



HEADLINES

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March 3

19th Annual Statewide Conference on Brain Injury
April 2 & 3
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Brain Injury Association of Minnesota helpline:
1-800-669-6442
www.braininjurymn.org

Resource Facilitation expands

By Tom Gode, Executive Director

Many of you have participated or observed the development of Resource Facilitation over the past five years. From a concept to reality, this project was developed through grants from the federal Health Resources and Services Administration, the Minnesota Department of Human Services, the Minnesota Department of Health, the Brain Injury Association of Minnesota (BIA-MN) and a number of local foundations.

Thanks to the efforts of hundreds of citizen advocates and legislators who became advocates, the 2003 funding for Resource Facilitation was established.

Today I'm pleased to say that the Brain Injury Association of Minnesota, in partnership with the Minnesota Department of Health, is gearing up to greatly expand Resource Facilitation services.

The foundation of Resource Facilitation is longitudinal telephone follow-up. Service, support, and educational needs for persons with TBI and their families often exist well beyond the time of hospital discharge. In an effort to better bridge the gap between hospital, home, and return to work or school, discharge planners in targeted hospitals, with proper consent, provide the Association with patient contact information.

The BIA-MN Resource Facilitation program was designed to begin weaving a network of support for persons with brain injury by mailing tailored educational materials at time of referral. At 6 weeks and 6, 12, 18, and 24 months Resource Facilitators conduct telephone follow-up to:

- Offer meetings/assistance at the acute care setting
- Offer assistance to Non-English speaking individuals

- Offer information about TBI and referral to appropriate resources
- Offer ongoing individual assistance via telephone by facilitating informed decision-making and self-advocacy
- Collect demographic information to ensure relevant/appropriate referrals
- Identify barriers to services, duplication of services, and unmet needs
- Determine outcomes.

Preliminary outcomes include:

- Increased rate of return to work.
- Increased likelihood children receive appropriate educational supports.
- Increased family ability to understand/support the individual.
- Reduced family crisis.
- Reduced long-term dependence on public assistance.
- Reduced risk of institutionalization.

As part of the Resource Facilitation expansion, the Association is moving office locations to accommodate our growing staff. The new address is 34 13th Ave NE, Minneapolis, Minn., 55413, with a target move-in date of mid January 2004.

Please watch the Association's web site, www.braininjurymn.org, and future newsletters for updates on our progress.



2003 Walk for Thought participants begin their walk around Lake Phalen in St. Paul

Walk for Thought sees growth

Staff Report - The Brain Injury Association of Minnesota held its second annual Walk for Thought on Saturday September 27, 2003 Phalen Park in St. Paul. This year's Walk for Thought raised over \$57,000 and brought together over 600 walkers for a celebration of life, hope and healing.

The walk saw a 12 percent increase in revenue and a 50 percent increase in participants over last year's walk. In a year where nonprofit events are seeing decreases in both donations

and participants, this a tremendous success!

For the second year in a row, Team Nichole was the top fundraiser, bringing in over \$5,000. Members from Team Nichole organized a separate, independent fundraiser in Black Duck, Minn. The primary organizer of the event was Shirley Deno, a teacher who worked together with her Family, Career and Community Leaders of

WALK
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Brain Injury Association of Minnesota

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Get on the List!

Staff Report - The Minnesota State Legislature limited the amount of Traumatic Brain Injury Waivers available in Minnesota through Medical Assistance to 150 new people accepted per year.

Each Year in Minnesota we hospitalize 3,500 children and adults with traumatic brain injury, and see an estimated 15,467 more in emergency rooms.

The Traumatic Brain Injury Waiver (TBIW) is an essential and highly effective program for those who qualify. The TBI Waiver helps keep people out of institutions and living in the least restrictive environment possible.

Because of the limitation put on the number allocated to each county, many persons who would benefit from the TBI Waiver will no longer have access to the program.

In order for the Brain Injury Association of Minnesota to advocate for the "cap" to be lifted to ensure that people who need the services will have access to the TBI Waiver, the Association needs your help.

Many counties are discouraging people from going through the initial

screening process because they are aware that there is an extremely limited number of people they can enroll. The Association encourages you to get on the waiting list. The Minnesota State Legislature needs to see that there is still a high demand for the Waiver.

Through the waiting lists, the Association and Citizen Advocates across Minnesota will have better and more powerful tools to work with the legislature to remove the limits on the waiver program to ensure that the critical help and supports are there when you need them.

