

## Bullet's Path of Destruction Put Long Odds on Youth's Recovery

[FINAL Edition]

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The shocking thing was the stillness of his legs. A moment earlier, Andwele Jackson had been jogging along Pennsylvania Avenue with his friends Jesse Davis and Xerxes Speller and some girls they'd just met at Burger King - running easily, just for fun, like the athlete he was.

Now he lay in a pool of blood on the steps of an office building in Foggy Bottom. All that bystanders could see were Andwele's legs - not moving, still as death - and his panting chest, exposed to the eyes of strangers and the ministrations of the D.C. Emergency Medical Services crew.

"As soon as we passed this tree, this guy must have been waiting for us. I saw a guy step out and he had a nickel-plated .357 magnum in his hand," said Xerxes, tears coursing down his cheeks. "So we started running really hard, and when we got up there to the Exxon station, I looked and I just saw Jesse."

"I said, 'Where's Andwele at?' " Jesse said. Jesse ran back down the street, screaming, "Call 911! Call 911!" A couple walking on the other side of the street - nobody learned their names - heard him and called 911. The ambulance was there in minutes.

Both youths - who were 16, like Andwele - were breathing in gulps. The three girls they had been with crowded around them, reaching out to link arms, huddling together. All five were crying. In the background, the medics loaded Andwele into the ambulance - just a shape on a stretcher now, inert but still breathing, an oxygen mask strapped to his face. It was 1:15 a.m. Sunday, Aug. 2.

It was the 175th shooting this year to which the Emergency Medical Services Bureau has been summoned - a routine event in one of the nation's most violence-plagued cities. For the medical staff assigned to Andwele's case, it would be another fight to salvage life from the physical devastation of bullets - which, contrary to popular myth, ricochet once they enter the body, splintering bones, shattering arteries, ripping through organs, disintegrating as they go, leaving fragments in their wake.

For Andwele and his family, this moment of seismic upheaval would place them on a weeks-long roller-coaster ride through laughter and anguish, through reality and belief in the miraculous - only to end in sudden desolation.

"Andwele is not the story," his father would say later. "The story is what's happening in 1992 to our kids."

Minutes after Andwele was carted away to nearby George Washington University Hospital, bystanders began drifting away. Detectives from the 2nd District combed through the dwindling crowd, talking to anybody who might have seen anything.

At that moment, Andwele's mother, Joyce Collette, was sitting on the side of her bed in Upper Marlboro, rehearsing the speech she was going to give Andwele when he finally got home.

A few weeks earlier, Andwele had celebrated an adolescent rite of passage: getting his driver's license. Then came Saturday night, and he had asked his mother if he could borrow her car. He told Collette that he and his friends Xerxes and Jesse would celebrate Andwele's new vehicular freedom by going to Georgetown, maybe hooking up with Andwele's girlfriend at a movie, or just checking out the girls and getting some hamburgers.

It had seemed harmless, and Collette had agreed. But she also had given him a midnight curfew. Now, he had violated it.

Listening for the slamming door, the footsteps in the hallway, she readied her speech. "Just get on in here, boy," she

was going to say. "It'll be a long time before you see a car again, buddy."

The phone rang. It was Jesse, saying something about Andwele being shot.

"Oh, is that so?" Collette recalls saying, with the sarcasm born of having raised eight children, five of them boys, and hearing every conceivable explanation for all kinds of misbehavior. "This is an excuse I've never heard before, and I thought I'd heard them all."

"No, really," Jesse insisted. Then he put a police detective on the line. Hearing the stranger's voice, Collette felt herself go numb.

For a moment, she said, "I couldn't move." All she knew at that point was that someone had shot Andwele, that the bullet had pierced his intestines. That was manageable, she thought; a daughter-in-law had had intestinal problems a few years back that had finally been cured with surgery and diet.

It was not until Andwele's surgeon, Neofytos Theodore Tsangaris, came out of the operating room several hours later that reality began to hit. Tsangaris told her and the other family members who had begun to gather at the hospital about the intestinal damage. The bullet had blown out part of his transverse and ascending colon, which had to be resected.

"Then he said, 'Now for the spinal injury,' and I said, 'WHAT spinal injury?'"

The bullet also had ricocheted off Andwele's first lumbar vertebra, shattering it and - though his doctors did not know it then - scattering bullet fragments throughout one kidney. Everything below his first lumbar vertebra, everything from his waist down, was paralyzed.

