Last summer, at the Tony Canyon Ranch resort in Tucson, Arizona, a group of young adults with life-threatening illnesses gathered for a one-week program called Dream Street. During one of the activity sessions, the Dream Street “campers” made “life” and “death” arrows: tree branches decorated with yarn and beads to signify important events and people in their lives.

Jodi Norton, a member of the Columbia women’s diving team, keeps her life arrow on her window sill, surrounded by pictures of friends, family, and her diving.

Norton’s life arrow is ornately decorated with bands of yarn, feathers, and strings of beads. The blue yarn is for her years at Columbia. Brown, “a masculine color,” stands for her current diving coach. Green, “a color of growing and learning,” is for her former coach. The yellow and purple feathers signify her mother. Strings of green and white beads represent the 16 other campers at Dream Street. A “J” made of rope is for a friendship she shares with a fellow diver.

In 1993, the year she transferred to Columbia from the University of Arizona, Norton was diagnosed with lupus erythematosus, commonly known as lupus. But she has kept diving despite her illness, which can be fatal if not regulated and has put her in the intensive care unit and the hospital several times in the past few years. And after coming back from major surgery last summer and a
back from major surgery last summer and a broken wrist last fall, she has proven that she can beat her biggest competitor—her disease. In the three-and-a-half weeks since she has returned to the team, Norton has qualified for NCAA Eastern Regionals on both the one- and three-meter boards, and won the three-meter during a meet against Brown—not bad for someone who wasn't even in school at this time last year.

According to the Lupus Foundation of America, between 1,400,000 and 2,000,000 people have been diagnosed with lupus, making it more prevalent than AIDS, sickle cell anemia, cerebral palsy, multiple sclerosis, and cystic fibrosis combined. Yet lupus is much less well-known, a fact which may be related to its cryptic symptoms. Lupus patients may experience joint and muscle pain, fatigue, low grade fevers, hair loss, sores in the mouth or nose, appetite loss, or painful sensitivity of the fingers to cold temperatures, called Raynaud’s disease. The only outward evidence of lupus is a rash that spreads across the cheeks, called a butterfly rash. The disease is not contagious, rather it is believed that some people are genetically disposed to lupus, and environmental factors such as ultraviolet light, bacteria, extreme stress, and certain drugs can activate it in the body. Lupus, which is a chronic systemic autoimmune disease, is known as the “Great
Norton dove for one year at the University of Arizona, where she was coached by Cynthia Potter, the 1976 Olympic Bronze medal winner and a 28-time national champion. She was recruited to the school on an athletic scholarship, but as her condition worsened, and both Norton and the coaching staff at Arizona became frustrated with her stagnant career, Columbia seemed a natural choice and a chance to focus on academics as well as athletics.

“She was having all kinds of medical problems. It was difficult to see how she could become consistent, since she always had some sickness or another. With the lack of training she didn’t have a chance to discover and experience success,” said Potter, who will be the NBC diving commentator for the Summer Olympics in Atlanta. “It was difficult for me because I couldn’t offer her anything but my coaching. I wished her well, and I wasn’t ever mad at her.”

Norton transferred to Columbia in 1993. After shuttling back and forth between doctors, with no one able to tell her why her athletic body—she was originally a gymnast—was failing her, she decided to take matters into her own hands.

“I diagnosed myself from researching my symptoms. I went from doctor to doctor, each one had different theories of this or that. It was actually a relief to know what was wrong even though it was a bad diagnosis,” Norton said. “I was so fatigued. I was bone tired. I kept telling myself that it was because I was training so hard.”

With the disease under control after a redshirt season, she dove in the first meet of the 1994 season against Harvard, and qualified for NCAA Regionals. But in lupus, Norton found a competitor that she couldn’t beat with a great inward pike or clean entry. A few weeks after the Harvard meet she came down with pericarditis, inflammation of the sack that surrounds the heart. In January, as she was recovering from the pericarditis,
Norton came down with meningitis just days before a meet in which she actually placed—even though she was obviously in severe pain.

“I thought my brain was going to pop out of my head on the bus ride home. When I came back to New York I just crashed. [Columbia diver Jennifer Nightengale] took me to St. Luke’s and they did a spinal tap and let me go. I got worse that night and I was admitted to the emergency room at Mount Sinai,” Norton said.

While in the hospital, doctors found antibodies in her cerebral spine fluid that indicated the presence of Lyme disease, and she was given a two-week course of Rocephin, an antibiotic. Norton decided to take a medical leave from school and returned home to Tucson, where she was given another three-week course of the drug. To make matters worse, she had an allergic reaction to the antibiotic. Norton remained in the intensive care unit for several days to be desensitized.

While diving in Tucson for Potter over the summer, with the lupus under control, Norton looked for a solution to her Raynaud’s disease and hyperhidrosis, a sweating condition.

She turned to the person who had helped diagnose the lupus—herself. While doing research she found Dr. Jim Garza, a surgeon at Houston’s Baylor University, who performed a bilateral T2-T3 endoscopic sympathectomy. Garza cut the sympathetic ganglia all two thoracic levels in her body. The surgery was considered a success, even though most of her doctors were dead-set against the procedure.

“I was advised against it by most of the doctors I talked to. I called [Garza] and hunted him down on my own. No one referred him to me,” Norton said. “I called him on a Wednesday, was in his office on a Thursday, and I had the surgery on Friday morning.”

Norton returned to Columbia, diving solidly in the fall in preparation for the 1995-6 season. But on Nov. 17, everything that
season. But on Nov. 17, everything that Norton had worked for over the spring and summer—suffering through emergency rooms and intensive care, the surgery that no one wanted her to have, getting healthy enough to dive again—was ruined with a reverse one-and-a half on the one-meter diving board in a practice session for the first meet of the season, against Harvard. Norton’s wrist collided with the board.

