

En Passant

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March 3, 2025

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Preface

The short story?

First: Single forty-three year old white male. Physically healthy, mentally and socially active.

And: Skydiving politics and a bad landing caused me to get hurt very badly, almost die, oh my!

Then: Because I had state insurance and was out-of-state, my medical care, chart was FUBAR.

So: I got home, treated poorly, nearly killed myself, now I'm almost homeless but graduating!

I'm working on the "so" line, I'm not quite sure what the buy-in is that I need to sell here in the preface in order to stimulate anyone to read further, other than to say this is where I am now.

For weeks, especially in the Florida step down rooms as different doctors and nurses rotated in shifts, I had to learn that some knew about my case: that I was unsolved, diagnosis pending, and others did not. Everything was in the chart of course, however as I've passed through the various stages of care, I had to see that every care giver reads the chart differently and applies the information differently depending on their role in the process, their position in the system.

Finally, let me at explain the title. It refers to a chess move in which a pawn can take another pawn when it cannot attack directly, "in passing." Essentially if a first pawn moves past a second pawn's striking zone too quickly, the second pawn can attack and capture the first pawn via the square they would have occupied had they moved one square ahead instead of two. In the same way, after a certain point no doctors or nurses even attempted to earnestly diagnose or evaluate me past the basic information needed to update my chart and rather continued their treatment of me based on the "box" they thought I was in.

However, their treatments were useless and they masked the suffering I endured.

Moment of Impact

So what happened? Well, I didn't know it, but I had COVID and... No, the 'rona didn't get me.

There are too many ways to tell a story, that is what happened. Which story would you like? My perspective or did someone else tell you already? Firstly, there is a long story leading up to the moment of impact and there is a long story after the moment of impact, this is my story of after.

On January 8, 2022 I impacted the ground while I was skydiving. Although I did impact while going at a high rate of speed, I was not going "straight down". I had used a landing technique that was intended to cover a large distance at a low altitude and I had not yet reached my intended landing speed when I touched down. Secondly, this is not a story about aviation.

At the first impact site my body was positioned in a "cannon ball" position with my knees pulled as tightly into my chest as I could and with my arms fully extended still controlling my canopy to maximize it's lift to minimize the force of my impact on the ground. My feet hit first, my chest pressed into my thighs, and my knees into the ground as I smacked the earth directly with my face. Gladly, I was wearing a full face helmet and I didn't get a scratch on me from this.

I did bounce 67 feet over the next one second (45 mph) at an altitude of three or four feet above the ground as I did a full "feet over head" flip and a half twist and landed on my back at the second impact site and slid another one hundred and fifty feet to my final landing position. Video available, search YouTube for "Jeromy Alexander 2586". The video stops by itself as the impact triggered the "off" button for the GoPro camera I was wearing on my helmet.

Within seconds I was tended to by friends who comforted me, stabilized me and removed my gear to avoid further injury. Local emergency services were contacted immediately who arrived, tended to me, and would have also transported me via ambulance.

Among my friends was a traveling nurse who did what they do, triaged and recognized the extent of my injuries. When I was able to speak to her about that day later, she told me she was a few hundred feet away in a training course being held at the same location. The first friends that had reached me had also known she was there and summoned her post haste.

Her thought once she got to me and evaluated my condition was “oh, I sure hope he’s got insurance, because I’m calling him a helicopter”, and she did. She didn’t tell me explicitly, or maybe she did and I don’t recall, but I’m pretty sure that most people can’t call 911 and order a helicopter, rather they send an ambulance and things get escalated from there.

I was later told that had the air crew not arrived and then stopped the pelvis bleeding en route, I would have died. The road to drive to the hospital was forty-five minutes via ambulance and I had twenty minute bleed apparently. I was alive on arrival and evaluated and treated in the trauma department with full body MRI and CT scans, an exploratory laparotomy to find internal bleeding followed by repairs to my bladder and colon, a femoral reduction, and open book pelvis reduction, and a full circle external external reduction.

I was held in an induced coma for days and only awoken if they needed to talk to me, such as asked how many piercings I had prior to my first MRI (eleven, but I was only wearing nine.) I could only communicate by pointing my right hand at a grid of letters they held in front of me. Firstly, they told me I was okay and I ‘typed’ the word “plastic” and tapped my head, and to their next question I respond “Apostolic Pardon” and they let me see my son who was there.

Trauma Department

During the open book reduction a drill bit was broken off by the surgeon and the tip of that drill bit remains lodged in my pelvis. Unable to perform follow up MRI's, team of doctors did everything they could to discover why I was unable to move the left half of my body. I had known injuries to my brain and spine though I was told was a mild concussion to the front left portion of my brain and that I would be okay and that they were unable to do more MRI's but they would monitor me for other symptoms of anything. I had damage at T6, T8, T10, and T12, possible damage to the brachial plexus, and had broken the 9th and 10th ribs on the left side.