Application for the TBI Waiver can be made at your local county social service agency. The administration of the TBI Waiver is through the Disability Services Division of the Minnesota Department of Human Services.

For more information about TBI waivers, eligibility guidelines and a listing of services covered by the waiver, visit the Minnesota Department of Human Services page on TBI Waivers at: <http://www.dhs.state.mn.us/Contcare/disability/tbiwaiver.htm>

CALENDAR of EVENTS

Brain Injury Basics: February 17

Confusion. Frustration. Sorrow. Anger. Fear. Isolation. These are some emotions a person with brain injury may feel after injury. Families, friends & loved ones may feel this way, too.

To learn about the impact of brain injuries caused by concussion, traumas such as crashes or falls, stroke, aneurysm & coma, please join us at a Brain Injury Basics class.

You'll learn about what brain injury is; the common side effects of brain injury; compensation techniques; and tips about how to relate to people who have sustained brain injury.

Class begins at 6:00 p.m. and runs until 8:30 p.m. The class will be held in the conference room at the Association's new office at 34 13th Ave NE, in Minneapolis. To register, call 1.800.669.6442 or 612.378.2742.

Day at the Capitol: March 3

The Brain Injury Association of Minnesota is co-sponsoring a the Day at the Capitol on March 3, 2004, at the Best Western Kelly Inn State Capitol, on I-94 & Marion Street in St. Paul.

The event will focus on Citizen Advocacy and legislative priorities for the session. Please watch ENews for additional information on this event or contact Shannon Robins at 612-378-2742 for more information.

Annual Conference on Brain Injury: April 2nd & 3rd

Turn to page 4 for complete details.

Member of

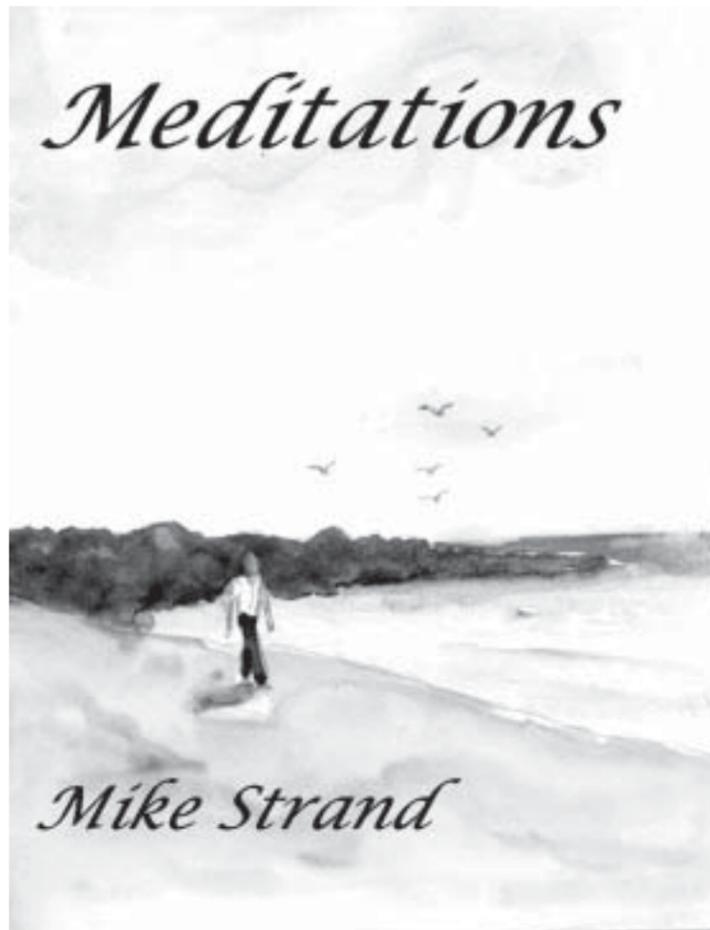


Mike Strand book released in January

Staff Report - HEADLINES columnist Mike Strand is publishing his first book, a collection of essays entitled *Meditations*, published by Zottola Publishing Inc. Many of the essays included in the book have appeared in past issues of HEADLINES.

In 1989, Mike suffered a Traumatic Brain Injury (TBI) that changed him, his life and his family's lives forever. His ongoing journey back has been long, filled with confusion, frustration and hope. This series of essays, written for people with TBI as well as their families, friends, co-workers and health care providers, gives insight in to the growth, learning and self-discovery of the journey.

