

ORAL HISTORY OF SARA-ANN DETERMAN

SIXTH INTERVIEW

May 30, 2006

This is the sixth interview of the oral history of Sara-Ann Determan, which is being taken on behalf of Women Trailblazers in the Law, a project of the American Bar Association Commission on Women in the Profession. It is being conducted by Brooksley Born on May 30, 2006 at the offices of Arnold & Porter LLP, 555 12th Street, N.W., Washington, D.C.

Ms. Born: Sally, we talked earlier about your very early years at Hogan & Hartson, and I think we should pick up with that and talk about how your career there progressed.

Ms. Determan: I think I mentioned to you the terrible experience with the partner for whom I was working, who actually right before me had a very dramatic breakdown. He was the partner who had previously been in charge of all of the tax planning, the estate planning, and did a lot of work on exempt organizations. He was not the only one in exempt organizations, but he was the only one who did estate planning. This was in my fourth or fifth year in the firm. And, by that time, Seymour Mintz, the head of the tax department, and others were confident that I could handle the practice, but weren't prepared to make me a partner, at this stage. So I remember they talked to me about what my title should be, since I wasn't going to be a partner. I was still going to be an associate, and they felt they had to announce it to the firm, so that the firm partners would know to whom to send the business and whom to consult. And so a memo went around

that Sally Determan is the “person in charge” of the firm’s estate planning practice, which I remember thinking at the time, and I still now think, was hysterical.

Ms. Born: It was hysterical because a normal memo would say you were the partner in charge?

Ms. Determan: The partner in charge or just in charge. But it was just funny. The firm typically, in those days as now, even with the fourth- or fifth-year associates, demanded partner sign off on opinion letters or their equivalent and partner involvement even in fairly routine things to protect the firm and otherwise. But there was no one to play that role in my career. There were people who could have, but the firm didn’t think that was a reasonable way to use their time. So that, once again, when I was with same age colleagues at the firm, they would be complaining about the absence of a lot of responsibility, and I would be talking about feeling like I was out on a tight rope with no safety net. But if I had to choose between the two, I would prefer to be the way it was.

Ms. Born: Do you remember when this was?

Ms. Determan: I think I was a fifth-year associate. I think it was in the fall of ’73. I’m not positive, but it was about then. And I still had essentially the exclusive responsibility for the Goodwin case, which was a major, major matter for Riggs Bank. And I involved other people in it as I needed to. Bankruptcy became an issue. The bankruptcy partner got involved. But always very peripherally. And I remember thinking how foolish I thought it was of them to leave me out there. And then I realized, if I were two years older and a partner

in the firm, or three years further along and a partner in the firm, that's what they'd be doing and obviously, they thought I was okay. But it didn't feel comfortable. There were times I remember going home and saying to Dean, "You know, there's no one I can talk to about this. There's no one who knows the facts sufficient that I can have even conversations about these things." It was thrilling, but it was also too early in a career to be in that position. I was there by default. And obviously, I guess, someone, presumably Seymour, had decided that I was going to be fine, but it's a different kind of career path for a large corporate law firm. And looking back, it was really quite amazing that I had that opportunity. It would never happen today. And today, when lateral partners are more common, if they had lost a senior person doing a certain kind of work that they wanted to continue to do, and their only choice were a fourth- or fifth-year associate or going to the outside, they'd have gone to the outside. But in those days, you know, partners were essentially up from the ranks. There were not a lot of lateral partners. And so, there I was in this early, quite wonderful position in terms of a legal career.

Ms. Born: Did you have associates working for you?

Ms. Determan: Yes. When I needed to and particularly litigation associates, and in one case a litigation partner, because the Goodwin case turned into some very serious litigation down in Florida. And the big matter that I'd been on before, the Solomon case, had turned into litigation out in Maryland. But again, even though I am not a litigator, never wanted to be one, and I'm quite grateful that I never was, I knew so much about the facts, and I had done the basic research

just to kind of get a feel for where we were, that I was doing the dispositive stuff. The litigation partner would argue it. The litigation partner or a senior associate might re-jigger my stuff so that it was in the proper format, but it was mine, and everyone understood that. It's not that they deferred to me, because the issue of deferring or not didn't come up. I was the one with the client contacts. I was the one who knew the facts. And I was the one who had essentially done the legal research.

Ms. Born: Who did the billing?

Ms. Determan: Seymour did the billing. I had no billing responsibilities. And these were not clients I had brought to the firm. I was, I'm sure looking back, perceived as a very successful young associate, but certainly I wasn't perceived as a rainmaker. I don't think the first big client came to the firm through me with no prior connections with the firm at all until I was a partner. I met some people during this period who became critical to the development of my career and the client development that I was able to do. But I don't think I had any of my own clients before I was a partner. I just don't remember. I may have, but they weren't any of the big important ones.

Ms. Born: So you were acting like a partner for a couple of years before you became a partner?

Ms. Determan: I was acting like a partner. And as I told you with the Solomon case, even with the fellow who later had the breakdown, he was doing some supervision. But his supervision was very light during those days. I think he was probably in trouble then. So that, if you compare what young partners do now, I was doing

that like in my second or third year at the firm. It didn't seem as dramatic with Bob actually in place having at least, on paper, some supervisory responsibility over me. But on making partner, did I tell you the story about going to Seymour?

Ms. Born: No. I don't think so.

Ms. Determan: I knew things were going well. I was getting good evaluations and so forth. But they'd never made a woman partner. I certainly was not busting the clock in terms of being the most productive associate in billable hours. And we had an opportunity to buy the house that I'm still in for the extraordinarily expensive amount of \$120,000. And I remember going to Seymour and saying, "Look, I'm not asking for a commitment, but if you know that I'm not going to be a partner at the firm" -- because, at that time, you made partner or you're out -- "if you know I'm not going to be a partner at the firm, tell me now, because then I can't sign these mortgage papers." And he said, "Sign your mortgage papers." And I remember saying to him, "Oh, now I have to decide how important it is to me to be able to tell you to go to hell if I want to." And then he laughed and said, "Well, only you can decide that." So I came in the next day and told him I had indeed signed the mortgage papers. But that I did, I told him, understand that I didn't have a commitment from either him or the firm. But I really did know. And I made partner as of the first in 1975, not substantially ahead of other people. That was eight years out of law school. And seven years at the firm. And that was about standard for the time. And that was in '75. Until I took over the firm's Community Services Department,

my work in the firm, my billable work, was exclusively in tax planning, estate planning and a little bit of exempt organization work, for private foundations primarily. We were doing a lot of closely held corporation work. And so I needed to know a lot about corporate taxation. But when I ran in to real problems in corporate taxation, there were others. When I ran into what I thought of as problems in the estate and gift tax area, there were no others, so I just had to figure them out for myself.

