**'It's a broken system': There's a child care crisis in Virginia. This is what's being done about it.**

*Published May 24, 2021*

When the pandemic took hold of Virginia in March 2020, shutting down businesses and large child care centers, the in-home day care that Jermeisha Justiniano runs in Chesterfield County stayed open.

Like the owners of many family home day cares across Richmond, she decided to risk her health in the midst of a pandemic to serve her families who had young children and needed to work.

“It was a difficult time,” she said. She struggled to purchase food for the 12 children in her care, ages 1 and up, like gallons of milk or fresh beef and chicken, which were being rationed at stores. Then, she couldn’t find basic supplies that were in short supply, like toilet paper, soap and bleach.

When her parents were shopping and saw an extra pack of toilet paper or some disinfectant, they’d grab it and drop it off. But then some parents started losing their jobs and their children dropped out of care.

“That affects you as a provider, with less money coming in,” she said.

A few months into the pandemic, she had to lay off her longtime assistant. She limped along during the summer, but when Chesterfield schools announced they would be virtual in the fall, Justiniano knew she was in trouble. She had three kids of her own in kindergarten, third and fifth grade, and she didn’t know how she would help them and take care of the kids in her care at the same time.

After 10 years of running a successful family day care, she made the painful decision to close her business.

“There was no way to keep it going,” she said.

Justiniano is just one example of the many child care providers and parents who have been struggling throughout the pandemic. Child care has been in crisis in Virginia and across the state for years, but the pandemic has pushed it to the breaking point.

It’s a complex issue, but there are two long-running problems with child care in the United States: the high cost to parents and the low wages paid to staff.

In Virginia, the average annual cost to have a baby in day care is more than $14,500, according to Child Care Aware of America. For older children up to age 4, the cost is around $11,500, accounting for up to 47% of a typical single parent’s income.

“This is not a ‘poor people’s problem,’ but a problem for the three-quarters of Americans who make less than $100,000 per year,” said Rich Schultz, president of Smart Beginnings Greater Richmond, a group that provides information and data on early childhood demographics.

Meanwhile, early childhood educators and day care staff members are severely underpaid, earning minimum wage or just above it. As of 2019, child care workers received an average annual salary in Virginia of $22,797, well below the federal poverty line, according to the Center for the Study of Child Care Employment.

Due to chronic low wages, child care centers and day home services are having major problems with staffing and retention.

“The number one issue [facing child care providers] is workforce recruitment,” said Kim Hulcher, executive director of the Virginia Child Care Association. “We’re having a challenging time filling positions as parents go back to work.”

Hulcher and others in the child care industry said that child care educators, many who are making about $11 an hour, are leaving the workforce to take jobs at Target or Amazon, which pay $15 an hour.

As of last month, roughly 90% of child care centers in Virginia had reopened. But many are having trouble staffing their centers due to low wages.

“Child care is a broken system in a failed market. Fundamentally, the business model of child care in America doesn’t work,” said Elliot Haspel, who works in education policy and research at the Robins Foundation. He is also the author of the book “Crawling Behind: America’s Childcare Crisis and How to Fix It.”

“It’s a system that doesn’t work for anyone: not for parents, not for providers, not for children or for the economy. The lack of child care is a drag on the business sector as well,” Haspel said.

The pandemic has revealed many problems in the child care industry.

But there is a silver lining.

“Child care is finally being seen as a critical industry,” Schultz said. “Employers are seeing it because it’s affecting the workforce. If you can’t get child care, you can’t go to work.”

Over the past year, 2.3 million women have left the workforce due to child care needs during the pandemic, according to the National Women’s Law Center.

“People don’t realize that access to quality early childhood care is workforce development. Those two things go hand in hand,” said Lisa Thompson, program director with ChildSavers, a local nonprofit that provides child care resources.

“Parents need a place where they can bring their children and go to work and feel secure in the decisions they’ve made with their most precious beings,” she added.

But at the start of the pandemic, many child care centers closed their doors and didn’t reopen for months, leaving parents in the lurch.

Others reopened, but enrollment was down because some parents didn’t feel safe taking their children to child care. Class sizes shrank because of social distancing requirements but increased the need for staff.

Costs — for everything from food to personal protective equipment — increased while revenues decreased.