"The prognosis is that he'll never walk again," Collette said the day after the shooting. She cupped her face in her hands. Her eyes filled with tears. Her voice faltered. She looked away, toward the window. An Unusually Senseless Shooting

In a city where senseless shootings happen every day, the shooting of Andwele Jackson made less sense than most. To the detectives, there was little to go on.

They had taken down a welter of descriptions of the gunman - everything from a tall, bald man to a short man with a gold tooth - from Andwele's friends, the three high school girls they were with and the few bystanders. Nobody had gotten the names of the couple who had heard Jesse's screams and called 911, and they were apparently the only other people who could have seen the gunman or given a description of the car he drove away in.

Then there was the location. "How did somebody manage to get themselves shot downtown?" one ambulance crew member exclaimed when the call had come in; the EMS crews that prowl the city's streets at night are more familiar with racing to shootings in Southeast Washington, across the Anacostia River, or in some neighborhoods in Northeast Washington.

The detectives questioned Andwele's companions about whether they knew of a possible motive, but they were stumped. To Collette, it was inconceivable that Andwele had done anything to provoke the shooting. He was not a bad kid, he did not have a police record, she said later. Although she and his father, Robert Jackson, had divorced when Andwele was 3 (she had later married Sam Collette), she and her ex-husband remained friendly and he was supportive of his sons. The troubles they had had with Andwele, she said, were the sort that would later become family jokes, not topics for police blotters.

There was, for instance, the time he and a friend had used an older brother's stash of condoms to water bomb the mailman. ("I opened the door," she said, "and there was the mailman, soaking wet, and not a cloud in the sky.")

Since age 6, he had been what his mother called "a football maniac." He had inherited his father's height and physical grace - as well as his dazzling, open smile.

Lately, his preoccupation with football had caused his grades at Largo High School to slip. Collette decided it was a good time for him to get to know his father better, so for the last year he had been living with Robert Jackson in Atlanta,

attending Benjamin E. Mays High School.

New to the Atlanta school system, Andwele was ineligible for the football team. Instead, he discovered a new group of friends more studious than his football buddies in Maryland. He started studying - realizing, his father said, that he could get ego strokes for good grades as well as for being a superior athlete. His grades improved. He was starting to grow up.

But now, Collette was less concerned about tracking down the person who shot her son than about dealing with the immediate medical crisis. Andwele had made it through surgery, but doctors told her that bowel wounds carried a high risk of postoperative infection. The normally closed intestinal tract is full of bacteria which, if spilled into the abdominal cavity, can create rapid, rampant infections. The bullet had fragmented, and not all the fragments had been found; there also was the ever-present risk of blood clots.

A practical woman, a teacher of history and civics at Francis Junior High School in the West End, Collette's mind already was pondering building a wheelchair ramp at home, getting a bigger car, maybe a van, and hassling with insurance companies.

"I'm used to chaos," she said. A small-boned woman, about 110 pounds, she wears jeans and work shirts, delicate gold earrings and a wrist full of jangling bracelets. Her graying hair is in a bun. In her 47 years, she has raised eight children, only two of whom - Andwele and his older brother Michael, now 29 - were biologically hers.

Her life had taught her to deal with reality, and she gained strength by thinking of Andwele's paralysis in practical terms. "We're going to break the news to him tomorrow," she said.

The doctors told her the bullet missed Andwele's heart by about an inch. "One more inch and we could be putting him in the ground . . . We can deal with anything from there," she said. 'Prince of Good Fortune'

In the end, Andwele's father told him the doctors said he would never walk again.

That was just part of the message Robert Jackson delivered. A tall man who makes a living as a metal sculptor, his speech was slow and thoughtful, his demeanor serious - until he turned on that open smile. A man of profoundly mystical beliefs, he habitually searched for meaning in every event, and this was no different.

The meaning of this event, he said, began with the name he had given his son at birth: Andwele Nkosane Mawi Ta-Nehesi. The words are an amalgam of African dialects that, loosely translated, mean "Prince of good fortune, brought by God from the land of our fathers."

So when Robert told Andwele what the doctors were saying, he was telling him the Official Version. There was no doubt in his mind that Andwele would defy all medical wisdom.

Andwele took the news stoically. Later, he would say that as soon as he came to a groggy awareness lying on the sidewalk in Foggy Bottom, he knew he couldn't move his legs.

Later he would ask Collette questions she couldn't answer: Will I be able to father children? Will I ever have bowel and bladder control? Intensely self-conscious, like most teenagers, the thought of having an involuntary bowel movement was too horrifying for him to contemplate.

