

The Early Years

Don't Drink and Die

“I think I’m gonna die,” I said to the doctor in the med tent. There was no other way to describe what I was feeling. I stood shaking in a Mylar blanket, both cold and hot, feeling so incredibly weak. I felt beyond awful. Something was wrong.

The doctor glanced over. “You just ran 26.2 miles, man. You need to stretch out and rest. Here.” He handed me a second blanket with the emblem for the Burlington Millennium Marathon on its tinselled front. I knew he was a marathoner himself. He passed me some Gatorade.

I took the drink, not sure I could get the cap off, but I was thirsty. Terribly thirsty. I had never been so thirsty. That day, May 31, 1999, was hot. Record-breaking hot at 30.3°C (nearly 87°F). Training all winter for this charity race meant I was prepared for the race but not prepared for the heat. I could take cold weather—rain, sleet,

and fog—but a bright, clear, beautiful day with tons of sunlight was apparently about to do me in.

To make certain I didn't suffer heatstroke, I had made a heroic effort to stop at every water station along the way. I divvied up my fluids intake to water half the time and Gatorade the other half. The course was fairly flat. Burlington, Ontario, is not known for many heartbreak hills, and I had run other marathons. Considering the heat, my time was decent, finishing in just under four hours, perhaps a little slower than usual, but I kept pushing myself. Along the route, I chatted with other runners—young men and women, older men and women, a handful of real old-timers, and guys like me, thirtysomethings with jobs and kids and spouses. It felt like a good race, a good pace, and I made sure I kept hydrated. I chatted with the support people handing out orange wedges and drinks. I wasn't incoherent, and no red flags went up.

Now, though, with the race over and bundled in mylar, my entire body was cramping, and I felt weak and sick. Not really nauseated, but dizzy and somehow outside of myself, a horribly surreal sensation. All I knew was that I was dying.

I returned to the tent.

The doctor sent me away a second time, dismissing my condition as just the worry of another athlete needing to recuperate after a heavy run. After outlining again that I had just run a marathon, he took my blood pressure and heart rate and, although it was a bit elevated, he told me to go home. What was wrong with me was not on most medical professionals' radar at the time, and that included this doctor's.

But I knew I was in a grave situation. After the race, when people asked me how I felt, I said, "I feel like I'm dying," and they'd nod in sympathy. They had no idea I was serious.

Just the same, I didn't want people looking at me.

The course ended at a large indoor-outdoor pavilion, a beautiful spot on the shore of Lake Ontario. I laid down in the grass on the other side of all the activity, where no one could see me, and tried to get my bearings, tried to will myself to feel better. My seven-year-old son, Tim, was playing beside me and at one point asked, “Dad, are you okay?”

Of course, I told him I was fine. I was in shape, fit. I just needed to slug down another drink, and I certainly didn’t want him worrying about me.

Maybe the doctor was right. As an athlete, I was used to blocking out pain or discomfort. If I felt something going wrong on the run, I couldn’t remember. But I definitely did not feel like myself.

Then something went sideways. I heaved myself up and somehow made it into the medical tent a third time. This time I sat on one of the beds. Several marathoners were hooked to IVs to replenish fluids. Maybe that’s what I needed. I was dehydrated. I was still so thirsty. My brain felt fuzzy. I remember the doctor took my pulse, checked my heart rate and temperature, and told me again, kindly, to just go home and rest.

But I knew something was really wrong. I told my wife, Barb, to go get the truck because I didn’t think I’d make it to the parking lot. I couldn’t think straight. I knew my four-year-old son, Matt, had a recital later that afternoon that I wanted to attend, yet I felt compelled to follow the doctor’s instructions to rest.

The plan was to go to Matt’s recital and then head home; we had enough time to do both. Instead, by the time Barb was back with the truck, I knew I wouldn’t be able to make it to the recital. Instead, I

asked her to drop Matt off and then come back to get me so I could have more time to recuperate. Tim stayed, sitting next to me while I lay in misery. I finally asked the doctor to call an ambulance. With some reluctance, he called, but I have no recollection of how long it took them to get to us. I just remember climbing into the ambulance with Tim at my side.

Later, I found out that Barb had driven Matt to meet his grandma at the recital and was on her way back to the race tent to check up on me. She passed an ambulance with its sirens on, speeding the other way. Little did she know that I was in it, heading to the hospital.

I can remember being in the back of the ambulance with Tim. Relieved I was under medical care, I allowed my mind to relax and drift. I don't remember anything else until I woke up from my coma one week later.

DR. 'KEEP 'EM ALIVE' CLIVE

By the time I arrived at the hospital in Burlington, it had taken 11 doctors and nurses to restrain me, holding me down because I was convulsing so badly. My wife, who had followed in our truck with our daughter (still young enough to be in a booster seat) and my brother, remembers a code blue call, which means an emergency like cardiac arrest or respiratory failure. An MRI of my brain showed swelling.