Many child care providers, like Justiniano, felt they were on the brink of collapse.

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In March 2020, the federal government passed the CARES Act, providing $3.5 billion to the Child Care and Development Block Grant and $750 million to Head Start programs. States were allowed to leverage those funds flexibly for child care purposes and were able to send direct grants to child care providers, as well as provide personal protective equipment and sanitizing supplies.

But for many, it wasn’t enough. In July, nearly 40% of Virginia’s child care centers remained closed.

A survey from ChildSavers and Smart Beginnings that month revealed that 48% of provider respondents out of 600 surveyed reported that they would not be able to survive without financial assistance.

In October, Gov. Ralph Northam approved more than $65 million in extra funding from the CARES Act to help child care providers.

But because the grants and funding were based on enrollment sizes, in-home providers didn’t receive nearly as much assistance as larger centers.

Cheryl Morman runs Blessings From Above, an in-home family day care in Chesterfield. Her day care stayed open during the pandemic and never closed, serving 12 children, which is the state limit for family day home providers.

“We received $600 per month, whereas a center-based provider received up to $11,000. It was based on your licensed capacity,” she said.

She said that her costs during the pandemic rose at least 25%, but she didn’t increase her prices.

“With the additional expenses, we’re already operating in a deficit because we received so much less,” Morman said. She has been running her day care for 20 years and is also the president of the state association for family day home providers.

“We provide the same high-quality care for children. We attend the same training as larger centers and adhere to the same guidelines. We should receive the same benefits.”

Out of approximately 6,000 child care providers in Virginia, 2,000 of those are family day home providers, which are often run by women and women of color.

But for some family day home providers, the system just didn’t work. After closing her family day home care business, Justiniano shifted careers and became a loan-signing agent. Now she works from home as an independent contractor.

“I love it,” she said. “It gives you so much freedom.”

The pandemic has brought to light an important shift that has been happening in child care in recent years.

The YMCA of Emporia offers full-day preschool for 3- and 4-year-olds, as well as before-and-after care for kindergarten through fourth grade and a program for fifth through seventh grade.

But once the pandemic started and schools went virtual, day cares and after care programs turned into virtual learning centers.

“We had to take our program and make it all day from 6:45 a.m. to 6 p.m.,” said Kristin Vaughan, executive director of the YMCA of Emporia.

Different ages couldn’t be in the same room because they were learning different materials. Guidelines on class sizes were constantly changing. Then the public schools went back in-person this March, but on a hybrid model. One group of kids went to school Monday and Tuesday according to their last name and the rest went on Thursday and Friday. Wednesday was all virtual.

“It was a logistical nightmare,” Vaughan said. “We’ve done the best we can. We’ve made it work. But I don’t think anybody fully grasps how hard it is to work out the logistics.”

And it changed the nature of their work.

“Before the pandemic, people just thought of us as watching our children. Now we’re educators. We’re teaching our children. Finding that skill level and managing all the logistical pieces of it is a challenge,” Vaughan said.

Paying her staff as educators is a challenge, which results in low retention. “We’ve had to turn away lots of children because we didn’t have enough staff,” she said.

The Friends Association for Children operates two child care centers in Church Hill and Jackson Ward that stayed open during the pandemic. The Friends Association also saw itself changing its model from a child care and before-and-after care center to a virtual learning center for its older school-age children.

Before the pandemic, the YWCA’s Sprout School in Richmond served children ages 2 months to 5 years but found it had to shift its model during the pandemic and turn into a virtual education center for its graduates and children of essential workers.

“The pandemic has helped elevate the conversation about why early childhood education is so important to the economic fabric of the community,” said Linda Tissiere of the YWCA’s Sprout School. “It truly is early childhood education. And early childhood education became a priority because people needed to go back to work and they couldn’t do it without a safe and affordable place for their children to be during the day.”

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A shift has been happening in the child care industry in Virginia and across the nation for quite some time, moving from child care to early childhood education.

In 2018, Northam hired Jenna Conway as chief school readiness officer to support the early childhood sector and to focus on how to help prepare young children for kindergarten.

“What this governor cares deeply about is making sure that every child in the commonwealth has the opportunity to come to school ready,” Conway said.