"I want him to cry a little bit," Robert Jackson said. "Maybe he will later. He's strong beyond his years. He's a little boy, but he's also a little man." A Bullet's Path of Destruction

In the movies and in detective novels, bullets cause either instant death or minimal damage. In real life, being shot is more like having an explosion inside the body - or, more precisely, a chain of small explosions. Lucky shooting victims get a clean exit wound.

Andwele was not one of the lucky ones. On Aug. 12, 10 days after the shooting, he was fighting an intermittent fever, caused perhaps by bullet fragments that a CAT scan found scattered throughout his right kidney. He also was having

trouble keeping down solid food.

Even so, the physical therapy staff thought it was time for his first trip downstairs in a wheelchair. Getting Andwele moving as much as possible, as soon as possible, was of paramount importance. One of the common complications of paralysis is that pools of blood collect in the paralyzed extremities and form clots, which can break off into the bloodstream and - on occasion - hit a vital organ.

The physical therapy room was a large, mirror-lined room that looked like a cross between a gym and a nursery school for tall infants. Most of the therapy took place on large mats that rested on platforms about chair-height.

Three physical therapists, Nancy Koplín, Bruce Banks and Mary Francis Little, maneuvered Andwele out of his wheelchair and onto the side of one of the mats. It was a complex maneuver, made more so by the plethora of tubes and catheters connected to his body.

Andwele wore an intent, inward look, the look of someone who is afraid of falling and also of throwing up - both of which were very much on his mind. Still, he stole a moment to give his grandmother, Irma Jackson, a high-five. She smiled delightedly.

The therapists got him positioned sitting on the side of the mat, legs hanging down, torso upright. The simple act of sitting up, as any baby discovers, requires a complex interaction of muscles in the lower back, buttocks and legs, as well as the upper body. To help him gauge where his body was in space, Little brought a full-length mirror and parked it in front of Andwele. He froze.

"This is the first time I've seen myself," he said softly. It is a moment familiar to anyone who has been seriously injured - the wrenching experience of seeing a disfigured, disabled, helpless body in a mirror that does not at all match the self-image, a shock like seeing 20 extra years, or a body that suddenly is of the opposite sex.

Andwele stared at himself while Banks knelt on the mat behind him to hold him steady. There were the tubes to take in, his own face - swollen, tight with pain - and the helpless legs. Andwele, the former football maniac, the effortless athlete, was at that moment wearing a diaper.

"Let's throw a football," Koplín said, tossing him a bright green-and-pink foam rubber ball. As hard as it was to get out of his wheelchair a few moments earlier and sit upright, Andwele skillfully caught the ball, then threw it back in a perfect arc.

Suddenly, he felt dizzy and nauseated. The therapists helped him lie down. Lying there, eyes closed, fighting the nausea, he spoke.

"I want to be doing this," he said. His goal, Collette said later, was to be walking by his 17th birthday on Dec. 16 - exactly four months and four days away. He was, she said, "absolutely determined." Nightmares and Lines of Support

"I don't feel like I'm getting better," Andwele said.

It was Friday, Aug. 14. The fever had returned. Alternately chilled and sweating, Andwele sat up in bed with half an eye on the television. He looked exhausted.

In the hallway, Collette was conferring with Andwele's urologist. The theory was still that the bullet fragments in his kidney were causing the infection, and for that reason they were treating him with antibiotics and keeping a close eye on his white blood cell count. An increase would signal that the infection was galloping out of control. For the moment, the doctor told her, all they could do was watch and wait.

"It's been a down day," Collette said a moment later. "We keep telling him he's getting better every day. But I think he's tired of a whole bunch of doctors coming in and out. He keeps saying, 'I can't get any sleep.' "

For one thing, there was the recurring pain from the huge incision in his abdomen that doctors had made when they were repairing the damage to his intestines. It started in the middle of his chest, zigzagged to the right at his navel and went down almost to his groin. The staples that held the incision together had had to come out or risk creating another

infection, so part of the incision still gaped open. Nurses packed it several times a day with sterile gauze, letting it heal from the inside out.

Most people would have asked for drugs, but Andwele disliked them and tried to avoid them. When the pain was bad, he relied on the telephone.

One night, he said, the pain had been so bad that he called his mother at home.

"Then I sort of hung up on her," he said. "So then she got frustrated and called the nurses' station. Then I called my best friend, this was about 10:15, and we talked until about 12. So then I went to sleep about 12:30 and slept until 2, and then I woke up and listened to the radio for a while. Then at 4 they came in to change my dressing, and I was up for a while after that."