Surely in the days before I was woken up and had my ventilator removed and after I remember being moved from my room at first with two nurses covering two rooms and a floater shared with two other nurses (which which nice as I required three nurses to do a "log roll" when they needed access to my underside,) to rooms with one nurse for two rooms and a floater where they needed to "ask" for help from another nurse who had their own patients in their rooms. After that, as my condition progressed, nurses with four rooms, eight rooms, and fifteen rooms.

State Insurance

In the first day or two after I woke up I was approached about the bill and how I planned to pay it. As I recall, it was about \$250,000.00 at the time and they had already begun to calendar plan my next surgery. I was covered by my home state of Michigan's Medicaid insurance and I had been traveling out of state in Florida when the incident occurred. The next day they came back and said Michigan would only cover any further "life-saving treatments" while out of state and no more efforts could be taken in Florida to find the cause of my hemiparesis. There was brief discussion of trying to fly me home in a hospital bed, however I was told "those kinds of flights are expensive." In hindsight, I think they meant they are hard to coordinate. Rather than attempt to fly me home, they approved another surgery out of state.

Step Down Units

Five days after I woke up I received my next surgery replacing my external pelvic fixation with an internal fixation. After I was awoken and returned a new room a new nurse attempted to log roll me by herself and instead folded me in half and hyperextended my left knee. After a full shift of my nurse being in the other room, I was moved to a step down room, another, and eventually into a “long term holding” on the “PT” floor, thirty rooms, sixty beds, four nurses, one supervisor, and one physical therapy doctor. Specialist visit. My bill was up to \$500,000.

At one point I was told “the next most likely thing to kill you is the lack of a bowel movement, we really need to focus on this”. It had been almost two weeks since my incident and all medications were already being employed. As the days ticked by, this became more and more important and I began to agree it was more important than walking. Unable to flex or extend my abdomen, rotate my pelvis, or activate any muscles on the left side of my body below my belly button, defecating was hard. Even rolling into a position to attempt was painful, as was being transferred via a lift. Two of four nurses on the floor could lift me and place me on a toilet. Finally, I was offer simultaneous suppository, oral and IV medications. The best I can describe the next six hours is “this must be what labor feels like”, except demonic, I was sweating.

Towards the end, as all of the medications were wearing off without success I asked my nurse if there was anything else we could do. To their credit they offered to digitally stimulate me. Unfamiliar with medical terminology I inquired. However, this nurse was six foot eight inches, a solid two hundred and fifty pounds if not more, I was scared when they held up their darkly pigmented pinky finger and wiggled it at me. No smaller or female nurses offered, nor did I ask anyone else. The next day I still hadn't gone, but that nurse wasn't on shift and although it was

bad, real bad I didn't want to have that conversation with anyone else, I was going to ask him to try the next step. Thankfully, I was able to go the next day, before they came on shift.

They discovered a clot in my leg at this point, they had been giving me regular sonograms of my legs and found one and a few days later it resolved. I was told it was "non-occlusive", so it wasn't important enough to get reported back to my original trauma surgeons as that just "sometimes happens" with stroke patients. However, up to this point I had only been told that I'd had a "mild concussion" and I'd be monitored for more signs. They said "okay" and repeated that non-occlusive's do not get reported back to the trauma team, and insisted even when I pointed out that no brain matter would be stuck in the veins of my legs if I only had a mild concussion and that any amount would indicate a more severe brain injury. Then I was told that as a sonogram tech they can't diagnose anything like that and a doctor would read their results and come diagnose me with a blockage in my leg if they decided I had a blockage. They did not, likely because I didn't lose enough brain matter to fully block a vein.

County Insurance

About the 19th, I checked my email and had a message that Jackson County was offering to give me a brand new insurance policy, even though I was already injured and had not been "on the job" for ninety days. Their insurance was willing to pay an additional \$250,000 to set me up in a two week long in-patient Florida Rehabilitation Hospital program, as soon as I could get in.

With a fresh insurance plan willing to pay, I don't know why the doctors didn't just start to diagnose me again right there in Florida. No one really talked to me that I recall. I saw the Chairman of the County Board on television say the County was doing everything they could to get me home.

Another week or so later they were able to give me MRI again and they were able to see which of my remaining initial injuries were most severe and if they were “life threatening” enough for Michigan to let Florida do anything about. The next day a spine surgeon visited me and we scheduled the implantation of my spinal cage around T12, non bonded. It was implanted uneventfully on January 25th, 2025 to be removed after one year if it causes issues.

Two and a half weeks being deprived of an MRI it was found that I had an injury that required another out-of-state life-saving surgery on my spine - after continuing to have me working on sitting up and moving through pain.

The night waking up from that surgery was my first “bright eyes” and manic “recovered” feeling event. My spine that hadn’t allowed me to lean forward at forty-five degrees to eat food for the last two weeks was healed and it felt so good and I remember sitting up and twisting and stretching thinking that this was “it!”, I’d be walking out soon. Only the next day I woke up feeling just as bad, still unable to move my left leg. I’ve found this pattern repeating each time a part of me recovers, sometimes it feels so good that it makes all the other still existing pains “not hurt” for six hours to six weeks until my body, even with the sudden boost towards wellness arrives at another plateau.