“Jenna is trying to change the mindset [of supporting] education from kindergarten through 12 to birth to 12th grade,” said Schultz of Smart Beginnings. “There is zero investment in early childhood education from birth on. Parents have to front all of it [economically].”

“Right now, 45% of the children entering kindergarten in Virginia don’t have the opportunity to be prepared” in math, literacy, social skills and self-regulation like the ability to manage emotions, Conway said. “When you work backwards, you see that’s a result of not all kids and families having access to quality early childhood experiences that put them on a track for success.”

Virginia saw an 18% drop in enrollment for preschool in the fall, as well as a historically low participation in the child care subsidy program and in the Head Start programs, which affects many Black and Latino families and lower-income families.

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Starting July 1, the state Department of Education will take over early childhood education and child care in Virginia from the Department of Social Services, a step that many believe will streamline access to early childhood education.

The state is currently issuing $200 million from the fourth phase of the CARES Act, including up to $85 million to provide direct assistance to providers that can be used to offset expenses or however they see fit, Conway said.

President Joe Biden’s American Rescue Plan is also set to infuse the child care industry with money to stay afloat. The plan includes $306 million for Virginia child care and development block grants and $490 million for Virginia child care stabilization grants.

The plan also includes an increase in the child tax credit to a total of $3,600 per child under the age of 6 and $3,000 per child ages 6 to 17. The previous tax credit per child was $2,000. That money will start being paid monthly starting July 15.

The state also started an early educator incentive program in 2019, offering $1,500 incentives to select early educators. The key finding was that the recognition grant led to a large drop in turnover, from 30% of teachers leaving child care sites to 15%.

That grant has increased to $2,000 this year due to COVID-19.

The Virginia Promise Partnership is a new a coalition that has set the goal of ensuring all Virginia families have access to affordable quality child care by 2030. The partnership seeks to achieve that goal by pushing for long-term policies and resources.

“It’s a broken system,” Schultz said, adding that it’s been that way for a long time.

“It’s scrappy and we have amazing people in this line of work who are making it happen, but they deserve better,” Schultz said. “I hope from this [crisis], more sustainable solutions will emerge.”

<https://richmond.com/news/state-and-regional/its-a-broken-system-theres-a-child-care-crisis-in-virginia-this-is-whats-being/article_37b78c3f-1e0e-5222-9635-71f5b6d9cb5e.html>

**'These are systemic problems': Working moms barely survived the past year. Here's why - and how things could get better in the year ahead.**

**Published March 12, 2021**

At the beginning of the pandemic, Jessica Corbett thought of herself as a successful working woman, juggling three kids, ages 8, 6 and 3, while managing a thriving career as an event planner.

A year after the pandemic started, her life has changed irrevocably.

“I turned 40 last year, and within two weeks of March 13, I lost every ounce of business that I had for the rest of the year. My income went to zero,” Corbett said.

Schools shut down, and her kids went virtual. At their young ages, they needed constant instruction and hands-on help. With her husband working full time, all the child care support went to her.

The days have been long and hard for Corbett over the past year, as they have for most women during the pandemic.

“I lost my temper a lot more than I should have. I definitely cried a lot more,” Corbett said.

She started taking on side jobs she could do around school and child care to bring in a little cash, like cleaning houses for a realtor and doing home organizing for friends. She also took in two of her friends’ kids to help them with virtual learning since her friends were working full time.

But the massive changes left her head spinning. She felt depressed, helpless and overwhelmed. And she’s not alone.

A year into the pandemic, working mothers are still struggling.

More than 2.3 million women have left the workforce in the past year, according to a March 2021 report, “The impact of COVID-19 on women” from the National Women’s Law Center. Comparatively, 1.8 million men left the workforce in the same period.

The impact on mothers and women of color is even more acute. A New York Times report from October estimated that 1.2 million parents had left the workforce last year, 900,000 of whom were mothers compared with 300,000 fathers. Of those nearly 1 million women, Black and Latina women have been the hardest hit. The unemployment rate for Black women in January was 8.5%, for Latinas it was 8.8% and for Asian American women it was 7.9%, while the rate for white women was 5.1%.

The pandemic has pushed many issues that have plagued working women for decades to the forefront.