Ms. Born: Do you know anything about the partnership decision and how it was debated by the partnership? Was there a concern that you are a woman?

Ms. Determan: In our firm, in those days, the executive committee recommendations for partnership had never been turned down. And, in those days, the executive committee probably represented people with the majority of the shares in voting anyway, because there was a direct relationship between the strength of a person's practice, his billables, and whether he -- and I say he -- was on the executive committee. So that, as a practical matter, it was very rare, even for the first five years I was a partner, for there to be a excom recommendation for partnership that didn't get voted in. And unlike some other firms we had no blackball capacity. You will recall you and I had a female friend who was actually blackballed by a single vote at another large firm in town because of aspects of her femaleness. So there was no potential for that at Hogan and Hartson. And to the best of my knowledge, it was unanimous on the excom, and I have no idea what the vote was. There may have been some people who voted against, but if they did no one ever told me. But Seymour was very

powerful, and there is no way that the Excom, made up primarily of pretty liberal people who wanted the firm to have more diversity, would have turned me down.

Ms. Born: Was Seymour on the Executive Committee?

Ms. Determan: Seymour was on the Executive Committee. Yeah. But even had he not been on the Executive Committee, because we did have a “you can’t repeat yourself for more than one term” rule, he would have been deferred to. But we were still a relatively small firm, and most of the people knew me. And I assume there were times when, behind closed doors, there were discussions as to whether Sally should or should not be asked to expand her practice here or there. But people were fairly decent and I never had that sense. I told you I think before, it was years before I understood the circumstances under which they agreed to give me the offer in the first place. I would say for the first ten years at the firm for sure, I would have a single large case. Most of the ones I have talked to you about, that took up 80 percent of my time, and the rest of my time was spent supervising legal assistants at preparing fairly routine estate planning documents and meeting with clients, which I loved, which I just loved. My recollection is that I had the CSD like ’78 or so.

Ms. Born: This is the Community Services Department?

Ms. Determan: Community Services Department of Hogan & Hartson. While I was an associate, I was on the committee that was chaired by Bob Kapp (who since has become one of my very dearest friends), and the Kapp Committee had as its mission to figure out the best way for Hogan & Hartson to organize its pro

bono activities, which up to then, as was true of every other firm at the time, was like this: if a partner or an associate wanted to do something and if there was no direct conflict, they did it. And some firms still do that. If it's not a direct conflict you can do it, so they have people taking these pro-life cases, even though overwhelmingly the firm is pro-choice, and other similar things because...

Ms. Born: And it conflicts out all the rest of the partners and associates.

Ms. Determan: Oh sure. It's really fascinating that they have continued to do it that way, but in any event, we wanted, or the firm's management wanted, to organize our pro bono much more -- well, it hadn't been organized at all. We wanted to organize it. And our committee ultimately made a recommendation that no other firm had been doing at that time and that is to set up a department in much the same way as the other departments and to identify someone who knew something about the kinds of cases that came up on the pro bono side and bring him in to head it up. And the firm adopted that model, and we invited John Ferren, and John Ferren and Allen Snyder, right off a Supreme Court clerkship, headed the firm's pro bono department.

Ms. Born: What had John Ferren done before?

Ms. Determan: John had been at legal services up at Harvard and teaching at Harvard. I think John probably came as early as '70, '71. And then David Tatel came in to be the number two person, and Allen went into our litigation department, and John wanted to go into the firm management, and the firm wanted him to go into firm management. He is extremely well organized, and he became our

first managing partner when we decided we needed a managing partner. At some point he went on the bench. By this time, David Tatel had been in the full-time practice. There was another person serving with John on the CSD, I don't remember whom. David was being extremely successful in attracting to the firm very large, full-freight civil rights cases. We represented desegregating school districts or school districts that were being sued by white parents to stop their affirmative action desegregation efforts. And school districts were hiring David because of his in-government expertise and because of his brilliance to represent them. So David didn't feel that he could take on the CSD full-time. He and I did it for a little while together, and then David finally said, "Look this doesn't make any sense." By that time, there was someone else who was also doing estate planning work, and so I had the CSD full-time, in charge, and it must have been '78 to '80, because '80 was when Stevie got sick. I had it for a little while after he was sick, but then I went to the firm and said, "I just can't do it, I can't deal with this."

Ms. Born: So during that time you didn't do any tax work?

Ms. Determan: Very little. There were things that would come up that I would have to supervise, but very, very little because there was another partner who was supervising -- a young tax department lawyer who has since left the firm, but was handling it. I would talk to clients, old clients, for awhile. But let me tell you something also about that early time period, because it turned out to be terribly important in my later career. Maybe my third or fourth year, Lee Loevinger...

Ms. Born: As partner or as an associate?

Ms. Determan: No, third or fourth year in the firm. Lee Loevinger came and said to me, “We represent the Amway corporation and ...”

Ms. Born: Lee Loevinger was a partner in the firm...

Ms. Determan: Lee Loevinger was a partner in the firm in the antitrust area. He said, “In connection with some FTC investigation, they’ve just sent me this letter. Would you look at this letter and tell me what I should do?” The letter was from an organization called Capital Formation Counselors, which is a very sophisticated high-end insurance sales and consulting organization, out of Florida. They had approached the two owners of the Amway Corporation with an estate planning proposal that involved hundreds of millions of dollars worth of insurance and lots of other things, some of which made enormous sense and some of it, in my judgment, didn’t. And the two owners at that point had no outside counsel, and they had just sent it to Lee and said, “Is this worth pursuing?” And what I said to Lee was, “Well, I think it’s worth pursuing. There are some good ideas here, but I don’t know enough about this organization or these two people.” And Lee got back to them and said, “We do have this very young lawyer and maybe it would be useful for her to sit down with these people in Florida and really understand what it is they are proposing on your behalf.” And the response was, “Yes, tell her to do it.” That’s how I met the fellow who owns and was then in charge of, and still is in charge of, Capital Formation Counselors, who has over the years probably sent me \$3, \$4 million worth of business, including some people that he sent because I was a

woman. I got a couple of calls from him saying, "This client is a woman and I know she would like a woman lawyer." The other side of that coin, of course, is I don't know how many people he didn't send to me because they were men (laughs) and he made a sexist assumption that the men wouldn't want to work with me. But so in this one little thing I go down there for, my clients ended up not doing anything. I mean VanAndel and DeVos, the Amway owners, ended up doing nothing but say to Lee, "Well, maybe Sally should do some basic estate planning for us." There came a time when they didn't agree on what they were going to do, so I couldn't represent them both. But for years, I represented these two increasingly wealthy owners of what turned out to be one of the largest closely-held businesses in the country, and I still represent the VanAndel family. And it all came from that one letter to Lee Loevinger, and that client has probably been \$5 or \$6 million over all the years. So, how do you get business? You get business because things fall into place and you don't fall on your face, and people remember you favorably. And that was very early, that contact was very early. But I don't think he sent me any new clients until well after I was a partner. But then he sent me some very attractive clients.