Florida Rehab

On January 31st, ten days after signing up for it, my new insurance policy took effect and I was moved from a regular room on the “PT” floor to what felt like a penthouse suite at the Rehab hospital (which was a connected building, hence no worries about transportation as I never had to leave my hospital bed to get wheeled over.)

One nurse for six rooms. Bandages that hadn't been touched in weeks were being cleaned three times per day, my hair was washed and I got a sponge bath each week and the staff brought me magazines. And three one hour physical therapy sessions per day, five days per week for two weeks as is their specialty. This was very nice place, especially compared to the directly previous room I was in, brightly lit rather than dim and no howls from other patients. However, here it was made clear to me that they did also not provide diagnostic medicine.

The staff only instructed me on how to overcome my limitations. On February 2nd, I was able to move my left toe. I learned how to tolerate the pain and use my right arm to put on my back brace and hoist myself into a sitting position. If I couldn't transfer sliding this way into a wheelchair, then they would show me another way to try. At one point I had a dramatic pain in my pelvis there, but all they did was order a portable Xray that was read remotely and "showed no hardware movement".

Discharged

On February 14, 2022 I was released from Bannister Rehabilitation into my own care (with the assistance of family) and was told to go home and reestablish my care there. Previously, I had already discussed my "next steps" and follow up plans with my trauma and orthopedic surgeons. Telling them the local hospital options, they enthusiastically recommended Henry Ford.

I was told to have my internal fixation removed after eight weeks and the screws in my knee removed after one year. I was told to have my diagnostic care restarted to be evaluated for secondary injuries and to investigate continued acute pain. The Florida pelvis surgeon had visited me in my last few days and diagnosed me with foot drop and nonchalantly ordered a

leg/ankle brace for me to wear twelve hours per day for six weeks. The extra large size barely fit over my leg. I was told this was no big deal and that it would go away on it's own.

Leaving Florida I was paranoid that my case would be mishandled. I insisted they provide me with printed and digital copies of my records, which they did. I spoke with the Rehab hospital's lead doctor extensively about how my case was to proceed when I returned home. I was assured that my full digital records would be transferred. After he tried unsuccessfully to contact my Michigan doctor (I later found out that I had previously been "dropped" as a patient after several years without visiting his practice,) he suggested I report to the emergency room and "just tell them what happened." In hindsight, I think he was trying to tell me to go and kinda "get my foot in the Emergency Department door" and plead my case as I could.

There was a special nurse the last few days that helped me transition to being "out-patient." We went over all the medications I had to take (15+ at the time,) the shots I had to give myself (one a day for a few more weeks,) and all the follow-up appointments for diagnosed issues. Other than the medications and instruction, it was meaningless as they knew I already had my flight booked to Michigan and they couldn't provide the same connections to services here. I was told that based on my injuries I had a three to six month recovery windows.

FUBAR

I didn't know it, but I was already screwed a week before I left Florida. When I returned to Michigan, it should have been arranged to drive me straight from the airport directly to Henry Ford Detroit. However, what the lead doctor didn't tell me that he must have found out while calling Michigan hospitals was that because my injury had been more than thirty days, my case would be handled by a primary care physician that accepted Michigan Medicaid, which I didn't have, so there was no hospital or "system" to transfer my care to. I presume at my insistence, the rehab doctor faxed his own report to my primary, not my trauma and need for diagnostic

care, rather the rehabilitation report of what I had done while there: I had learned to sit up, feed myself and transfer into a wheelchair or onto a portable toilet and wipe myself. Mostly, and what wasn't in the report, I had started to learn how to endure the pain, how to clench my body and move slowly to avoid the pain. Listed were the suggested follow-up appointments that had been set with Florida providers except no trauma or orthopedic follow-up scheduled there, because those departments already knew that I would be following up in Michigan.

And that is what happened. The day after I arrived back in my home, February 16, I called the hospital in Jackson and asked if I could come to the hospital to check-in. I explained my situation or at least I tried to. In the few minutes on the phone I'm sure I didn't speak as much as I've written today, however maybe I said the wrong things, or maybe just too many things. I was told visit their website and find a primary care doctor or go to the Center for Family Health.

On February 18, 2022, forty-one days after my incident I reported to a primary care doctor that was unable to diagnose any of my remaining initial injuries. Not one over the next three years. His first diagnosis of me was in June 2022 with a mental adjustment disorder for failing to "accept my disability" and adjust to my new life after being very upset with him after six months of care, my anticipated time of recovery. Finally, in spring of 2025 in our final visit he diagnosed me with PTSD because I was angry and "blamed him for my problems".

My problem, in my opinion: most medical assistants, almost every nurse, every doctor, every medical specialist, almost every physical therapist and damn near every single person with "a little bit of medical knowledge" in all of Michigan could have been a better part of my story.

What would you do? Singe forty-three year old white male. Non-ambulatory, previously injured in skydiving accident, needs follow up care from surgeries. Fax from Florida says needs ortho, neuro, and urology to follow up on surgeries. Long list of medications. Complains of pain.