In the 50 years since women became a consistent part of the workforce and two-parent incomes became the norm, equity issues with pay, career opportunities and being seen as the default caregiver in the family have persisted. Now, those issues, coupled with the pressures of the pandemic, have pushed women out of the workforce to 1987 levels, said Renee Haltom, vice president and regional executive at the Federal Reserve Bank of Richmond.

Juggling work while simultaneously taking care of children or managing virtual school, all while earning less than their male counterparts and having to take on more responsibilities at home than men, has pushed many working women to the breaking point under the strains of the pandemic.

“These are systemic problems. There wasn’t an infrastructure or backstop, so it was all on working moms to sort out the problem,” said Emily Griffey, chief policy officer for Voices for Virginia’s Children.

While it has been an exceptionally bleak year for working mothers — and there are certainly challenges ahead — there are some flickers of hope on the horizon.

Here are some ways that life might get better for working mothers in the months and years ahead.

Employer support

During the pandemic, employers have been offering remote work and flexible schedules to their employees.

Sandra Hunt, an accountant who’s been working from her North Side home since last March, has been thriving under her new work conditions. Her daughter, Renashea, is in seventh grade at Franklin Military Academy and has been in school virtually since the start of the pandemic.

“Personally, I think it’s been a great experience. It has allowed me to be more hands-on. If it’s something she doesn’t understand in class, I can quickly step in and help her out. We eat lunch together. I take my lunch break when she takes hers,” Hunt said.

“I get so much work done now. I may do five jobs at once. I work with numbers all day, so sometimes I have to step away to clear my head. I may start a load of laundry or get dinner going in the crockpot. This is a better work-life balance,” she said.

Due to changes within her company, she will continue working from home indefinitely, which fits her life better. But her daughter, she said, is feeling the strain of being out of in-person school for over a year and not being able to be around her friends.

“She’s suffering from anxiety,” Hunt said. “It’s hard for me to be OK when I know my daughter’s not okay.”

For other moms, working remotely while simultaneously helping their children with virtual school has been crushing. They’ve been getting up early to start their paid jobs, helping their children all day and then staying up late to finish projects.

Kari Altizer, a financial adviser, had her first baby, John, at the start of the pandemic. She took a job as a part-time marketing manager at Henrico County-based Maid Brigade because her employer allowed her to bring her son to work.

“I feel very lucky,” Altizer said. “It’s a good job, and they’ve been very good to me.”

But as John has gotten older (he’s now 9 months), the arrangement has gotten more difficult. He’s now crawling and “getting into everything,” Altizer said. He screams while she’s on the phone, which is how she spends much of her workday, talking to clients. The older he gets, the longer it takes for her to get anything done.

Around the holidays, Altizer said she fell into a deep depression due to the stress of working a new job while simultaneously taking care of her newborn with no support.

“I fell into a deep, sad hole,” Altizer said. But with the right medication and therapy, she said she’s feeling better and optimistic about the future. Setting realistic goals has also helped, she said.

On Mondays and Wednesdays, she takes her son to preschool for three hours a day. She doesn’t work on Mondays, which gives her time to go to the gym, the only time she’s been able to carve out for herself.

According to a new Yale study, the pandemic is taking a high toll on working moms’ mental health. Moms working remotely during the pandemic are more likely to report feeling depressed, anxious and lonely than dads who are working remotely and not taking on as many of the child care and household responsibilities.

Other ways employers can help working women is by closing the pay gap — in America, women still earn roughly 92 cents to every dollar a man makes — helping pay for child care, and offering unpaid leave for new mothers or child care issues like European countries.

Government policies

President Joe Biden’s $1.9 trillion pandemic relief plan will help working families by offering an increase in child tax credits, support for the child care industry and stimulus checks.

“For the first time in a long time, policymakers are providing structure for working families,” Griffey said.

Right now, taxpayers can claim a child tax credit of up to $2,000 per child under age 17. Under Biden’s rescue plan, the child tax credit will be raised to $3,600 for children under age 6 and $3,000 for older children.

The plan will earmark $39 billion to stabilize the child care sector. This investment will help “keep child care providers afloat, support the child care workforce — [which is comprised] disproportionately of women of color — and allow child care to reopen safely,” according to a report from the Center for Law and Social Policy.

“Child care is crucial infrastructure for the economy, and its restoration is critical for women’s return to the labor market,” CLASP said in a news release on the plan. “The legislation supports parents and children by including funds to make quality child care more affordable for people with low incomes as they return to work.”