Post TBI rediscovery is an intricate puzzle that can be difficult to understand for those on the outside. Mike's clear and concise writing style is open and easy to understand, helping the reader to comprehend how the brain functions post TBI. If you or someone you know has suffered a TBI, these



essays are a valuable tool for understanding your own journey.

Meditations is due out January 2004, and will be available through Dreamhaven Books in Minneapolis, Minn. To preorder the book, call

Dreamhaven at 612-823-6161. The retail price is \$9.95, plus shipping and handling. For wholesale, institutional pricing for bulk orders, contact Zottola Publishing, Inc. at 763-533-3744 or email a request to zottolaj@comcast.net.



Brain Injury Association of Minnesota

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Mission

The mission of the Brain Injury Association of Minnesota is to create a better future through brain injury prevention, research, education and advocacy.

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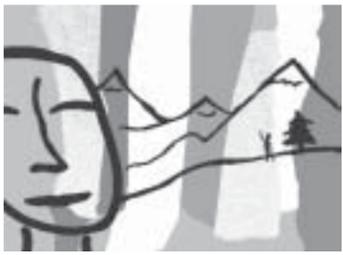
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Editorial Policy

Headlines is published quarterly by the Brain Injury Association of Minnesota. The Editor reserves the right to edit submitted materials for style and space. The Association does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.



PERSPECTIVE

Message from the Board of Directors

Stress-free holidays

Ho, ho, ho. Hum, hum, hum. The holidays are supposed to be a time of joy and peace. So, why are they so stressful? Why do many of us become more grouchy and depressed?

Many of us try to do too much around the holidays and pay too little attention to our own needs. Sound familiar? If so, please read on for some helpful hints to keep stress under control.

Change Traditions

Don't overdo it. Now is the time to cut back and change a tradition or two that are the most stressful. Instead of cooking dinner for everyone, have others bring something. Instead of buying every a present, how about drawing names? Changing traditions can also be fun!

Learn to Relax

This is your body's opposite of stress and relaxation can create a sense of calm and well being. Take time out each day to unwind. Spend time with a pet, go for a walk, or take a relaxing bath. Find something that is calming and pleasurable.

Breathe

When under stress, we tend take shallow breaths. Try this exercise multiple times each day. Sit in a comfortable position. Breathe in gently through your nose for a count of 4,

hold your breath still for a count of 6, and exhale through your mouth for a count of 7. Do this 3 to 4 times in a row.

From the Chair Nancy Carlson

Eat Well

During the holidays you will need the right nutrition more than ever.

You deserve premium "gas" in your tank, so try to stay away from the junk food and fast food.

Watch What You Are Thinking

Attitude is 90%. Wake up each morning saying positive things about yourself and to yourself. Try to stay focused on today and notice the positive in each moment. Being optimistic is a great way to combat stress.

Separate What You Can Control From What You Can Not Control

If you can't control it, why try? It is much better to focus our energy on what we can control as each of us has a limited supply of energy. Asking, "Can I control this?" is a great start in separating these things out.

Get a Good Night's Sleep

Your body needs sleep to restore itself for the next day. Try to get a good night's sleep each and every night and this can help protect you from the negative effects of stress.

May you enjoy the holidays. Peace to you and your family.

Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury, and solutions to problems.

The Brain Injury Association of Minnesota makes referrals to support groups throughout the state.

These groups are autonomous, self-deter-

mined peer groups and are independent of the Association.

For meeting times, location, and a contact person for a specific support group, or for information about how to start your own group, call the Brain Injury Association of Minnesota at 612.378.2742 or 800.669.6442.

First think attitudes, then goals

Brain injury has a way of fixing us in the moment. We often cannot remember the past and we often cannot anticipate the future. So here we are stuck in the middle, frozen in an everlasting now. Does this mean we are doomed to repeat the past? Does this mean we will forever stagger down a dark hallway that is the future? It certainly could mean that, but it doesn't have to, and I for one choose not to accept it that way.

We cannot change the past, it has already happened. We cannot change the future, it hasn't happened yet. As we narrow down to the "now" we realize that it doesn't really exist per se. Things have either yet to occur or they have already occurred. Yet, here we are, trapped in that razor thin margin called the present, moving through time at the speed of light (Einstein's theory of relativity).

