means he could not find adequate treatment. What must the situation be for others? The vow he had taken to help himself and Tony he had also taken for other amputees.

Bill had spent two years of his life and more than \$100,000. He understood the odds against him, but he was no longer rushing headlong. Now he was more a tactician, planning what might prove to be a very long battle.

Bill and Dojna drew up a list of doctors, prosthetists, and even practitioners on the medical fringe- anyone who promised the slightest possibility of help. He set out to visit each one, clinging to the belief that somewhere, someone could help.

A Demon Exorcised. Jan walked from the room he was renting in Daytona Beach to the ocean. The surf was very white and blue in the summer sun. Some months before, in late February 1972, when he was visiting his mother in Michigan, a letter had arrived from Bill Stieler, a longtime patient of his and Walter's. Stieler wanted Jan to accompany him on a visit to a ski clinic for amputees in northern Michigan. Jan agreed. One of the teachers there, a remarkable man name Hal O'Leary, was demonstrating his "three-track system"—using one ski and a pair of outriggers (special poles with a ski tip attached at the base).

Different amputations created different problems, but none that could not be overcome. Watching O'Leary work with amputee skiers was a revelation to Jan. He thought Hal was one of the greatest natural teachers he had ever known.

"Does Hal remind you of somebody, Jan?" Stieler asked.

Jan thought for a moment; he could not answer.

"Walter Stokosa," said Stieler.

The surprise was evident in Jan's face. He recalled how, at 15, he had met Stieler. Walter, after fitting certain patients, allowed Jan to build and fit them with a second limb, which was given to the patient as a spare.

"I remember," said Stieler, "how he used to watch you work, correct you, tell you little things. He was rough in his criticism, where Hal is gentle. But the total giving—that's where they're alike. Your father cried when I told him the leg you built was as good as the one he made. He tried to hide it, but there were tears in his eyes."

Back in Florida that summer Jan ran on the beach each morning. During the day he worked on a construction job. Evenings he lifted weights, once again seeking excellence as an end in itself. Jan recognized the familiar pattern: escape, not pursuit. As the summer passed into fall, weight-lifting was replaced by bowling. He met a number of people, but inside he remained alone. The pointlessness of his activity became harder to bear. He stopped working, stopped running on the beach. He no longer shaved, and wore the same clothes for long periods of time. He felt lost, as if he would soon disappear within the emptiness inside himself.

For the first time, he brought out the pictures of Walter he had taken at the funeral home and spread them on his bed. Day after day he did this, letting memories and emotions wash over him. He allowed his feelings of love and hate to surface again,

and slowly they began to subside. There was no sudden insight—just a gathering calm as the intense emotions slipped gradually away. He shaved and began to dress neatly once more. The discontent has somehow been exorcised.

Jan walked on the beach a final evening, and said good-bye to something—he wasn't sure what. He drove north in the morning, thinking vaguely of heading for Michigan. But before 48 hours had passed, he had asked for a job in a small prosthetics shop in northern Florida.

A Sense of Identity. October 1972. After a total of 11 operations, Tony was released from the hospital, and moved to his mother's home in Fort Lauderdale, Fla. By Christmas he was managing an hour or two a day on crutches, but it wasn't until the new year—more than six months after his accident—that he was ready to take his first step unaided.

He stuffed newspaper into the toe of his left shoe and stood up. He wobbled and fell. He tried again and again, with no success. At last he found that by using his left foot as a contact point, he could swing his right foot forward and complete an approximation of a step. A hop brought his left foot forward and completed an approximation of a step. A hop brought his left foot forward again, and he could repeat the process. It was awkward and slow—and caused considerable pain.

In March he made an appointment with a highly recommended surgeon. His stump had become steadily more difficult to walk on. The wound had begun to seep fluid, then blood.