The plan also includes $1,400 stimulus, or “survival,” checks for people making under $75,000 per year, as well as extending unemployment aid for those who have exhausted their benefits.

Virginia is also working on bills that will support working families with child care needs.

House Speaker Eileen Filler-Corn, D-Fairfax, introduced House Bill 2206 to create a new short-term eligibility category for parents seeking financial assistance to afford child care. The legislation passed the Senate and the House and has been signed by Gov. Ralph Northam.

The bill will allow more families to have access to child care assistance.

The emergency bill will allow families of four earning up to $89,000 access to child care assistance. The amount of the subsidy will depend on where a family lives, but, for example, a family with an infant looking for care in Henrico County would receive assistance valued at around $1,000 per month for care.

This is a significant increase from the current income eligibility levels, which are approximately $43,000 for a two-person household in Northern Virginia and $32,000 for a two-person household in the rest of the state.

The bill will also allow families to seek child care assistance while they are looking for employment instead of after they have secured employment.

“These are the structures and support families need to survive even without a pandemic,” Griffey said.

Schools reopening

Finally, after a year of waiting, many schools in the area are reopening for in-person instruction, although not Richmond Public Schools. Chesterfield and Henrico counties recently reopened for in-person instruction, Goochland County reopened in October, and Hanover County has been open since September. Richmond schools will bring back 800 students for in-person instruction April 12.

Last month, Northam urged every school district across the state to offer some form of some in-person education by March 15, citing “irreparable learning loss and psychological damage” for many students in virtual learning settings. About 40 school districts in Virginia offered no in-person learning option when Northam made his announcement.

School districts that aren’t offering in-person instruction have seen a large drop in enrollment, according to data from the Virginia Department of Education. About 45,000 students have left since Virginia’s public schools were shuttered last March.

But new research is beginning to emerge suggesting another casualty of virtual school: working women.

A soon-to-be-published academic study, recently highlighted by Bloomberg News, shows that women and mothers drop out of the workforce most in states with virtual school, including Virginia, where women were twice as likely to leave a job to assist with virtual school than men.

“The fear in the pandemic, in the context of parenthood, was that the added caregiving burden as a result of school and day care closures was going to land primarily on women’s shoulders,” Caitlyn Collins, an assistant professor of sociology at Washington University in St. Louis and an author of the paper, told Bloomberg. “Unfortunately, that is exactly what research has found.”

In Virginia, for some working moms, like divorced mom Jennie Wood, 34, when Goochland schools reopened for in-person instruction five days a week in October, “it was life-changing.”

Wood has two daughters, ages 6 and 8.

“When you have a kindergartner in school, you’re up every five minutes, explaining something. Having them back in school gave me the ability to work five hours uninterrupted, and that made all the difference,” she said.

More flexible future

Women still bear the brunt of household and child care responsibilities at home.

“On average, women spend 30% more time per day on household activities. Mothers spend twice the number of hours caring for children as fathers,” said Haltom of the Richmond Federal Reserve. “Economists note this is all unpaid labor, but labor nonetheless.”

More equity in the household and more men sharing household duties is necessary to shift the burden off working women.

“Women’s participation in the labor force has fallen to 1987 levels. But it doesn’t mean that all the gains of the last 30 years are erased,” Haltom said.

“As a nation, we’re having much different conversations about the necessity of child care and dependent care and how to make that affordable and accessible,” she said.

“Very few employers that I talk to expect to go back to pre-COVID levels of in-office time,” Haltom said. “Many are exploring hybrid models, such as working two days or three days a week in the office or a hybrid workforce.”

“I think we are facing a more flexible future that may help women,” she said. “We’ve just run a massive experiment [in working remotely]. We’re realizing that it worked better than anyone could have imagined.”

<https://richmond.com/news/local/these-are-systemic-problems-working-moms-barely-survived-the-past-year-heres-why--/article_f8282992-0882-5f68-880b-44f158ae6ade.html>

**Richmond woman, 23, suffers brain stem stroke, makes rare recovery from locked-in syndrome**

*Published Feb. 5, 2021*

When Olivia Lewis was 21 years old and a senior at Virginia Commonwealth University, she suffered a massive brainstem stroke in her Fan apartment and almost died.