Ms. Born: So let's go back to your making partner for a minute. What was the reaction of lawyers in the firm and friends and others to your making partner?

Ms. Determan: Well, I think I told you that horrible story about the Christmas party.

Ms. Born: Yes, that's on the record.

Ms. Determan: That's the only story that ever came to me that suggested a level of shock or dismay or discomfort with the fact that there was a woman partner. I think, by the time I made partner, the issue was Sally, not a woman. That sounds arrogant, but I knew all of these people. There is no way that 100 other people or 150 or whatever it was would all like you. But my experience has been that most people do, and I think, by that time, I think they thought it was inevitable. I mean, here I was -- I was the head of a department. I think if there was anyone they could make book on for making partner at that time, I was probably as good a candidate as there was. And I don't think anyone was surprised. And, as I told you before, to the best of my knowledge, certainly no one tried to organize an opposition. I'm sure some of the old geezers thought, "What is the world coming to?" They'd already made Vinnie a partner. I guess if they could make a black man a partner, they figured they could make a white woman a partner.

Ms. Born: But you were very early in terms of Washington big firms?

Ms. Determan: Arnold & Porter had you and Carolyn Agger.

Ms. Born: But who else?

Ms. Determan: I think Sally Katzen made partner at Wilmer Cutler the same year I did, didn't she? But no, there weren't very many. But there weren't many in line either. And certainly neither my firm nor any others were going to disregard their normal time frame to make a woman a partner. I mean the interesting thing to speculate, and I can't do anything other than to speculate, is had I been a man when that partner had the nervous breakdown, would they have decided, well,

let's make him a partner now? I doubt it, I doubt it. I only know two people who were made partner in less than seven years. Two people up from the ranks, and both of them had huge, huge baskets of business that they had attracted to the firm. And both of them, I think, essentially said to the firm, "You make me a partner now or I'm taking my basket of business and I'm leaving." I wasn't in that position, and if I had been, I wouldn't have said that. That may be a difference between a man and a woman, too. I certainly never said to the firm, "Listen, I'm acting like a partner and you better jolly well make me a partner." And possibly a man might have -- but I doubt it.

Ms. Born: Do you think that having made partner gave you a different stature in terms of your public service work on boards and on the outside?

Ms. Determan: Oh, I doubt it. You know I was pretty much into that world, and my guess is that most people gave no thought to it one way or the other. And in terms of my own life, I remember Dean Determan saying, "Oh, you know, you get very excited after you're made partner." And obviously people had parties for me and it was all very nice. And long about March, I realized nothing of consequence had changed. I had a slightly bigger office, but other than that, nothing had changed.

Ms. Born: Hadn't the income gone up?

Ms. Determan: The income had gone up a little, but not substantially more than the jumps I'd been getting as an associate. And now I had to pay my own health insurance and some of the others things. So the take - home differential wasn't that much more than my other annual differentials had been. And Dean once referred to

it as my “post-partner depression.” (Laughter) Because there’s something -- you have these artificial milestones to which you assign great meaning even if you really do know that its going to happen. And then it really is an artificial milestone. It’s not like graduating from college and all at once doing something totally different in your life or getting married. It’s not all that different. Certainly in my case, I had no difference in terms of my responsibilities, none, zero. My level of responsibility had been the same for three years by then, two years at least by the time I was a partner. So the differential was I was on the letterhead. We still had a letterhead that listed all the partners. That was kind of cool to see my name on the letterhead. (Laughter) It wasn’t anything terribly important.

Ms. Born: So let’s go on and tell me about the Community Services Department and what it was like during the years that you headed it.

Ms. Determan: The Community Services Department when I took it over had, as it still does, a mixture of one-on-one representation through the various legal service organization in town that use pro bono lawyers. And during those periods it was a much smaller group than it is now, as you can well appreciate. The primary sources of referrals were, in those days, were Neighborhood Legal Services. The Bar was doing very little in those days. Legal Counsel for the Elderly was doing some things. I developed some associations with the Whitman Walker Clinic in part because I was interested in wills and estate planning and the kind of problems that then clearly fatally ill people were having.

Ms. Born: Whitman Walker Clinic being a clinic for HIV and AIDS.

Ms. Determan: HIV/AIDS. And in those days AIDS was a fatal disease in all events. And the law was developing in terms of what kinds of powers of attorney would be respected in the insurance issues, employment issues. There was an enormous employment discrimination. But the firm's pro bono work was ordinarily litigation. I was not a litigator. I was the first non-litigator head and, I might say, the last non-litigator head. I think I was the only CSD partner, since that department was created, who was not a litigator, one way or another -- either in our litigation department or a litigator doing particular kinds of activity. But the two senior associates, who were assigned to the CSD during most of the time that I was there, were litigators. So we were getting cases also from the ACLU. They tended to be one-on-one cases. And the Lawyers Committee For Civil Rights -- the Washington Committee, not the national. The national then wasn't using pro bono lawyers, but the local one was using pro bono lawyers. And those were the sources of most of our cases. We had some cases come in over the transom, but we early made a judgment that we would not take individual cases that way. Now if a partner wanted to do something, or a senior associate wanted to do something, and you always had the whole issue of representing someone from someone's church and those kinds of things, but for the most part, we relied on these referral organizations and worked very closely with them and tried to develop relationships with them. And one of the relationships that I was very eager to develop, since we did so much in civil rights for African Americans, was with the Women's Legal Defense Fund,

with which, of course, I'd had an ongoing relationship and was then doing a lot of sex discrimination cases using pro bono lawyers. So we expanded substantially our sex discrimination practice. And I also developed a relationship between the firm and the Mexican American Legal Defense & Education Fund from which grew the first huge representation of the CSD other than in litigation. And that was representing MALDEF in an extension of the voting rights law to cover bilingual ballots and other aspects of the law that were of particular interests to MALDEF. I was asked to go on to the MALDEF board and did so during that period.

Ms. Born: Was that essentially legislative work?