"Your stump is angled down," the surgeon explained. "You're walking like this"—he made his hand into a fist and bumped his knuckles against the desk—"instead of like this." He put his fist down so that the knuckles lay flat in a row. "There is a surgical procedure—lengthening the Achilles tendon, the cord that runs along the back of your heel—that might allow more weight-bearing on the arch and heel of your foot. I've talked to some prosthetists. If we can get the stump flat, they think you can be fitted with a prosthesis. I know that sounds very tentative, but to fit you with a conventional one, your foot would have to be taken off at the ankle."

A wave of nausea passed over Tony. He wanted to keep his ankle. Surgery was scheduled for early June. He would be in a cast for six weeks, and not until then would they know if the operation was a success. Three days before the operation, Tony woke in the night. His mouth was dry, and he found it difficult to breathe. The ordeal before him seemed too much. He got up and went out to the porch. He had an idea. In his mind, he had already begun to pack his chute.

That Saturday Tony drove to the drop zone outside Delray Beach and changed into jump boots. Just being there was intoxicating. He hauled his gear from the car and, using his hop walk, began to get ready.

Several people recognized him. A jump was planned, and he was asked to be the fourth man in a star formation. This was the position usually taken by the best jumper. No one mentioned his accident or asked about his foot, sensing Tony wanted it that way. The climb to above 7200 feet took about 15 minutes. As the plane leveled out, the other jumpers—two men and a woman—crouched beside the craft's door-less opening. One of them signaled the pilot, and he throttled back the engines. One by one, they eased out, hanging by their hands from the plane. Tony moved up to the opening, gave the signal, and all three dropped away. Then he dived head first after them.

Suddenly Tony was extraordinarily alert. Adrenalin-rich blood heightened awareness, revealing details and creating impressions unknown to the earthbound. He could feel his heart beating, and his fingertips tingled in the rush of air. He caught a fleeting glimpse of something inside himself—something that had been blurred with the loss of his foot, then lost entirely, until now.

Holding each other's wrists, the three bodies below had come together. Tony arched his back and spread his arms and legs, slowing his body. Gradually he pulled in his arms and dropped into the formation, completing the star. They fell together, turned, separated, tracked away in four directions; then their chutes popped open and drifted down.

Tony winced as his stump was about to make contact with the ground. He managed to absorb most of the shock with his right foot and leg, but his left foot still hit with considerable force. The end of the stump was torn open, but it was no worse than when he'd done a lot of walking. Blood oozed, warm, into his boot. It hurt a great deal, but Tony pushed back the pain. He stayed on his feet and returned the smiles of his friends and they touched down around him.

The Voice Inside. Jan told the prosthetist in Florida nothing of his background, and was hired on a trial basis. The work was comparatively simple. Barnes, the owner, would mail the plaster cast of a stump to a lab in California. There it would be converted into a plastic socket and attached to leg components. The leg components were equipped with a device for adjusting the length and pitch. Arm amputations were handled similarly. When the limb came back, Barnes would make the final adjustments on the amputee and Jan would finish the limb in the basement workshop. The assembly-line sockets haunted him. The original casts were not even "pencil marked" to indicate individual characteristics: exceptional muscular development, prominent bone structure, unusual soreness. The sockets would most likely be uncomfortable, and might even create pain.

Patients were not made aware of any number of innovations, such as total-contact sockets and hydraulic knees. Jan wondered if Barnes knew about these things. This was another world from the way Walter and he had practiced. Barnes, as Jan suspected, was not a certified prosthetist. He had learned the job as a helper in another office, then gone out on his own. This was not illegal. Jan could almost hear Walter's constant complaint, "You have to have a license to clean teeth and

fit glasses, even to catch fish—but *anybody* can practice prosthetics.”

Jan had numerous ideas for upgrading Barnes’s operation, and started with a small suggestion. He showed Barnes how to make a tracing of a patient’s good leg. By reversing the paper, a corresponding picture of the missing leg was produced, which would be used as a pattern for making a matching artificial limb.