“They did x-rays and since there was a rotation of the bone they had to put two pins in it, and then they cast it,” Norton said. “It was on for most of the season and took two times as long to heal because of the lupus.”

During finals, another case of meningitis flared up just as the lupus became active. After the cast was removed, Norton collapsed on Riverside Drive. Doctors at St. Luke’s first diagnosed the problem as another case of meningitis, but when Norton became disoriented, the diagnosis was changed to cerebritis, the swelling of the tissue around the cerebrum in the brain. Two weeks later, Norton was ready to dive again. She chose the Army meet to make her first appearance in a season that was already half over.
“I was terrified to do the dive again and I had only practiced six times since Nov. 17. But the night before the meet I thought, ‘Wouldn’t it be great if I could dive? Maybe I just will.’ I showed up at the pool with my suit on. Gordon and [women’s swimming Head Coach Diana Caskey] knew nothing. Halfway through the warm-up Gordon asked me if I was going to compete, and I said, ‘Why not?’ I was nervous but I went out to dive, not to win or qualify. I didn’t feel like there was a lot of pressure,” Norton said.

Norton has competed in every meet since Army. But if there’s anyone who knows how quickly Norton’s situation can change, it is Spencer, who is now in his 13th year at Columbia. He originally pursued Norton when she was a senior in high school when he saw a videotape of her diving a junior Olympic program in Florida. During the recruiting process, Spencer and Norton had talked on the phone extensively, and when Norton was thinking of leaving Arizona, Columbia seemed a natural. But when it came to lupus, Spencer said, the disease meant nothing to him. Like most people, he had never heard of it.

“I didn’t know what lupus was or what the repercussions were,” Spencer said. “I just played it by ear since I never had any experience with a sick person who was diving for me. The first year she was here I spent learning and observing, and now I am much more serious about it.

“She wants to dive every day, and that’s why she hit the board [in November]. She was dealing with the lupus at the time, and she’s not able to control her body as well as she can when she’s healthy. She’s slower, not nearly as explosive, and her concentration isn’t as sharp,” he added.

Spencer has learned that Norton can be so day-to-day that he never really knows if he’ll see her at 85 or 95 percent. She has qualified for three Easterns since she’s been at Colum-
bia but has been sick for all of them.

“I’ve trained myself to expect the phone call. It’s just that volatile of a disease. It’s hard to expect anything at Easterns, but I just want her to be healthy. It’s terribly frustrating for me not to have her at 100 percent, but she’s such a plus at 80 percent that you have to be grateful that she’s there.”

As might be expected, Norton has several doctors, including rheumatologists, a cardiologists, and a neurologist. But for her, Dr. Andrew Weil may have made the most impact on her situation.

Weil, the best-selling author of such books as Natural Health, Natural Medicine and Spontaneous Healing, is widely considered the authority on integrative medicine, a practice which has only recently gained notoriety and acceptance in the medical profession. He is the Director of the Program in Integrative Medicine and Associate Director of the Division of Social Perspectives in Medicine of the College of Medicine at the University of Arizona.

According to Weil, integrative medicine combines the best ideas of conventional medicine and alternative medicine for the best possible treatment for the patient. Practitioners of integrative medicine call for changes in lifestyle, holistic inter-connectedness, and natural healing mechanisms, along with safe, cost-effective treatment. Norton and Weil have lectured together to graduate students at Arizona.

“Alternative medicine includes anything other than what’s done by standard doctors, including osteopathic, homeopathic, and naturopathic medicines, as well as mind-body approaches, hypnosis, and herbalism,” Weil said in a telephone interview from San Francisco. “Some of those methods are cheaper, safer, and more effective for certain kinds of illnesses.”

Weil said that Norton’s illness made her body particularly receptive to the benefits of alternative medicine.
“For autoimmune diseases, the methods of conventional medicine weren’t good, suppressive rather than curative. For Jodi, standard doctors were suggesting heavily-evasive, suppressive methods. Rheumatologists can be some of the most close-minded doctors, but you’d think they would want to know about the mind-body connection,” Weil said. “But Jodi is young and doesn’t have a long history of being on suppressive medicine. She has a good attitude and she’s open to trying new things, and she’s got a lot of motivation and ability to concentrate. She’s a real encouragement to people with diseases of that kind.”

“I was willing to try anything that sounded reasonable, so I figured why not. One of the most important things I have learned is that illness can be a gift for personal growth and development. There is a connection between the mind, body and soul, and the will power to go on and be strong,” Norton said.

At Columbia, Norton seems to have found an army of supporters. Associate Athletic Director Jackie Blackett calls her “the luckiest person I have ever met.” Natasha Kohne, a former member of the women’s swim team and current University record holder in the 100- and 200-backstroke met Norton on a team training trip to Hawaii.

“I didn’t know anything about lupus, so she taught me everything I know,” Kohne said. “I think what she’s done is phenomenal. Jodi’s a lesson to us all to have strength and perseverance and she’s got a passion for diving that’s rare. I would have gone home a long time ago.”

But Norton draws much of her strength from Dream Street. Near the bottom of Norton’s life arrow is a small silver pin, which stands for a camper whose leg was amputated and had an inoperable tumor pressing against his esophagus. He was given six months to live right before he joined the program. On his death arrow, she recalled, were several white feathers that she interpreted to mean an acceptance of his cancer and a willingness to face his disease without fear.
On Thursday, the opening day of the first Easterns that she has been able to attend, Norton will face the finest divers in the Ivy League. But the biggest challenge she will face is the one that lupus deals her every day she dives.

"I have such a strong will. There's no way this disease gonna beat me."
Diver Jodi Norton was diagnosed with lupus in 1993.