Ms. Determan: That was exclusively legislative work, and although I did have some assistance in the firm, people who knew how to do legislative work, we were not lobbying a such, in that although we worked with various interested and supportive Senators' offices, I don't remember preparing presentations to uncommitted members of Congress although we did do legislative language and lot of backup work. And MALDEF had its own staff and, of course, some of the other Hispanic/Latino organizations were involved too. But that was really exciting work, and it was, as I said, the first kind of major CSD program that wasn't litigation. From that came a second major thing that wasn't litigative, that we weren't sure would head into litigation. It was a rule-making involving -- and it's so amazing about how what goes around, comes around -- H2 workers and whether H2 workers were taking jobs from qualified local people. And our position was on behalf of one of the civil rights

organizations that were asserting that farmers, primarily, but others were bringing in foreign workers and not properly advertising the jobs or otherwise making these opportunities available to willing local workers. So we were not actually against the H2 program as such, but we wanted to make sure that the requirements for advising the local workers were being respected and it was in a rule-making procedure. So that was a fairly major thing that didn't involve litigation. We got involved in several large litigative matters, one involved Ernest Fitzgerald, the famous whistle blower against Nixon, in a case that was lost in the Supreme Court. He was a major defense procurement officer. He was very famous. But many of the cases were just fairly small. We did a large pollution case involving a dam on a couple of rivers down in South Carolina which we won. The H2 one, we had some nice response to. We tried to get a rule-making to require more outreach on the food programs that agriculture had. It was an interesting time in that there were a lot of food programs. Not only the WIC program and school lunch program, but lots of others, but the entire program and its funding depended on people not knowing about it. If all the eligible people knew about it, then there wouldn't be enough money to do what the program called for. And so we were making waves about the obligation to do outreach, trying to establish, if we had to with litigation, that if you have a program designed for poor people, part of that program has to be telling the poor people about its availability. And we got a little, but not as much as we should have. And the thing got mooted out, because the programs we were most concerned about stopped being funded, and there was no point in

spending any more activities on them. Those were the days when we really, really thought that important things could be changed. And some important things were. One of my own personal early pro bono cases, before I was a partner, much less in charge of the CSD -- it was while I was pregnant with Stevie -- was representing a pregnant Air Force officer. She was a nurse. She was being discharged honorably, but nonetheless discharged, because she was pregnant. And I remember she and I, both in maternity clothes, quite great with child, meeting with someone at the Pentagon who was in a position to do something about the Pentagon rules. I think it was the General Counsel of the Air Force. But, in any event, they told us that those rules were about to be changed. And that we were going to get what we wanted, and I've never known whether the rules were going to be changed without us or whether it was because of the series of letters that had preceded this meeting. But we were both delighted, and she got to stay in the Air Force. About three years ago, I get a call from this woman, and she said, "Do you remember me?" And I said, "Certainly I do, I remember you. How's your son?" And she said, "He's playing football." I guess it must have been one or two years ago, because he was still playing football for some NFL team. So we talked about that and then, of course, she asked me "And how is your son?" And I told her what had happened to Stevie. But she said how much she appreciated what I had done for her. And I realized it's the old business about the pebble in the pond. Here is a woman who thinks that I did an enormous thing for her, and

she finished a full career, twenty years, I guess, in the Air Force and felt like she wouldn't have had that opportunity, but for me. That was pretty special.

Ms. Born: It's the best thing about practicing law. You can actually make a difference in people's lives.

Ms. Determan: Yes. And it's not that no one else can. I never had the feeling that I was bringing to their lives something that no one else could have. But the fact is, that no one else did. And I did. And that makes you feel really good. And fortunately, in my professional life, my for-profit life, I had that a lot. And I had a lot of clients, by virtue of what I was doing, that I was taking care of after they had lost their beloved parent or a beloved spouse. Or people dealing with their real gut issues. How do they care for a child that they were really worried about, how to deal with estrangement in the family, when it comes to wills and trusts, and any of the real kind of most basic stuff. And unlike most lawyers, I was always dealing with the real parties in interest. I was not dealing with people who were paid to deal with me. I was dealing with people whose stuff and children we were talking about. And so I've never been sorry that I chose that specialty even though it really is kind of backwater of the law. Because I love that intense personal relationship. And it gets very intense very quickly. And when someone comes to you and meets you and what you're talking about is how much property they own all together and what they want done when they die, you're talking about their children and their grandchildren and their hateful sons-in-law or their avaricious daughters-in-law very, very quickly.

Ms. Born: Did you find it stressful emotionally or did you actually enjoy the emotional involvement?

Ms. Determan: I enjoyed it because, after you build up a set of experience, you have a set of ideas. And I'm not talking about having a slot into which a particular type of problem works. But you can talk to them about alternatives that can put their minds at rest and make them really feel better. For example, most of my clients, I would say nine out of ten of my clients, were deeply committed to the idea of equality among their children. So that they have one child who was independently wealthy, because he hit the jackpot in a small business or whatever, and another child who was struggling, and they'd come to me saying they should be treated equally. But they knew that that was nuts. And so they were torn. And I'd be able to talk to them about ways to handle that in such a way that the children would understand that love is not what is being reflected here. And I would know how to draft things for them that made them feel like they had explained themselves to their children. And sometimes I would explain, talk to them about how they could talk to their children. And so, I didn't get emotionally involved. Stevie's death was such a turning point in who I am, not only in defining my life before he died and after he died. But at the time before he died I would have someone in deep mourning, and I thought I was being compassionate. But after he died, I knew so much better how to help them. And I loved it. It seemed like I was honoring Stevie by being able to help these people in deep grief. So I liked that part, I liked that part of my practice too, both before and after. And I miss that. I don't miss practicing

law very much now. I really am winding way, way down and glad of it. And I'm delighted not to do any billing, and I am delighted that I no longer have to read advance sheets and all those things you do to keep up. But I miss the sense of hands-on helping that I had. Not necessarily with the richest of clients, although some of them I became very close to. But a lot of the clients who were very routine in terms of my career, but who came to me either about something that was distressing them or at a very stressful time in their lives. It's not like being a divorce lawyer where the solution turns on working something out with someone else. There's usually not someone else. I'm dealing with someone who has to make the decisions for the future, but they're deeply distressed and need a lot of help with how to do it. But when they've done it with my help, they feel so good. And they feel like they're in competent, caring hands. And I love that part of my work, I love that part of my work. And most large firm lawyers don't have a shot at that.

Ms. Born: You were working without superiors for most of your career. How did you develop a sense for how to deal with these people? Was it just trial and error throughout your practice? Did you do reading on social sciences -- psychology and emotional things?

Ms. Determan: It's a very interesting question. I don't remember a time in my life when friends didn't turn to me when they were down. There's something about the way I've always related to people that they seem to think that I was available to them. And some of it is just having professional competence. Some people would come in not ever having heard of a trust, and you tell them about a trust

for an incompetent child, and they think that you've invented the wheel. So some of it was just knowing how to accomplish things that they didn't know about. But no, I didn't do any special training about this. And it was Stevie's death and what I learned from that that made me realize how much more I could have done for the people who were in deep grief who came into my sphere, both professionally and nonprofessionally. The guy who had the breakdown -- his wife had left him maybe six months before. And I had no way of understanding his sense of devastation until Dean left. And I started to think about how cruel I had been, not affirmatively but by just being totally unavailable to this man who was obviously suffering terribly. And I was in contact with him a lot. And I didn't know enough to help him -- one, to know how much he was suffering and two, to know how to help him. And it wasn't until Dean left that I understood that. So, I think it was mostly my own life experiences. And I'm sure I didn't do it for everybody. You can't do it for everybody, of course.