Barnes did not like the idea. It would take more time, meaning more expense, less profit. Jan swallowed his anger and went back to work. He continued to make suggestions, without success. The ill feeling between him and Barnes grew worse. Yet Jan stayed. This experience was teaching him something.

The inevitable break came over a young Vietnam veteran who was having difficulty with his prosthesis. He was in constant pain and could remain on his feet for only a short time. Jan recognized him as one of the many unexplained problem cases. He decided to speak up.

Barnes’s anger was instantaneous. “Who do you think you are, telling me how to run my business?”

“It’s not a business,” Jan said. “It’s a profession, and you seem to know precious little about it.”

As Barnes gathered himself up to speak, Jan sensed what was coming. “Don’t bother,” he said. “I quit.”

The drive back to Michigan was a time for reflection. Jan was beginning to realize how sheltered a professional life he had led. He has seen poorly made, badly fitted limbs before—patients often brought previously made limbs with them—but he had always thought only of correcting the immediate problem. He hadn’t confronted the fact that this shoddy workmanship might be evidence of widespread incompetence and lack of concern.

Walter had taught Jan the professional deafness of one prosthetist on the subject of another. In private, he had always spoken passionately of the many inadequacies of prosthetic training and certification—but in public, never. He merely used the deficient limbs as examples of the necessity for his own time-consuming techniques. Jan felt the need to face the problems of his profession. He thought about the amputee ski clinic, and it took on new meaning. He drove faster now. There were so many problems to be solved. What could one person do? *All that he can*, a voice within was saying. The voice, of course, was Walter’s.

Double Nightmare. On August 3, Tony returned to the hospital for the verdict on his operation. “The ankle is definitely better,” the doctor said. “But enough? I can’t say. We’re going to have to leave the final word to the prosthetics people.”

Five weeks later Tony was fitted with a white plastic boot with a rubber toepiece attached at the arch. Then the prosthetist gave him a pair of heavy black shoes, the left

larger than the right. With these on, Tony took his first steps between parallel bars. He was walking. Not well, and it hurt a great deal, but Tony was sure that with practice he could learn to walk perfectly. He was still coming down on the end of his stump, but not quite as severely as before.

On the fifth day, the prosthesis cracked down the back. The prosthetist remade it of thicker plastic. Tony walked and began to bleed. Infection set in—and the prosthesis broke again. All of the medical and prosthetic advice to Tony was the same: a below knee amputation was needed so that the weight would be borne by the strong leg bones, rather than by the smaller bones of the foot.

Why should I believe them? Tony thought. Why should I go through the ordeal of another amputation and end up exactly the same? Perhaps even worse.

The telephone in the Barrs' Joliet apartment was ringing. Bill rose awkwardly from his chair, wearing his prosthesis, limped with a lurching, painful gait to the den and picked up the phone. His greeting to Tony conveyed an impression of strength that he in no way felt. He listened to Tony's story, and tears came to his eyes—for himself as well as for his son. They seemed caught up in the same nightmare.

During Tony's ordeal, Bill's own search had continued. He had tried hypnotism, acupuncture, massage and vitamins rubbed into his stump. There had been more doctors, more prosthetic devices—he was now on his sixth. He went to reputable physicians at Duke University, Doctors Hospital in Washington, D.C., the University of Illinois. He consulted chiropractors, osteopaths, psychiatrists, biofeedback and nutrition experts. All came to nothing. One doctor even called him a pathological faker of illnesses and threatened to warn other doctors about him.

And now Tony's call. Bill was filled with feelings of powerlessness and sorrow, but instead of being depressed, he felt grim and determined. This was a turning point. He still visited doctors, but only for a deeper understanding of the overall problem. He no longer sat passively and let them prescribe. His frankness netted surprising information.

One surgeon confided, "In my medical school, prosthetics weren't covered at all." Another explained, "There are about 70,000 new amputees each year and approximately one million at present in the United States—very small numbers."