Nights were bad for another reason, he added: the nightmares of that moment on Pennsylvania Avenue.

"BANG!" he said. "I see a big light - boom. And I wake up sweating. Or I just start running. I always wake up sweating." When that happened, he said, it helped for someone to be in the room to at least look at, perhaps get him a glass of ice water and talk for a moment.

Collette, who had watched him sleep more than anybody else, knew about the nightmares before Andwele told her.

"He twitches in his sleep," she said. "Always moving. Picking at the covers." A Declaration of Independence

Four days later - Tuesday, Aug. 18 - Collette greeted a visitor with ebullience.

"Andwele escaped today!" she announced, laughing.

He had been in his wheelchair, coming back from physical therapy, when he decided to take advantage of his freedom from the intravenous tubes, which had been temporarily removed.

"The nurse said she looked up and he was at the elevator. She said, 'Where are you going?' and he said, 'Goin' roaming. I'll be back.' "

His exploration took him downstairs to the hospital lobby, where he sat and watched the constant foot traffic for about 20 minutes. Then he went back upstairs and headed off to the obstetrical wing, on the same floor as his room, and spent some time looking at the newborn babies. The escapade wore him out, but his mother was delighted. Every impulse toward independence, she thought, was "a positive sign."

There was no shortage of moral support. Friends crowded his room; his girlfriend, Jocelyn, visited almost every day. Like any teenager, Andwele was constantly on the phone. Once, a visitor to his room found him lying flat on his back, covers over his head, looking corpse-like - until he drew back the covers to reveal a telephone receiver at his ear, a finger at his lips warning the visitor to be quiet. He was grinning.

But recovery would take a lot more than moral support.

That reality began to sink in with the arrival on Saturday, Aug. 22, of a graying, beefy man who paused uncertainly at the door, as if he weren't sure he had the right room.

"Hi," he said, extending a hand. "I'm Michael Sullivan from the Spinal Cord Injury Network. Is there someplace we can talk?"

Sullivan gave Collette a handful of literature - stories of spinal cord injury survivors and how they had coped, a textbook on the medical aftereffects of spinal cord injuries. Some of the complications, he said, included wild fluctuations in blood pressure, pressure sores on the skin, recurrent urinary tract infections.

Collette reached for a napkin on the table where the nurses had been eating coffeecake and wiped her eyes.

Sullivan's tone softened.

"These are not insurmountable," he said. "They seem that way now. It's something to look at it in a positive way. You can say to yourself, 'This is the worst it can ever get.' It's not like multiple sclerosis. And in 10 years, we've made great gains. There's a good chance your son will walk again."

Nancy Link, the head nurse on the floor, stuck her head in the door. It seemed that Andwele had had another CAT scan that morning and now needed to drink some kind of mineral oil to get the iodine needed for the test out of his system. The trouble was, she said, Andwele was being a little obstinate.

"I'm on my way," Collette said.

Back in her son's room, she heard his version: Awakened at 6:30 for the CAT scan, he had had to drink a glass of some gross iodine mixture, which he promptly threw up, and which they then made him take intravenously. There were some other procedures too loathsome to describe, and the whole thing had taken about three hours. Now he felt awful. He would drink his medicine, he told his mother, but he wasn't moving out of bed for now.

At that moment, as if on cue, Link popped in to ask cheerily what time Andwele was going to be ready for occupational therapy.

"Let's step outside," Collette said. As she and Link talked in the hallway, they were interrupted at intervals by Andwele's voice bellowing from inside the room. It was the voice of rebellious adolescence.

"I'm not going!" he shouted. "I'm not going! . . . I'm not going!"

Collette looked at the nurse and grinned. "He's not going," she said. 'I Don't Know What to Do'

On Monday, in the late afternoon, Collette stood outside the hospital's main entrance - the only place she could find to smoke - and pondered practicalities.

In one week, she was supposed to report for work at Francis Junior High; the students would be arriving a week later. She had no idea how long Andwele would be at George Washington, and after that how long he would be at the National Rehabilitation Hospital, where she had arranged to have him transferred for the extensive physical therapy he was going to need.

Fortunately, there was enough medical insurance to keep them from bankruptcy; there was even coverage for a home nurse. The first two weeks of care alone had totaled nearly \$56,000, all covered by insurance. But so far, she had found no help when it came to the job of getting their house ready for Andwele to live in. There was a wheelchair ramp to be built, doors to be widened, an entire bathroom that had to be made accessible to a wheelchair.