But wait, we can navigate this. When you change your heading on a voyage it is referred to as changing your attitude. We can change our attitude. We can take some quality we would like to possess and call it ours. At the speed of light we can head off in a new direction. Rather than think "I was better" or "I will be better," switch to "I am being better."

We want to be a calm even-tempered person. Fine, at every moment we practice that attitude. At every moment we see ourselves as the cool headed relaxed person we are. The more we practice the easier it becomes until *we are that way*. When something happens that would normally set us off or stress us out we just remind ourselves that is not who we are. We are calm, cool, and collected.

Start out small and build your confidence. Make a list of qualities you would like to have, habits you would like to break, or tasks you would like to be more successful at completing. Pick

the easiest one and try that first. Adopt the attitude that who you are is the person who handles that item in a successful manner. At every moment imagine yourself as



Here & Now

Mike
Strand

that person. When that becomes an automatic part of who you are, you are ready to choose the next easiest item on your list.

Maybe making a list isn't the way you operate. I just pick out the thing I most want to improve or change about myself and take it from there. If I want to go to my Bikram's yoga five nights a week then I'll just picture myself as the kind of guy who does that. If I find my enthusiasm flagging on any particular night I just tell myself, "other folks would just stay home and watch TV, but I go to yoga." I think that every chance I get. All day long I know I'm going to yoga, when the time comes I just go, I don't farm it out, I don't think of excuses, I just go.

This is how I got through my yoga teacher's training. After that, it is how I got over my anger management issues. I said to myself, "I'm a yoga instructor now, what would my students think if they saw me losing my temper?" Sometimes you have got to move on. I didn't want to see myself as they guy who always loses his temper; I wanted to see myself as the Yogi who always had that inner calm.

I'm terrified of public speaking. I'm always worried that I'll forget what I am talking about and then I'll lose my composure and start slurring my words. I'm worried that it will all snowball and I'll start flooding (that's where a million thoughts are racing around your head and you just stand there like a

deer in the head lights of an oncoming car). To overcome all that I take a deep breath before I speak and I picture myself as the consummate public speaker. This allows me to remain in control and I find that I really enjoy it, its fun to do what you are good at.

Start small and easy, let changing your attitude work for you. Success breeds success. Eventually you will find self-improvement that even others can notice. This constant improvement is the essence of a life well lived. To summarize and focus think: Attitudes not goals, select the attitudes you wish to cultivate and ask yourself, "am I being that way?"

Letters to the Editor

Readers are encouraged to submit electronic letters to the editor for consideration of publication in the next edition of Headlines.

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and phone number of the author.

The Association reserves the right to refuse letters for publication. Submission of material does not guarantee publication.

Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Association.

Headlines is a quarterly publication of the Brain Injury Association of Minnesota.

Please send letters to: *Headlines*, c/o Brain Injury Association of Minnesota, 43 Main Street SE, Suite 135, Minneapolis, Minn. 55414.

Recipe for Life: Get Cooking!

The Brain Injury Association of Minnesota's 19th Annual Statewide Conference scheduled for April

Staff Report -The Brain Injury Association's 19th Annual Statewide Conference on Brain Injury will be held April 2 & 3, 2004 at the St. Cloud Civic Center in St. Cloud, Minn. The featured keynote speakers this year are Dr. Robert Karol and Rev. Nick Mezacapa

Dr. Karol will deliver Friday's keynote geared towards professionals,



Dr. Robert Karol

"Neuropsychosocial Intervention: The Advanced Treatment of Severe Behavioral Dyscontrol After Acquired Brain Injury." Behavioral dyscontrol can be a troubling result of acquired brain injury, one that requires attention since it interferes with any other help professionals may provide for other symptoms such as cognitive difficulties. Yet, most professionals are ill prepared to address behavioral problems. This keynote talk will highlight approaches to address this issue and provide a sense of hope that successful treatment is possible.

He will also offer a Friday breakout session on "Handling Aggressive Episodes after Acquired Brain Injury." This breakout session will cover how to prepare for episodes of aggression. It will review how to resolve them successfully when they do occur and how to keep safe during them.

Karol opens Saturday's consumer day at the conference with "Optimism in the Face of Injury: Personal and Professional Roles." Many persons with brain injury struggle with issues of self-esteem and acceptance. This keynote

talk will address how to reconceptualize acceptance, balancing realism and optimism. It will encourage people to take action to achieve their goals and will put in context inter-reliance. Finally, it will provide insight into how to handle disagreements about what is possible.