"Not when you're one of them." Bill had replied. He was convinced that his answers lay in the field of prosthetics, but prosthetists seemed unable to diagnose the cause of his pain, so they sent him back to the doctors. He had fallen into a crack between the two; neither knew what to do, and each blamed the other.

Dr. Howard Kurland, a neurologist and pain specialist, stated Bill's predicament succinctly: "I have relieved you temporarily of your pain, but you keep re-injuring your stump. What you really need is a total-contact leg that fits," he advised, "but I don't know

enough about prosthetics to be able to recommend anyone.” Even so, Dr. Kurland bolstered Bill’s confidence in his own assessment of the problem: it was the prosthesis, not his imagination.

“I’m going to find the man who can make a comfortable leg,” Bill vowed, “and when I do, I’m going to tell the world about him.”

Over the next two and half years, Bill lost track of the number of prosthetists he visited and the number of prostheses built for him all over the country. In the Chicago area, in mid-1976, he found himself pursuing “an old German, a genius” who had helped other amputees. Bill guessed he must be dead. Then someone suggested he try Dreher-Jouett Prosthetics and Orthotics, on the north side of the city. There he found Robert Hrynko, a young trainee who was fashioning a socket from a plaster cast covered with more blue pencil marks than Bill had ever seen.

“New techniques I’m learning from a consultant,” Hrynko explained. “A man named Stokosa.”

A Bargain Is Struck. Jan’s consulting work, three days a week, was subsidizing his practice and his growing involvement in the amputee ski clinic—both of which were in perpetual financial difficulty.

On returning to Michigan in 1974, he was no longer the deferential professional Walter had trained him to be. He requested more thorough case histories. He advocated longer and better training and more rigorous certification for prosthetists. He noted that few outside the profession realized that a certified prosthetist was required to have only 18 weeks of specialized academic preparation. Jan felt the prerequisites for certification should be at least as rigorous as those for other skilled professionals. He was also pushing the idea that practicing prosthetists be required to attend seminars to keep up with innovations.

Further, Jan spoke against what he called the “assembly-line mentality” prevalent in prosthetics. He maintained that every limb should be a separate creation, suited to the individual and his life-style.

Jan attributed the assembly-line thinking in prosthetics largely to government agencies like the Veterans Administration and to certain insurance companies. He noted that in his experience, government health-care plans, along with insurance companies, paid 90 percent of all prosthetic bills, and were using their powerful position to hold prices down. They refused, in many cases, to pay for more advanced prosthetic technology, and they demanded across-the-board prices for various types of prosthetic devices used, rather than a determination of cost based on individual patient need, taking into account general health, life-style, or preferences. This, Jan argued, put economic pressure on the prosthetist to use the cheapest possible methods and materials- to mass-produce limbs.

The hostility he encountered took him by surprise. For quite some time he had been a consulting prosthetist at the Ann Arbor Veterans Administration Hospital amputee clinic. Because of his outspokenness, his services there were terminated in July 1975. The goals he had for his profession appeared a long way off.

Bill was at Dreher-Jouett when Jan arrived for his regular consulting work. Bill's first impression was that Jan was too young. He had expected an old man. Hrynko made the introductions, and Jan began examining Bill's X rays, stump and prosthesis. As Bill gave his history, Jan listened in silence, his face revealing nothing.

Hrynko had made a test socket of Bill's stump that could be attached to temporary leg components. Bill then took a few steps as Jan lay on the floor observing. Adjustments were made in the knee and, after more walking, the socket was removed. Jan disappeared, returning with the socket drilled full of holes. It was refitted, and Jan tested the tension of the skin on Bill's stump by inserting a bamboo rod through the holes.

Bill was fascinated. "Does anyone else do test sockets?"

"Of course," Jan said.

"Then why haven't I ever seen one before?" Bill asked.

Jan did not answer. He continued to move Bill's stump back and forth, feeling the effect with the bamboo rod. Bill was beginning to sense just how unusual and complex Jan Stokosa was. Jan was making a similar observation about Bill.