But what came after was worse.

She woke up at St. Mary’s Hospital, locked inside her body, paralyzed from the head down, yet fully cognizant.

“Doctors would come in and talk to me and shine a light in my eyes, but I couldn’t respond. I couldn’t move. I couldn’t make any facial expression. It was like being buried alive,” Lewis, now 23, said from her home with her parents in the Forest Hill neighborhood. “It was the worst, most horrible, traumatic thing that’s ever happened to me.”

Olivia suffered bilateral vertebral artery tears on both sides of her neck, which led to excessive bleeding and blood clotting, blocking blood flow and oxygen to her brain and causing multiple strokes. No one knows how she got the tears, which led to the strokes and ultimately locked-in syndrome.

Locked-in syndrome is an extremely rare neurological disorder that affects less than 1% of stroke victims. With locked-in syndrome, a person is locked inside their body, fully aware, but unable to speak or move a muscle or even swallow. It is a condition for which there is no treatment or cure, and it is extremely rare for patients to recover any significant motor functions.

About 90% die within four months of its onset.

“It was a parent’s worst nightmare,” said Olivia’s mother, Lisa Lewis. “It was excruciating to watch.”

At the hospital, locked in her body, Olivia listened, fully aware, as neurologists told her family that she would never walk again or talk again and that the best option would be to put her in a nursing home.

“How dare they say that?” she said. “I was only 21.” She was getting ready to graduate with a degree in advertising and start her life.

“There was no way on this planet that I was going to put my 21-year-old child in a nursing home,” her mother said. “I knew there had to be another option.”

Olivia could move her eyes vertically, but that was all. After a week of late-night research sessions on Google, her parents figured out a way to communicate with her. They wrote down the alphabet on a board and pointed to letter by letter on the board. Olivia would blink on the letter, slowly, spelling out words.

For example, if Olivia wanted water, she would blink on the letter “I” then “N.” On and on, until the words “I need water” were spelled out. It was slow and painstaking, but it was all they had. And it was a revelation. Because now, Olivia could communicate.

She could say, “I am scared of dehydration.”

She could say, “They are giving me less water.”

She could say, “I don’t want to be here.”

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Weeks went by. She was moved to acute care at VCU Medical Center. She still couldn’t move a muscle or speak or swallow. She was on a feeding tube and had a tracheotomy to allow her to breathe. She was completely dependent on someone else for every basic function, and it was excruciating.

“The prognosis for locked-in syndrome is very poor with a high mortality rate,” said Dr. Daniel Falcao, one of Olivia’s physicians at VCU. Falcao is a stroke neurologist who has seen several patients with locked-in syndrome. “Locked-in syndrome is associated with a life of dependence. Most patients who survive are bed-bound or can only move their eyes. It was an extremely vulnerable moment for this young girl and her family.”

But Olivia was a fighter, he said, even though she was completely paralyzed.

Olivia was at VCU for a month, where she spent Thanksgiving, then at Retreat Doctors’ Hospital on Grove Avenue for another month over Christmas and New Year’s.

“At one point, I decided: That was not going to be my life,” Olivia said.

Her parents decided to move her to Spaulding Rehabilitation Hospital in Boston, ranked No. 2 in the nation by U.S. News & World Report for rehab hospitals in the country. Olivia was flown by a medical flight to Spaulding, where she stayed and worked on inpatient therapy for three months.

When she arrived, she had a little movement on her left side and could communicate only through the alphabet board. Progress was slow and tedious, but she was determined to move forward.

“When I couldn’t physically move, I imagined moving every single day. I watched how people moved and walked and then I would replay it in my mind. As I began to show some progress, I began to practice actually moving EVERY DAY,” Lewis said.

“She was one of the most challenging patients I ever worked with, but also the most rewarding,” said Nick Herring, one of her occupational therapists in Boston.

At Spaulding, Olivia learned how to brush her teeth using a sling suspended from the ceiling to support her arm. She learned how to use her cellphone with her left hand, even though she was right-handed.

She became obsessed with researching survivors of locked-in syndrome online and their stories of recovery. If they said they could move their toe after three weeks of trying, she wanted to move her toe in three weeks.

“We had to tell her, it doesn’t work that way,” Herring said. “Everybody is different.”