"We're facing thousands of dollars in renovations," she said. She made too much money to qualify for Social Security, it would be two more years before Andwele turned 18 and became eligible for Medicaid, and "the maximum loan I can get from the teachers' credit union is \$6,500" - barely enough, she suspected, to do the bathroom renovation.

"I don't know what to do," she said. "I'm at a blank wall."

She stubbed out her cigarette and went back upstairs, where Andwele was sitting up in bed watching "Oprah." Two nurses came in to change some of his linen; she settled down in a corner with a crossword puzzle book.

Suddenly, Andwele began to vomit, and one of the nurses grabbed a basin. Collette looked up, but felt no alarm; Andwele was still having trouble tolerating solid food.

Then there was another sound - one she could not describe. She remembers looking up sharply.

"He was arched with his back in the air and his eyes rolled way back. He was convulsing." For a second, she thought he was playing a practical joke, trying to scare the nurses. She rushed to the bed and grabbed his arm.

"Stop it!" she said. Then she felt the tremors in his arm, throughout his body. She bolted from the room.

"I need a doctor!" she screamed, and three residents at the nurses' station ran toward her. She followed them back down the hall, but they wouldn't let her in the room. Then she heard Andwele's voice.

"No! No!" he was yelling. "You can't do that to me!" She relaxed slightly, realizing from his tone and from what he had seen of medical procedures that they were probably trying to open an airway by pushing a tube into his esophagus.

"We have survived another ordeal," she remembers thinking. Shaking, she turned to walk toward the waiting area. She had taken only a few steps when she heard a frantic voice.

"Code him!" the person was screaming. "Code him!"

She wheeled. Nurses, residents, doctors came from nowhere. A crash cart - the essential equipment that every hospital ward keeps at hand, including the electric "paddles" that can restart a human heart - emerged from a closet and disappeared into Andwele's room.

Collette fought to get in, but someone shoved her out. Two nurses she didn't know appeared from somewhere and grabbed her.

"We can't tell you anything," they kept saying as she struggled to get inside. "Is there anybody you want to call? Is there anybody you want to call?"

"I'm not stupid!" Collette screamed as she fought them. "I know what that means!" Sobbing, hysterical, she sank to the floor.

Later, they told her that Andwele's death probably was caused by a blood clot or maybe two, something that had broken loose from one of his paralyzed legs and made its way to his heart and lungs. The effect was as if he had suffered a sudden, massive heart attack.

That evening, a different set of police officers arrived, and she realized the shooting of her son had entered a new domain, that of the homicide detectives. It would be recorded as the District's 284th homicide of 1992.

The investigation continues, but police say they have no leads.

"It's been happening so much lately," said one 2nd District detective. "A couple of them, they've just been testing out the guns to see if they worked."

"It's hard to say," a homicide detective added later. "You know, kids will shoot each other over almost anything these days."

They buried Andwele yesterday at Maryland National Memorial Park.

### **[Illustration]**

PHOTO,,Heather Stone;Map,,Twp CAPTION:Bystanders watch as D.C. Emergency Medical Services workers attend to Andwele Jackson at the scene of his shooting in the District's Foggy Bottom. CAPTION:A friend struck down: Above, Andwele's companions Xerxes Speller, facing camera at left, and Jesse Davis, seen from behind, cry as detectives and other law enforcement officers from the 2nd District begin their investigation of the shooting of Andwele Jackson. "This guy {the assailant} must have been waiting for us," Xerxes said. CAPTION:The healing begins: At left, a D.C. Emergency Medical Services crew prepares to take Andwele to George Washington University Hospital. The bullet that had ricocheted through his body would leave him paralyzed. Later, Andwele would say that he knew as soon as he regained awareness on the Foggy Bottom sidewalk that he could not move his legs. CAPTION:Helping hands: Below, physical therapists at George Washington University Hospital help Andwele as he struggles from his bed to a wheelchair

to attend a therapy session. Andwele's goal, his mother said, was to walk again by his 17th birthday on Dec. 16 - four months and four days away from that day. CAPTION:Sources of support: Above, Joyce Collette visits her son, who found the telephone a source of solace. Andwele, who disliked drugs, tried to avoid asking for them to mask his pain, and instead relied on talking with friends to distract him from his discomfort. CAPTION:A mother's goodbye: At right, Joyce Collette bids her son farewell during his wake at First Baptist Church of Deanwood in Northeast Washington. Doctors said Andwele's death probably was caused by a blood clot that made its way to his heart and lungs. He was buried yesterday at Maryland National Memorial Park.

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