I was dying. The emergency team sedated me until they could figure out what was going on with my body. I was 36 years old, in good shape, ate right. No history of heart trouble. And yet, my body was shutting down. Kidney failure came next.

I was transferred by ambulance from Burlington to a bigger hospital in nearby Hamilton, Ontario, and shifted to the care of Dr. ‘Keep ‘em Alive’ Clive. A CAT scan was performed, and Dr. Clive arrived at a diagnosis. As my family watched over me during the week I was in a coma, he figured out what had nearly killed me: exercise-associated hyponatremia (EAH). Initially described in 1985 in endurance athletes, EAH used to be considered quite rare and something that only struck ultramarathoners running in extreme heat. (An ultramarathon is any distance longer than the traditional 26-mile marathon length, most often in the realm of 50 to 150 miles.)

Then two charity marathoners died in the summer of 2002. Both women passed away within two days of their races, their brains swollen and their organs failing. But I was sick in 1999, and the public and much of the medical community was not yet aware of the dire consequences of drinking too many fluids.

It turns out that drinking excessive amounts of water can lead to low sodium. My blood had literally become diluted, and all that extra water overwhelmed my kidneys’ ability to excrete the liquid. Perspiration also reduces sodium. Because I lost sodium through sweating and then drank too much water during the marathon, the sodium content of my blood dropped dramatically. Then, because of this critical imbalance of sodium, my brain swelled with fluid.

Dr. Clive was able to get me stabilized and take me off the ventilator; I came out of the coma to see the faces of my worried family members. To this day, I still have very little memory of what happened in those minutes after the race. All I know for sure is that I am very lucky to be alive, and I have Dr. Clive to thank. I became part of a new, but sobering, statistic: 11 to 15 percent of endurance athletes suffer from hyponatremia, with 1 percent of cases proving fatal.

The doctors who initially saw me had told Barb I had a less than 10 percent chance of survival because, after a week on full life support,

I had not come out of my coma. The medical team was also very worried that if I did come out of my coma my brain would be damaged.

HEALING AND SELF-REFLECTION

I spent the whole summer recuperating. Recovering from hyponatremia is far different than recovering from dehydration. In severe heatstroke, with rest and fluids, most patients can be back on their feet in a week. Even with milder cases of hyponatremia, recovery is much slower. In my case, I was weak, disoriented. I ended up gaining my strength back at our summer cottage, and starting the process of self-reflection: What should I be doing differently? What should I change in my life? How should I change? I didn't know what to do. And back then, I had no idea there would be other health issues I would be facing even after recovery.

Plus, I was stressed. I had just started a business that May and now had to take three months off to recover. It doesn't take an expert to know this was no way to get a business off the ground. The entrepreneur in me bit my nails and pushed forward. I had no choice. But walking from our home's front door to the kids' bus stop was exhausting. I had to improve my stamina, my mental state, my life. This wasn't optional.

That summer I faced some hard truths. I was 36—True. I was in peak condition—False. I cared about my health—True. I knew how to get better—False. I loved my family—True. I knew how to live as long as possible—False. My systems weren't as sharp as they could have been. Even going into the race, I knew I hadn't eaten properly, that something wasn't quite right with my body. In short, I knew I could do better to reach my health goals, or at least achieve the vision I saw of myself: fit, healthy, and living a long and productive life. Something, clearly, was off.

What I realized then was that something had been off my whole

life. Yes, I was busy raising kids, helping run a house, being an involved dad. But I was also running a business, sometimes multiple businesses, training, drinking, and eating not-so-healthy food at not-so-healthy times. I wasn't getting enough sleep, and I certainly wasn't investing in giving myself a shot at a long and healthy life. Nearly dying showed me, up close, how fleeting and fragile life is. Before my race, I felt I could continue on the path that had worked for years and 'exercise' myself to good health. But that wasn't the case—I was ignoring the other critical parts of health, including stress management, nutrition, and rest.

This was merely the *start* of my health journey. Several years later, I would visit a doctor who would perform a multitude of tests, the results of which pointed to dire conclusions. It was only then that I truly began the shift in my approach to leading a lifestyle, a lifestyle that embraced and practiced all the tenets of healthy living daily. I was fit, but I needed to make changes to get healthy.

THE ALARM WENT OFF TWICE

It wasn't until I was nearly 50 years old that I had my true wake-up call and had to permanently change my ways. After my collapse at the marathon and my coma, followed by months of rehab and relearning—how to walk to the post office box without becoming totally fatigued, for instance—I thought I was making the required effort to achieve good health. I continued to exercise and work out, but I would be lying if I said I was doing everything right, and that included instituting a change in my eating habits. It was easy to compartmentalize the hyponatremia as a freak occurrence due to the oversaturation of fluids and the lack of sodium in my body. I never fully connected the dots that my general health and lifestyle might have set the stage to literally drown myself.

Fast forward a decade and I'm in my doctor's office for my annu-