Ms. Born: We've come to a point in your life where the divorce occurred and Stevie got sick. Shall we talk about those things now?

Ms. Determan: Sure.

Ms. Born: Tell me about the problems with Dean and the divorce.

Ms. Determan: Dean Determan, who is still a friend and who I still talk to and see from time to time because we do share a couple of children and three grandchildren, Dean Determan was a man of enormous promise. He was the head of the student council in high school and graduated with all kinds of scholarships, including

one to Princeton. And he played on the Princeton basketball team and he was tall and good looking and voted the most likely to succeed here, there and everywhere. And he came to Washington and had a meteoric, a truly meteoric career by civil service standards. He came in as a GS7 and went out four years later as a GS15. That's almost unheard of, but then it stopped. And he had trouble getting a job. When the Nixon administration took over, he was canned. He was a Schedule C person. He had trouble getting a job. He didn't shine at the jobs he did get. He started drinking a lot, and all of this was at the time that I was getting a lot of attention. As I've told you before, he was just a wonderful, wonderful husband in law school. I wouldn't have been able to do the stuff I did without his support with Dann, and he was a wonderful father. But he started drinking, and I just took over more and more, in part because it's my personality, I guess, but in part because there was this big vacuum. And there was a woman at his office. Dean and I had been married by this time about 24 years, most of which were very happy for me, some of which weren't. Going to bed with someone who wasn't sober night after night after night was not my idea of fun. I have found out since that the worst loneliness is the loneliness of lying next to someone and feeling lonely, worse than the loneliness of lying by yourself and feeling lonely, but I didn't know it at the time. I had adored him. And when I mean adored him, I mean it wasn't healthy. I thought for years that it was just a miracle that someone as magic and wonderful and good looking and perfect as Dean Determan should like me. Fat little Sally from Palmerton, Pennsylvania. And, over the years, instead of

just coming to see I had flaws, he had flaws, we got some kids, we'll work it out. I couldn't stop there and I got to the point that I felt superior. I didn't know that that's what it was. It's taken me a lot of years to look back. But as I was being more and more successful in the outside world, he was being less and less successful in the outside world, and he was deferring more and more to me, and I was out earning him and out organizing him, and out almost everything-elsesing him. Instead of just saying, "Well, you know, he's wonderful but he is not perfect," I started to feel contemptuous. And I didn't know I was feeling contemptuous, but I knew that I wasn't feeling what I wanted to be feeling about him. And the drinking was really getting to me. Really getting to me. He was never nasty, never, ever, ever, nasty. He would just kind of get funny. But there was a woman in his office, much younger than he, but not the classic kind of other woman because, even though I am not a particularly good looking woman, she is really very plain. But I should have known, because I remember that he told me about this new woman in the office who was so sweet that she never interrupted anyone. (Laughter)

Ms. Born: The tip-off.

Ms. Determan: But I didn't know it was a tip off at the time. But he fell in love. She made him feel important. He was important in his office and she was the underling in his office. And she made him feel important. And in 1980, out of the blue is what it felt like at the time. Looking back, I laugh at myself for the fact that it did feel like out of the blue because there were so many signs that I now see but didn't then. In August of 1980, he told me that he didn't love me anymore.

He didn't say I love someone else, but he told me he didn't love me anymore, and he thought it was really important that we live apart. And he moved out in September sometime. I remember it was so hard for the kids and me. The day he actually moved his things, the two little boys, David, then 11, and Stevie, then nearly 9, and I went down to Allen and Susan Snyder's house on the lake. And, as we came out, there was a huge, perfect arc of a rainbow that it felt like we were driving under and I remember saying to the boys, "See that, see that rainbow? We're going to be fine." But it was devastating. The only time in my life I ever lost a lot of weight without wanting to. I mean I couldn't eat, I couldn't sleep, I felt so rejected and so alone. And I remember there was an ABA meeting down in Puerto Rico, and I was standing on a balcony and the ocean was crashing sufficiently below me that I could without humiliating myself just scream whenever I wanted to scream. And I found myself screaming, "*I don't want to be alone*". And it was one of those moments where you realize, I wasn't screaming about losing Dean; I wasn't screaming about how much I loved him and missed him; I was screaming because I was terrified of being alone. And I think it was during that moment that I began to understand, one, my role in all of this. That is I wasn't screaming about loving him. Maybe I hadn't made him feel like I was loving him for a very long time. And also I realized that the terror was being alone. I was just kind of functioning again. I went back to work -- I'd been on sabbatical. The sabbatical was supposed to end the 1st of November. I went back on the 1st of October, because I had preferred being at the office to being home. The kids

seemed to be doing alright. They were little ones. They were all three playing soccer and doing okay at the school. And Dean came by one day in early November to be with the boys. And they were watching television, and Dean came into the kitchen and said to me, "Have you felt that lump on Stevie's neck?" I said, "No." So he said, "Well I was just playing with his neck and I felt this lump." So I felt it too. And I said, "Well, I'll ask Larry Corash," our next door neighbor who was an NIH hematologist, to feel it. And Larry felt it and said, "Let's check it again in a couple of weeks and if it's still there, we probably should have blood work done because he may have mononucleosis or something like that." Larry later told me that he was terrified that it was leukemia. But I wasn't terrified. No one had said the "cancer" word or the "leukemia" word to me. And I was still so caught up in feeling rejected and alone. But two weeks later, I checked it, and it was still there. Larry checked it. We had the blood work done and on the 17th of November, Dann's birthday, the pediatrician called me in the morning and said, "The blood tests were clear; we don't know what it is." And I was so relieved and I called Larry at work, at the NIH, and told him. And he said, "Maybe if it's okay with you, maybe I should take a look at the slides. I might see something that the other doctor didn't." And so I called my pediatrician, who called the hematologist, who then understood someone else was coming in to look at the slides. And about two hours later, I got a call saying they found some abnormal cells and that Stevie needed to come in for a bone marrow aspiration, and I said, "By abnormal cells you mean?" -- and he said, "leukemia." And I remember going

to the ground physically, at the telephone. I mean just down on my knees, and I had a feeling I've never had before or since, at least not that I remember. It was as if something had gone through my midsection. I assume it was just this massive anxiety attack. I don't know, but it was terrifying, and we wanted to find Dean to come to the hospital with us, with me.