In her research, Olivia found stories of people with locked-in syndrome who weren’t as lucky. She read about a girl who was 21 when she had her stroke and was still locked in at 40.

“That was the most terrifying thing to me. To know it was entirely possible that I could live for 20 years and have no control over my life,” Olivia said.

After three months, she left the hospital in a power wheelchair with the ability to use only her left hand.

“My doctors firmly stated I most likely had used up my window of spontaneous recovery,” Olivia said. “But I left the hospital that day with more determination and motivation than ever before.”

Olivia wanted to stay in Boston and keep working on her rehab in an outpatient capacity. Her family helped her find a wheelchair-accessible apartment. Her grandfather left her grandmother in West Virginia to live with Olivia and help with her outpatient therapy. Her aunt also joined them.

“They gave up their lives essentially for a year for me,” Olivia said.

For months, she would spend hours in therapy and then come home to do her own exercises. No matter how exhausted she was, she forced herself. Her grandfather would help her, both at the hospital and at home, every day.

First, she began to take a few steps at Spaulding. Then she would take a few steps at home, holding onto a walker, walking back and forth down the halls of her apartment building.

Holidays came and went. After months of practicing on the walker, she graduated from her wheelchair. From there, she worked tirelessly on speech: sounding out words, breathing exercises, trying to talk. Every day, she walked up and down the long hallway at her apartment, timing herself.

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Eventually, after months and months of therapy and her own exercises at home, she transitioned from walking with a walker to walking with forearm crutches and braces on each leg. She began speaking, a few words, and continued to work day in and day out.

“I told myself, ‘If I wanted it bad enough and worked hard enough, I would make it happen,’ ” she said.

“The rate at which she recovered surprised everybody,” therapist Herring said. “Once she got the power wheelchair, she only used it a month or two because her walking took off. She must have been exhausted every single day.”

Her parents also traveled from Virginia to Boston every couple of weeks to see her, while also taking care of her two teenage brothers and working.

“I could not have done this without the support of my family and all the medical staff who helped me,” Olivia said.

After a year in Boston, Olivia returned home to Richmond in late 2019, a few months after she started speaking again, and continued her outpatient therapy.

By March of last year, she was walking with a cane and beginning to talk as her main method of communication.

“What Olivia overcame: it’s a miracle,” said Falcao, her doctor from Richmond. Olivia is the first he’s ever seen walk. “She overcame all of these barriers. I still can’t believe she’s walking independently.”

At her parents’ house, she has her own workout room where she continues to train, tirelessly, like an Olympic athlete.

She has a climbing machine and a stationary bike that she uses daily. She does sit-ups, triceps, pushups, squats, yoga. She does leg lifts and static holds. She does jumping exercises, frontwards and backwards. She has different colored bands that she uses to work the muscles on her arms. She has every kind of weight you can imagine. An ab roller. A balance board.

She has an Excel spreadsheet where she tracks her exercise. In Boston, she would do therapy for eight hours, then come home and do it for three or four more hours. Now, she said, she spends about 90 minutes a day exercising.

But she is still on her recovery journey. She has paralysis of part of her face, tongue and soft palate, and it’s hard for her to talk. She gets tired quickly, because everything, even speaking, takes so much effort. She still has issues with walking and experiences tremors in her legs and hands. But she is talking and walking without any assistance.

“She has so much motivation every single day. The fact that she walks now without a cane or a walker, it’s really incredible,” Herring said.

Now, she is finishing her final semester at VCU and hopes to start her own nonprofit to raise awareness about strokes in young people and locked-in syndrome.

“There’s so little information out there about strokes in young people,” Olivia said. And there’s even less for locked-in syndrome.

Olivia is going to call her nonprofit the New Brain Foundation. She hopes to schedule a walk or run in the year ahead to raise funds and research. She also hopes to get the chance to speak to others about her experience and overcoming the odds.

“My main message that I want to tell people is that it comes down to the power you hold within yourself,” she said, “and no matter your setbacks, if you believe, anything is possible.”

<https://richmond.com/lifestyles/richmond-woman-23-suffers-brain-stem-stroke-makes-rare-recovery-from-locked-in-syndrome/article_e0262cae-9974-5de8-b262-1a136c4961d5.html>