The hours passed as Jan slowly sorted out the cause of Bill's pain. His stump was badly bruised from a poorly fitted, poorly aligned prosthesis—exacerbated by bad habits he had built into his gait. But these were only compounding factors. There were two major problems.

First, there was a finger-wide space between the bottom of the socket and Bill's stump, creating "negative pressure" and interfering with the return circulation of blood. Second, a muscle in Bill's thigh was being pulled into an unnatural position with each step. Jan guessed it had become detached in the bombing and had re-adhered out of its normal position. Surgeons may have noted this but evidently had not grasped its prosthetic implications.

Over lunch, Jan explained his thinking to Bill. Some kind of reconstruction surgery was really needed, but Jan knew of no one who could do it. "Right now, though," he said, "we'll have to build a new socket. It's the only way to do it right."

"Then that's what we'll do," Bill said. If Jan would begin right away, Bill offered to pay double for the initial prosthesis that he would use during the stabilizing process. Jan refused; there were other patients already scheduled.

"What would it take?" Bill asked.

"It's not for sale," Jan said, a warning tone in his voice. But he felt Bill's need after six years of pain and regretted his curt reply. "All right," he recanted. "I'll fit you in, but we may have to work at night—and the price doesn't change."

"I offered the extra money," Bill said. "How about if I give it to a good cause of your choice?"

Jan smiled. "I'm involved in an amputee ski program that's in a little trouble."

"How much?"

"About \$5000 worth."

"Build me this leg in a week and I'll give your ski program the \$5000 and still pay you for the leg."

Jan looked directly into Bill's eyes. "All right," he said. "Only you *don't* pay me for the leg."

Bill smiled broadly. "Done."

A Leg at Last. The next day, Bill flew to Lansing, Mich., where Jan had his office. A small sign, PROSTHETIC SERVICES, stood outside an old house on a downtown street. Upstairs the house was converted into casting and fitting rooms, with a large open space for the parallel bars and a full-length mirror. Downstairs it had been turned into a workshop. The place had a patchwork look, but it was sturdy and clean.

Jan fabricated and fitted Bill's leg between regular patients, at night and over the weekend. On crutches, Bill followed Jan up and down stairs, watching him work, talking, full of questions. Bill was piecing together a very negative picture of prosthetic care in the United States. Jan judged it accurate, but he felt a certain anxiety. Since his Florida experience, he had become a vocal proponent of change within the profession, and he paid dearly for it. Now a patient was badgering him to give full voice to his feelings. Almost as a reflex, Jan felt protective of his profession. Bill Barr was a wealthy and powerful man. What would he do? At the same time, Jan respected his directness, intelligence, and the way he managed his pain.

It was almost midnight the first day when they stopped work. Jan asked Bill to wrap his stump. As Bill fumbled with the elastic bandage, Jan showed him how to join two bandages together and secure the wrap around his waist.

"Now why had no one else ever shown me that?" Bill had asked the same question a dozen times this day, but Jan was not ready to answer.

Four days later, Bill took his first steps on the new prosthesis. It had a plastic, total-contact socket and a light hydraulic knee. The ankle had a rotator that allowed the foot lateral motion. There was a button to lock the leg in place for long periods of standing, another to release it. Bill had never seen anything like it. But walking told the real story.

"It's light," Bill said, after a trip between the parallel bars.

"No, it fits," Jan said. "It actually weighs more than your old one."

Bill continued to walk. His stump started to feel warmer; his pain began to subside. An incredible excitement was building within him: *this was going to work!* Jan read Bill's face.

"Circulation," he said simply, and smiled.

"Look, Stokosa, don't just stand there," Bill said. "You just fixed my damned leg. Ask me to dance, kiss me, *something!*"

That night, from his hotel, Bill called Tony. Jan had cautioned that there was no certainty Tony could be helped, but Bill was sure he was on the right track.

Tony listened, unmoved. "I'm not getting back on that merry-go-round," he said.