Ms. Born: For the aspiration?

Ms. Determan: For the bone marrow aspiration, because the doctor had said that if it is leukemia they'd probably keep him in the hospital right away. And I called Larry who had seen the slides and knew damn well by this time. We couldn't find Dean. As it turned out he was somewhere with Kathy, but I didn't know it at the time. And finally, we found him, and Allen Snyder, who had known of this blood test called me, and I said, "Allen, I can't talk to you now; they think it's leukemia, I'm going to Fairfax Hospital. We can't find Dean." And finally we found Dean. By the time that Dean and Stevie and I got to Fairfax Hospital, Allen was there. And Larry came, and they did the bone marrow aspiration and said, "Yes, Stevie had leukemia." And Larry asked me if I wanted him to be treated at the NIH, and I said, "Yes." I didn't even know these hematologists at Fairfax, and I loved Larry. And Allen stayed with me all that night. The next morning Allen and I drove to the NIH and Dean drove Stevie to the NIH. And that was the beginning of the most important experience of my life. The firm was fabulous, fabulous. I mean the word got around very quickly, and I got nothing but, "we'll cover it." "Just tell us what we need to do." "Don't worry about billable hours, don't worry about a thing. Stay with

your son anytime you want. We'll take care of things at this end." And, in the way that you will appreciate because you spent a lifetime of juggling things, I had periods during the next 3 1/2 years where it was always crystal clear where my priorities were. Most people don't have that in their lives. Most people have to juggle and you're never sure whether it should be the ball game or the this or the that. Taking care of this, as it turned out, dying child was totally socially supported. Perhaps not by poor David, my 11-year-old, but everyone kind of understood and covered and said, "Of course Sally shouldn't do this and this and this. Of course Sally should be focused on Stevie." So they began the chemotherapy and the chemotherapy was scheduled to last for 18 months to two years. He achieved remission fairly quickly but they all, 95% of the kids go into remission. If they don't go into initial remission, they're not going to make it. And he was doing pretty well. I mean there were horrible experiences that I won't bore you with, but he was doing pretty well until the second Christmas, I guess it was. I'm losing track of time. One Christmas time I was at an ABA meeting in San Diego -- the only time I'd been out of town since he'd gotten sick. It must have been the second Christmas. It was the first time I'd gone out of town since he'd gotten sick.

Tape #2:

Ms. Determan: I remember that my parents encouraged me to leave because I had such an intense five or six weeks and Stevie was doing so well, and they were down here, and he was an outpatient. Mrs. D, our housekeeper of many, many years, was there. And so I did go out to California, but when I got off the airport, they were paging me.

Ms. Born: When you got off the airplane going out there?

Ms. Determan: At the airplane, in San Diego, they were paging me. And I called, and they said I better come back, that it wasn't clear that Stevie was going to survive the night, that he was in the hospital. My parents had rushed him to the hospital. He had had some kind of stroke. And by the time I got back, it was still touch and go, and the entire left side of his body was paralyzed. He had a blood clot, they now think, from an intramuscular needle giving him a chemotherapeutic agent. They did a worldwide check, no e-mail of course, and found three or four other children who had similar reactions to this drug, although nothing had been written up. And I remember that period as one of the lowest times of my life, because even when you're worried about a beloved child, you're also thinking about your own future. It sounds so selfish, but it's the way we all are. And all I could think of is, I had been clinging for those four or five weeks to the knowledge that this couldn't last forever, that it was going to end, one way or the other. And the end I wanted was a happy, healthy kid. The end I didn't want was that I would lose him, but this was not going to be forever. And I remember consciously thinking about the people who had seriously mental

retarded children or cerebral palsy children and the kinds of things that are forever, and thinking if they can handle that, I can handle this, because this isn't forever. But that night, I remember going to Allen and Susan Snyder's and just screaming. The only time I took anything, they gave me some brandy. Because I thought it was possible that Stevie would live and be totally paralyzed on the left side for the rest of my life, the rest of his life. And then that was more than I could bear. But, of course, nothing is ever more than you can bear, because you don't have any choice. And he was in the intensive care unit and started moving one or two of his toes. Doctors had no idea. They said, "You know, he could recover completely or he couldn't recover at all. We don't know." And he was able to move his leg a little. And I remember leaving him on Christmas Eve, telling him that we would be back the next day and that we'd bring his presents and have Christmas in the hospital and -- I'll never forget it. We got up early -- "we" is my parents, me and Mrs. D, the two boys, and Judy, my sister. And I remember we went to the hospital and I walked in and Stevie said, "Merry Christmas, I'm fine," and starts waving his left hand and kicking his left leg. He didn't recover without sequelae because he started having seizures, but he clearly was not going to be paralyzed for the rest of his life and he quickly recovered. I'll tell you the other funny Stevie story. Very, very early in his illness, he was very sick. One of the things they do is they follow-up with this chemotherapy which knocks out all their cancer cells but also knocks out their white cells, and so they're very, very susceptible to infection in a hospital setting. They always get infections and it's awful. He

was losing his hair and he looked like death warmed over. His face was the color of his pillow case, and the doctor came to try to find an IV vein, and he poked him three or four times. And this little angel voice says, "Dr. Parker, may I please speak with my Mommy in private?" So Bob Parker leaves the room and Stevie grabs me by my shoulder and says, "Don't let that fucker near me!" So I knew that my role was to keep the fuckers away from Stevie. But that was the most dramatic of the things that happened in his illness and it's amazing how you get used to things -- that I came to work and he went to school, and I took him to the hospital. And if he had to stay in the hospital because he had infections, I'd stay with him until late at night, but I came home. I didn't spend too many nights in the hospital, because the doctors had told me very early that this was going to be his life for a while, and he had to get used to it and that it was not a help for me to be there all the time. And I saw wondrous things. I mean, these children were magnificent. The racing, pushing IV polls down the hall. And I remember seeing one child who had lost one arm to bone cancer and another child who had lost a different arm to bone cancer playing with the pin ball machine. And each one was using their one good arm to press the buttons. I mean, children -- fatally ill children or very seriously ill children -- are quite amazing beings. They stay children, and they play. And fortunately, Stevie at age nine didn't care about the way he looked. He didn't care that he looked kind of bizarre. At one point, his brain started to swell, and they had to take a bone flap out of his skull so that there was room for his brain to swell. That was after he had lung surgery for a strange kind of

pneumonia that they thought he had. And he looked very strange. I mean, you remember how strange he looked with this kind of, what's the opposite of a bulge, indentation in his head, and bald. But he didn't really care. At nine.

Ms. Born: He got to wear a football helmet.

