

## **Interview with Two Delaware Stroke Survivors**

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Stroke affects every victim somewhat differently. The effects of stroke can be subtle or dramatic. Some people have no noticeable symptoms at all, and at the other end of the spectrum of severity, stroke can lead to sudden death or disabling neurologic deficits in an instant. Stroke can rob a neurologically normal person of the use of their limbs, their speech or vision and forever change their life. How stroke affects a person depends on many factors, including the location in the brain where the stroke occurs, the size of the stroke, the age of the victim and whether they have any preexisting medical problems or have had prior strokes.

Stroke is a large public health problem and thus a very fitting topic for the Delaware Journal of Public Health. In this issue, experts in the field of stroke share their expertise on many important aspects of this serious disease. Because the best stroke is the one that never occurs, Dr. Bruce Dopler details important prevention measures. Dr. Amy Tai discusses atrial fibrillation and how it is involved with stroke. We learn from Dr. Kim Gannon how the Delaware Stroke System of Care is designed and operates to allow optimal treatment for stroke victims in our state. Dr. Usman Shehzad reviews the critical topic of the evaluation and treatment of acute cerebral ischemic stroke. An update on the rapidly developing and exciting treatment modality of neurointerventional surgery is provided by Drs. Sudhakar Satti and Thinesh Sivapatham. The important role of the nurse in every aspect of stroke care is discussed by Ms. Mary Ciechanowski and Ms. Reina McAndrew. Ms. Annamarie McDermott does an excellent job describing the many contributions social workers make to the care of stroke patients during and after their hospital treatment. A discussion of the important topics of health literacy and aphasia in stroke is presented by Christine Cook and Dr. Rebecca Pompon. It is not often realized how common depression and anxiety are after stroke and Drs. Nancy Devereux and Ashley Berns contribute an excellent review on this topic. Similarly, cognitive problems such as memory loss and reduced executive functions may not be typically considered as symptoms of stroke but are common and important and are expertly reviewed by Dr. Meghan Mulhern. Problems with balance and leg strength and coordination lead to disabling loss of normal ambulation for many stroke survivors. Dr. Trisha Kesar provides current research on rehabilitation therapy for gait problems after stroke. Artificial intelligence (AI) currently impacts all of our lives on a daily basis and Dr. Michael Kohn and I give a brief review of the role of AI in the evaluation, treatment and rehabilitation of stroke.

Below is an interview with two prominent Delaware residents who are stroke survivors and brothers. Their experiences illustrate many important aspects of this common and very serious disease. It is hoped by sharing their stories that medical professionals will better be able to help prevent stroke and care for stroke victims.

In order to put a more personal face on stroke, two prominent lifelong Delawareans were kind enough to share their own experiences with this disease. Vance and Bill Funk are brothers who have each survived strokes, and their stories personify the significant yet different ways this can manifest and affect people's lives. They were kind enough to sit down with me and share their experiences.

## Vance Funk

Vance Funk was born December 16, 1942, in Philadelphia, Pennsylvania. He is the oldest of four children. He graduated from Salesianum High School and then earned a bachelor's degree in business administration from the University of Delaware in 1965. Vance received his law degree from the Washington and Lee University School of Law in 1968. He was a lieutenant in the U.S. Army and served a year in the 519th MP Battalion in Vietnam during the war. He has practiced real estate law in Newark, Delaware since 1973.

In 1993, Vance was working full time in his legal practice and under some stress helping to care for his mother, who was suffering from dementia. Four weeks before his stroke, while testifying in court, he had complete loss of his vision. This persisted long enough to gain the notice of others, but it then returned as quickly as it had left. A subsequent examination by an eye doctor was unremarkable. But he remembers no one checked his blood pressure and as a healthy, very busy 50-year-old man, Vance was not regularly seeing a physician. If it had been checked, it is likely his blood pressure would have been found to be dangerously high. Days later, while walking to his car, he found he could not lift his arm to reach the door handle. Moments later he collapsed onto the ground.

Vance was rushed to the Christiana Hospital in Newark where he was found to have markedly elevated blood pressure, right sided paralysis, and the inability to talk. A CT scan of his head showed a large left hemisphere hemorrhage. He does not recall (when interviewed 30 years later) that he had any headache and, in fact, had never experienced a headache at any time in his life.

Vance was admitted to the intensive care unit, where his mother was also a patient, being treated for severe pneumonia. He survived to recount his story many years later, but sadly, his mother died from complications of her pneumonia without ever leaving the hospital. Vance was able to visit her one last time at her bedside but was too ill at the time to attend her funeral.

During his first few days of hospitalization, Vance had severe aphasia and lethargy. He recalls a physician saying in his room that people with strokes as severe as his had an "87% chance of dying." Vance advises all medical personnel caring for stroke and other severely ill patients to assume they can hear what is being said in their presence, and thus choose their words carefully.