Bill stayed in Lansing for some final adjustments. One night, he was sitting with Jan in the workshop, eating some left-over pizza.

"You know, Stokosa," Bill said, "you are without doubt the finest prosthetist in the country, but the food here is terrible." Both of them were very tired, and they laughed a long time.

"Bill," Jan said, becoming serious. "I'd like to start answering your questions." So, for the next several hours, they discussed prosthetics: training, certification, doctors, and what all this meant to amputees. For the first time, Bill began to understand the complete reason why he had been unable to find help.

Triumph for Tony. On a Saturday morning in November, Jan, Bill, and Dojna drove to O'Hare International Airport to meet Tony. There was unvoiced fear that he would not show up. Tony had remained skeptical of Jan's ability to help him. He had evolved a lifestyle that put him on his feet as little as possible: conducting a real-estate business from his desk or car, hardly thinking about sky-diving. Bill saw this not as adjustment but as avoidance. He wanted to rush in and force Tony to try another prosthesis. But if successful, it would be Bill's victory, not Tony's.

He had spoken plainly to Tony. "I think Stokosa can help you. I'll set up a meeting but don't come because of me. If you can't come for yourself, don't come at all."

His father's words had made Tony angry—first at Bill, then at himself, then at doctors and prosthetics all over again. His comforting cocoon of inaction was broken. He had started once more to hope.

Tony's knees wobbled badly as he hop-walked from the airline gate, pain visible in his face. Bill and Dojna greeted him emotionally, spending some of the pent-up anxiety that all of them were feeling.

Over lunch in the Barr's apartment, Jan heard Tony's whole story. Then he examined the half-dozen prostheses that had been built for him and studied his X rays.

"Shall we have a look?" Jan asked.

The problem was apparent to him. To create a flat step, the downward-angled stump had to be elevated without introducing a lateral wobble at the ankle or knee. It would be very tricky.

"You're absolutely opposed to revision surgery?" Jan asked.

Tony nodded. Another 20 minutes went by.

"I think it can be done," Jan said. "But I make no promises. I have never done what I have in mind."

Tony was silent a moment, then nodded again. That evening Tony and Jan left for Lansing.

It was over a week before Jan had completed Tony's prosthesis: a light plastic shell that encased his foot and leg to just below the knee, elevating his stump and creating a virtually normal step. The difficulty had been all the interrelated angles, and the horizontal, vertical, and rotational forces—more a problem of physics than of anything else. Inwardly, Jan thanked Walter for all the hard lessons in the mathematics of anatomy. He telephoned Bill.

"I think I can say we've been successful," Jan said.

"What does that mean?" Bill almost shouted.

"It means that Tony has regained significant mobility and..."

Bill cut in. "Where's Tony?"

"Out running in the parking lot," Jan said.

"Running!" Bill yelled into the phone. "Stokosa, you make me so damned mad—but I love you."

Tony took the morning flight to Chicago. He walked through the flight gate to the terminal, confident in his step. As he passed the rows of newspaper machines, he remembered clearly the day—a lifetime before—when he had walked here, seeing headlines that told of the bombing and of his father near death. Suddenly he was jarred back to the present. His father's arms were around him, and both were crying. By the new year-1977-Tony was again sky diving each weekend. He could land on both feet without pain. He could run as fast as ever and even play tennis. He was leading a normal life, meeting people, dating.

Dedicated to Excellence. A new life had begun for Bill too. Pain was no longer the central focus of his life. He and Dojna were planning a new house, spending more time with their family and friends. He guessed the bombing would remain unsolved, but that held no anguish for him. It was past.

The mystery that did concern him was why it had taken six years to be fitted with an adequate leg. Why had Tony needlessly suffered for so long? Why the stories he had heard from so many other amputees? Bill felt he had this mystery largely unraveled, but understanding was only the first step in doing something about it.