Ms. Determan: As long as the other kids were nice to him, he didn't care. And he was blessed. Not only by your children, Ariel and Nick, but he had two dear friends, Mark Longo and Wes Smith. And those kids stayed invested in Stevie until he died. And they played with him, and they loved him. So that unlike a lot of kids who are fatally ill and the parents of whose friends, to protect their own children, essentially cut-off the dying child, Stevie was never cut-off. Stevie had Ariel and these two wonderful little boys in the neighborhood. But he had a more or less normal life and I had met a man and I started a very intense relationship with him about a year after Dean left, in the fall of '81. In June of '82, Stevie relapsed. Once there's a relapse, the odds of a cure go way down. Going in, they were telling me 70% chance, 75% chance. After the first relapse, it goes down to about 30%. And if there's a second relapse, you're really in bad territory. So the very first relapse was worse than the original diagnosis, because, one, you know more and, two, it really is much more predictive of what the outcome is likely to be. It then became clear that the only way to save him was to have a bone marrow transplant, and Dean was tested, I was tested, Dann was tested. At that time, they were only testing on basic blood type and four other markers. I had the same blood type and two of the markers. Dann had the same blood type and three of the markers. Dean

wasn't even close. So it was clear that he was going to have a mismatch bone marrow. There was no bone marrow registry then -- it was either a family member or nobody. But the only place doing mismatch bone marrow transplants was out in Fred Hutchinson Cancer Research Institute, I think it's called, out in Seattle. And the NIH made arrangements for Stevie to have a bone marrow transplant out there. He was very, very sick. He had to be in remission. He had another set of chemotherapies before they could do the bone marrow transplant. They don't do it while children are actively diseased, full of disease. But we finally got him into a remission, went out there, and they tested Dann again and found out that it was a match with all four, which was very good news. Stevie had the bone marrow transplant. It was hideous. The actual transplant is nothing, it's just like getting blood. But the reason a bone marrow transplant is material -- it's not because of the transplant itself, it's because the fact that the transplant is coming means that they can give what otherwise would be a deadly dose of chemotherapy and radiation.

Ms. Born: Because they kill all the bone marrow?

Ms. Determan: Because the first thing that gets killed with a deadly dose of radiation is bone marrow. So, if there is a way to rescue the bone marrow by a transplant, then they can give a higher dose of the chemotherapy and the radiation and hopefully get all of the cancer. He was deathly, deathly sick. And the tension of those times, because some percentage of the kid patients don't ever really have a graft that takes, and they become totally vulnerable to infection and die. And in those days, they weren't giving second transplants. They'd put the

number of what they call nutritifs, which is a certain component of the white blood, up on the bulletin board with all of the patients, after the tests were run every morning. And you'd see zero, zero, zero, zero for at least the early days. And in some cases they were still at zero after a week. And that's like a death sentence. And Stevie was zero for two or three days. But then he had two. When I say two, normal is 8,000. We're not talking a lot of protection. We're talking a sign the graft has taken. And after a while, it was clear that the graft had taken. Besides its not taking and dying of an infection, the other danger in a bone marrow transplant is what is called graft versus host disease. Since the bone marrow is the source of the rejection phenomenon, when you have a lung transplant and there is a rejection, it's coming from the bone marrow. In a bone marrow transplant it is actually the new bone marrow -- Dann's bone marrow -- rejecting Stevie's body. And that's why it's called graft versus host disease. And I saw people die in agony from GVH. I mean, it is awful. It is a total body rejection, and painful, and terrible. Stevie, in part because he had a good match from the donor, and just luck, had very minor GVH, very minor, I mean, dry skin and some bumps and I think cold sores and that was about it. So he recovered from the bone marrow transplant, and we brought him back. He was totally free of disease and I was told that if he were free of disease a year after the transplant that he was home free, that maybe 1% relapse after a year post bone marrow transplant. And by the time we left Seattle three months or so after the transplant, there were no signs of markers in his blood.

All the blood had only Dann's markers and none of Stevie's and they were very optimistic. And we had a normal year.

Ms. Born: Had you lived out in Seattle during the whole time?

Ms. Determan: Yes. I moved to Seattle; so did my parents. So did Mrs. D. So did David. And Dann was out there in college. He transferred because he was the donor. He had to be there. He gave platelets and blood almost weekly.

Ms. Born: Where was he in college ordinarily?

Ms. Determan: He had been accepted to and had spent one semester at Lehigh. And then he was snatched out of Lehigh to try to save his little brother's life and spent the second semester out at Seattle University, where ironically, he did better academically than he did at Lehigh. I think he was not having a party kind of life out there with his Mommy and his grandparents and his very sick brother. He didn't have much to do, but to go to school and study. Stevie was doing great. He was happy. He was back at school. His hair was back. He was playing soccer. We went back to Seattle for his one-year check up. They said that he had a high white count, but it was probably associated with a recent routine infection. But that he should be checked in about three months. But I wasn't to worry. And now the one year was over and everything seemed fine. I was happy -- a man in my life, things going well, back at the office, children. David was starting his problems with alcohol and drugs that I didn't really know or I didn't let myself know it. How old was David? Stevie died when he was 12 1/2, so David is about 11 by now. And then we went back for this check up and I thought it was routine. Stevie thought it was routine. And I got

a call while I was at a client's place, which is very unusual -- I normally didn't go to client's houses -- from my secretary, who had gotten a call from NIH saying that I needed to bring Stevie out right away, that his blood count is 40,000. So I went to school, picked him up and took him out to NIH. They did a bone marrow aspiration, and it was clear that he had relapsed. And at that time, no one had survived a post-transplant relapse. And that was, along with the first relapse, the lowest of the low.

Ms. Born: When was this, exactly?

Ms. Determan: That was on March 26, 1984. He died on May 24, 1984. The doctors recommended that they try some experimental chemotherapy, saying that there's one in a thousand chance it would work, but they're a research hospital and they hoped that I would try it. And I went for the one in a thousand. At this point, you don't think about the research. And the chemotherapy had the predicted effect. His nutritils went way down. He got very, very, very sick. About two weeks later, they asked me to come to a conference. His doctor was there. The head of pediatric oncology was there. His two assigned nurses were there. Dean was there. I was there; my friend Steve was there. And they told me that the therapy wasn't working, that they had some other therapies that they could give him, but they didn't think that they would do much good, and I said, "What's the best they would do?" And they said, "Well, he might get another remission as long as the shortest remission he'd ever had." And I said, "Well, the shortest remission he ever had was two weeks." And I turned to Dean and said, "What do you think?" And Dean said, "She's the custodial