Fortunately, he did not require surgery for his cerebral hemorrhage and was eventually transferred to Wilmington Hospital, the old Delaware Division hospital, for rehabilitation therapy. There, he survived the complication of a deep venous thrombosis requiring the placement of an inferior vena cava filter. He was not a good candidate for anticoagulation due to his cerebral hemorrhage. After many days of hard work, Vance was able to return home and continue rehabilitation as an outpatient. He quickly regained the ability to speak. After four months he was able to return to practicing law.

Despite being left with prominent weakness in his right arm, Vance has been able to walk and speak well. He recalled that the only cars he could find with enough foot room to allow him to use his left leg to operate the accelerator and brake pedals were Buicks, and this quickly became his car of choice. Vance was so successful in his rehabilitation from his life-threatening stroke that in 2004 he was elected mayor of the City of Newark. He was re-elected three times and in his time in office enacted many programs to improve the quality of life for city residents.

Since his stroke Vance has had his blood pressure closely monitored and controlled with medication. He wishes he had had done so in the past, which may well have prevented his stroke.

He strongly advises that people have their blood pressure periodically measured and that they follow the advice of their medical providers.

## **Bill Funk**

Many years later, Vance's younger brother Bill also suffered a stroke. Bill Funk was born on December 11, 1949 and, like his older brother, graduated from Salesianum High School and the University of Delaware. He subsequently earned his medical degree from the Thomas Jefferson Medical School. Bill completed his family practice residency in Wilmington, Delaware and is a two-time president of the Delaware Board of Family Physicians.

In contrast to his brother, Bill had no obvious risk factors for stroke. He was an active runner, belonging to the local Pike Creek Valley Running Club, regularly completed five-kilometer races, and also ran a number of marathons, including the Boston Marathon. One morning in 2017, upon awakening Bill walked to the kitchen to make some coffee. He noted he had a left limp, but initially attributed this to his chronic sciatica which he had managed for years. When he could not use his left hand to pick up a coffee cup, he knew something was more seriously wrong. He limped back to his bedroom and shared his concerns with his wife, Linda. Familiar with his good sense of humor, she initially thought he was joking, but then noted a mild left facial droop and some slurred speech.

Since they live only five minutes from the Christiana Hospital in Newark, Linda drove Bill there, calling the Emergency Department while en route to alert them of their arrival. There his symptoms temporarily improved immediately after a CT angiogram of his head, but quickly recurred. He had no noted occlusion of his carotid arteries or of the intracranial arteries, but the CT and MRI scans of his brain showed an area of acute infarction in the right hemisphere. Because Bill had his neurological symptoms upon awakening in the morning, he was not a candidate in 2017 for thrombolytic therapy (today, patients with "wake up strokes" can be evaluated emergently employing cerebral perfusion scanning and, if there is significant brain tissue at risk, may be treated with enzyme lytic therapy or interventional therapy in the presence of a large vessel occlusion).

During his hospitalization, Bill reported there was no clear cause discovered for his stroke, despite extensive laboratory testing, and vascular and cardiac imaging. After several days in Christiana Hospital following his stroke, he was transferred to Wilmington Hospital for seven days of rehabilitation therapy. Because he had been working full time as a physician prior to his stroke and very much wanted to return to work, Bill requested thorough cognitive testing be done as part of his rehabilitation to make sure he had no problems that might interfere with his return to practicing medicine. Fortunately, no deficits were detected. Shortly after beginning physical and occupational therapy, Bill was walking multiple lengths of the hall on the rehab floor. Bill believes he was aided significantly in his recovery from his stroke because he was quite fit from being a regular runner. One week after returning home from the hospital, he began seeing patients again by telemedicine and shortly thereafter returned to treating patients in person.

Bill has continued to practice medicine up until the time of the interview for this article. He has been able to resume his running, and going on long walks with Linda. He reports that he received excellent care at Christiana Hospital during his acute treatment for his stroke and at Wilmington Hospital during his rehabilitation therapy. Bill believes he is a good example of how important it is to recognize the first symptoms of stroke, and to immediately seek medical care at an

appropriate hospital. He recommends anyone with stroke symptoms call 911, and notes that the only reason Linda drove him to the emergency department instead of calling for help is because they live literally five minutes from the hospital.

The stories of the strokes suffered by Bill and Vance Funk point out how important it is for everyone to monitor their risk factors for stroke, especially blood pressure. Vance's experience reminds us as medical professionals how important it is to choose our words carefully anytime we are in the presence of our patients, even if a patient may outwardly not appear to be able to comprehend what is being said about them. Although Bill was a very experienced physician in 2017, and very familiar with what to do when he had acute neurological problems, his story shows how important it is for us to educate all of our patients to call 911 should they or others in their presence suffer signs or symptoms of stroke.

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