February 1977. Bill sat across from Jan in a posh Lansing restaurant and thought out loud. "Some doctors are just chopping off legs and arms without even the most

basic knowledge of prosthetics. Yet it's the doctor who prescribes the limb itself. Incredible! With some prosthetics there's a lack of knowledge about available technology; as a result all patients aren't benefiting from it."

Jan added, "There's a need for increased education and training, but the upgrading of it depends on the policies set by the prosthetic associations. Prosthetics is a self-regulated health-care service, with the manufacturers of prosthetic devices influencing the decisions about professional standards. The physical therapist is caught in the middle. How can he do his job when the doctor and the prosthetist aren't doing theirs?"

Bill argued for a stringent certification test by a third party, probably the individual states, and a license to practice, just as in other healthcare professions. Jan felt that licensing could upgrade the profession, and attract talented and committed people. This could break down the self-regulating mechanism. Prosthetics as a business with assembly-line thinking and profit-margin concerns could be replaced by a profession that is more concerned with standards of excellence, one in which advanced technology and procedures are the norm. Every patient should have the right to the best that is available.

Bill went on to outline his licensing plan for Illinois, suggesting it become a model for other states, adding, "This is for the long term. It takes years to pass legislation. We have to do something *now*. I have in mind a nonprofit organization to treat patients, do research and train prosthetics."

"Bill," Jan said, "that would cost a million dollars just to build."

"That's perfectly all right."

Jan stared across the table in disbelief. Bill met his eyes directly, and Jan knew he was serious. "My father should be here," Jan said. Tears brimmed his eyes.

In March 1978, the Institute for the Advancement of Prosthetics opened its doors in Lansing-one of the world's most modern and best equipped private prosthetics facilities. Jan Stokosa is the director. Bill Barr is the president of the board. In its first year, the Institute treated some 300 patients from all over the county, as well as from Canada, Mexico, and England. Inquiries were received from as far as Israel and the Soviet Union.

In January 1979, Jan, Bill, and others met in Miami with representatives of the American Orthotic and Prosthetic Association, which soon passed a resolution factoring meaningful state-licensing laws and a general upgrading of their profession. Bill then returned to Illinois to help support legislation that Assemblyman Benedict Garmisa had introduced in the general assembly.

Jan and Bill now began looking in earnest for a surgeon to do the reconstruction surgery on Bill's stump. The problems were formidable. The type of surgery that Jan thought necessary-pioneered in Hungary in 1920 by Dr. John Ertl-was not to his knowledge being performed in the United States. Then, in October, a patient from

Illinois arrived with a prescription signed "John Ertl." Could someone be playing a joke? Even if Ertl had done his pioneering work in his twenties, he would now be over 80. Then it came to Jan: a son!

There were actually two sons-John, Jr., and William-both of whom had trained at their father's side in Hungary. All three had immigrated to the United States in 1951; John Ertl, Sr., had died six weeks later. His sons had established a practice in Hinsdale, Ill.- less than an hour's drive from Bill Barr's home.

Bill visited them immediately. There was an instant rapport. Of course they would perform the Ertl above-the-knee amputation, stump reconstruction procedure. In November Bill entered Suburban Hospital in Hinsdale. Jan Stokosa was in the operating room. The surgery was a success and, within days, Bill's pain was even more diminished.

Today Bill is more dynamic and committed to life than ever, friends say. They call it a miracle, but Bill Barr knew whom to thank-in addition to Jan. Not long ago he had a bronze bust of Walter Stokosa placed in the reception area at the Institute with this inscription:

Walter J. Stokosa in his lifetime exhibited an unsurpassed dedication to the field of prosthetics. He was dedicated to excellence in all aspects of the field, and participated fully in each. He was both practitioner and researcher. In 1971 he died due to the effect of smoke inhalation and suffered when a molding oven in his research lab malfunctioned. The Institute for the Advancement of Prosthetics is dedicated to his memory.

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Postscript

In 1989 Jan Stokosa left the Institute for the Advancement of Prosthetics (IAP) and started the Stokosa Prosthetic Clinic in Okemos, Michigan.