parent; she decides.” And I remember putting my head on the table and saying, “No more, no more. I’m going to take him home.” The doctor seemed a little concerned about the idea of taking him home, because they thought that he probably had a fatal infection at that time. And I was pretty insistent. At this point, he had a line in, so I could give him shots without having to find a vein. All I had to do was stick it in this little rubber thing on his chest and I didn’t want him to die in the hospital unless it was absolutely necessary. And they gave me some morphine and told me how to use it. Very carefully. One of the doctors took me aside and told me what was the fatal dose, clearly telling me that, if it became too painful for Stevie, this is what I could do for him. And I would have. And we went home, and I thought I was taking my son home to die. The expectation was that he probably wouldn’t last two weeks. Instead, he got better. And he got better and better. He went back to school. He went swimming. He played with his friends. We spent 13 hours at Kings Dominion two weeks before he died, going on every ride he wanted, eating all the junk food. It was the strangest time of my life, when all the appearances were 180 degrees different from the reality that I knew about the most important thing, about life or death of my child. It was really crazy making. But then, the inevitable happened. He started to feel bad but he and I had some extraordinarily experiences. He knew he was dying. The day I told him we were going home -- this is a sophisticated kid -- he said, “We can’t go home with my counts at 20.” He said, “They don’t send me home with my count so low.” And I said, “Well, this time we’re going home.” And he said to me,

“They’re not going to give me any more medicine?” And I said, “No, no more medicine.” And he said, “They don’t think I’m going to live, do they?” And I said, “Well, it doesn’t look good.” And he was lying in bed in the fetal position and I kind of lay next to him, for maybe five minutes, and then he got up and said, “Well, if we’re going home, let’s go.” But one day, Steve and I had gone to a funeral of a child who had been one of his roommates, Timmy. And I didn’t want to trouble Stevie with Timmy’s death, and I left the little program in the car. I didn’t take it in the house. But when we pulled in, Stevie said, “I want to go to Toys R’ Us.” Well, we were not saying no to Toys R’ Us at that time, so he got in the car and he saw the program. And when he came back, he said, “I see you went to Timmy’s funeral,” and I said, “Yes.” And then he said, “Do you think Timmy wanted to die?” And I said, “Well, I think he probably did, because he couldn’t do any fun things anymore; he couldn’t ride his bike; he couldn’t even watch television. And I think he wanted to die.” David was there and said, “That’s the stupidest I’ve ever heard; nobody wants to die.” And then David -- referring to something I had read to him from a book that I had not read to Stevie, the penultimate paragraph in a book about the clinically dead experience -- David said, “Do you think he saw that light?” And Stevie said, “What light?” And David said, “Read that thing to Stevie.” And so I read this paragraph about the tunnel and the light and so forth. And that night when I put Stevie to bed and I sang to him as I had his whole life he said to me, “You know that light you see when you die?” He said, “That’s not God coming from somewhere else; that’s the light inside you, coming out to

lead you home.” On the day of his death, he was, for the first time, in a coma. He had been capable of talking -- very sick -- but functioning. But by that morning, he was barely responsive. I remember Mrs. D -- the radio was on, and Mrs. D saying, “Stevie that’s your favorite song, let’s see you dance.” I remember his shoulders went up and down. But that was about the only response, and he was clearly at the very, very end of his life. And about 4:15 p.m. in the afternoon of the 24th of May, he sat up and his eyes opened wide, and the very first thing I saw was the look of not fear so much as not understanding what he was seeing, and then all at once on his face was a look of absolute rapture. I’ve never, ever seen anything like it. Mrs. Duncan went to her knees and said, “Jesus is here.” And I knew exactly what she meant. I wouldn’t have put it that way, because I don’t put it that way, but I knew exactly what she meant. It was a moment of such truth. He was seeing and experiencing something of such joy. It was surely wonderful. So I helped him lie down, and I closed his eyes, and I said, “I think its time for you to go now.” And I promised him I’d take care of his brothers and of Mrs. D, and he took one more breath. And my life changed. I still look both ways when I cross the street. But there’s no fear. I don’t fear pain, I don’t fear dying, I don’t fear what comes next. I haven’t the foggiest notion of what comes next. But it doesn’t seem fearful. And right after he died, it was awful. I mean, kind of numb and people you love are all around, and that’s nice, but you still have those moments alone, particularly when you first wake up, when you have about maybe five seconds, if you’re lucky, fifteen seconds. And then it hits

you and you remember, and this just black, wet, horribleness comes over you. When he was gone two weeks, two weeks after he died, I had a dream. And in the dream, big Steve, my friend, and little Stevie and I were walking down a hospital corridor. And Stevie was dancing around like he often did and talking to me, and I knew in the dream that he was dead, and thought I was seeing a figment of my imagination. Then in the dream, he started talking to big Steve. And in the dream, I couldn't figure out how could a figment of my imagination be talking to someone else. And I was really confused, and I started pounding on the doors of this hall to look for a doctor to tell me whether he was alive or dead. And then I woke up and had the experience of the blackness going over me, and then Stevie was standing next to my bed looking fine and saying, "I am dead Mom, but I'm fine." And I've never seen him since. I don't know what I saw. It wasn't a daydream. I mean I wasn't trying to see him. It wasn't a night dream. I was awake. I don't know what it was. But I wasn't as unhappy after those moments about his death as I had been before. I knew he was alright, because I saw that look on his face. But it was nice to have him come and tell me. And then, little by little, you get better.

Ms. Born: It's a long time, isn't it?

Ms. Determan: Yes. And you don't ever, ever get totally over it, in part because you don't want to. And in part because it's just such a searing, life-changing experience that you couldn't. But you don't stay desperately unhappy. You also don't stay needy, and so you don't stay in the same relationship that was based on your being needy. That's another story. But he was just an amazing teacher,

just an amazing teacher. I sometimes think in my egomaniac moments that he came to teach me what he taught me.

Ms. Born: In any event you were very lucky to have had him.

Ms. Determan: Was I lucky to have had him! He touched a lot of lives. He did. My little grandson reminds me so much of him, not because they look alike, but you remember Stevie -- Stevie was always this very compassionate kid. When another child -- even when he was a tiny little pre-schooler -- was crying, he was always the one to go over and stroke their cheek. And he'd get really upset if someone else was upset. I see that in my little grandson. Last night, just last night, I was giving the ten-year-old a massage, and her head was on my shoulder, and I was stroking her. She had asked for a massage and that's what I was doing. But Cole thought she was crying, and I was stroking her, and he came over, and he started stroking her and touching her and saying, "Kristen, Kristen, don't cry." And I realized David and Dann, both of whom are very sweet and nice people, at that age would never have done that, but Stevie would have. He just had this amazing sense of other people's pain and wanting them to be okay. And feeling a responsibility for making them okay. Cole seems to have that. And life goes on. But I can't tell you anymore now, because its been too hard. I'll talk about more the next time.

Ms. Born: We'll pick up the next time on how you carried on with the rest of your life.

Ms. Determan: Such as it is.