"Getting Better Health Care from Professionals," is Karol's Saturday breakout session geared towards persons with brain injury and their family members. Too often persons with brain injury are frustrated in their attempts to interact with professional health care

providers in outpatient settings. This breakout session will explain important factors to consider when seeking help and how to maximize the likelihood of receiving better care.

Dr. Karol is the Program Director of Brain Injury Services and Director of Neuropsychology/Psychology at Bethesda Rehabilitation Hospital, in St. Paul. He heads a group private practice, Karol Neuropsychological Services & Consulting, in Minneapolis, specializing in neuropsychological evaluations and counseling for persons with brain injury.

He is also co-owner of Neuroscience Multispecialty Advisors, a group including neurology, physiatry, psychiatry, gerontology, and neuropsychology providing case consultation to lawyers and insurance companies.

Karol co-founded the Brain Injury Association of Minnesota, serving on its Board of Directors for 14 years and he is a past Chairman of the Board. He served for 6 years on the Board of Directors of Accessible Space, Inc. He is a member of the Supreme Court of Minnesota's Board of Law Examiners' Special

Test Accommodation Panel and he is an Adjunct Professor at Argosy University. He has served on the Minnesota Department of Human Services Traumatic Brain Injury Advisory Committee, Neuropsychological Services Ad-Hoc Committee, and Needs of Adults with Brain Impairment Committee.

Rev. Nick Mezacapa closes the weekend's events with his keynote address,

**CONFERENCE
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Violence in Infants, Children, and Youth

By Jon Roesler

During the late 90's several of us at the Minnesota Department of Health (MDH), Children's Hospital, and Hennepin County Medical Center engaged in an epidemiologic investigation into hospitalized and fatal pediatric TBI (0-19 years of age) that occurred in 1993, using the first group of almost 1,000 children and youth to be entered into the Minnesota Traumatic Brain and Spinal Cord Injury Registry. Our purpose was to describe the epidemiology of pediatric traumatic brain injury.

As had been found in previous studies by others, we found that unintentional falls and motor vehicle crashes (MVC) accounted for most injuries. However, we found that for two age groups, infants (less than one year of age) and youth (15-19), violence was the second and third leading causes, respectively. Battering caused 19% of the TBI cases in infants. For the youth, 6% were caused by unarmed fights/brawls and/or by intentionally being struck by an object.

So what does this mean? Child battering, in particular, shake infant syndrome (SIS, also known as shaken baby

syndrome), is a serious, but preventable, problem for many infants. As of January 1st of this year, SIS became reportable to the Minnesota Traumatic Brain and Spinal Cord Injury Registry. Working with the Midwest Children's Resource Center (MCRC) in St. Paul, we have initiated another epidemiologic investigation to better count all the cases of SIS and make sure that follow-up services are available.

The good news is that SIS is preventable! MCRC has been working with Minnesota hospitals to educate parents of newborns, while they're still in the hospital, about what happens if you shake an infant.

As our infants progress to childhood, for the most part

crashes) are the leading cause of death in Minnesota's youth ages 15-24, suicide and homicide are the second and third leading causes, respectively. After the unintentional injuries, there are more deaths in this age group from suicide and homicide than all of the remaining causes of death combined, including AIDS and cancer!

Most of the suicides and most of the homicides are committed with firearms. However, school-associated violent deaths represent less than one percent of all homicides and suicides that occur among school-aged children.

Preventing violence in this age group is more difficult. There are few, if any, scientifically proven strategies to prevent

School-associated violent deaths represent less than one percent of all homicides and suicides that occur among school-aged children.

they are safe from violence (child maltreatment being the exception). However, as our children progress to "youthhood", the specter of violence begins to appear, often resulting in TBIs. While unintentional injuries (mostly motor vehicle

violence in youth. But that doesn't mean that we stop trying! Our youth are too valuable to let them "just grow up".

The Centers for Disease Control and Prevention (CDC) has a web page describing six steps that

"Epidemics" and gun violence.

An "epidemic" usually refers to an excess of illness or injuries, beyond what would have been normally expected. Beginning in the mid 80's, the United States began to experience a marked and steady increase in the number of deaths from firearms, as well as permanent traumatic brain and spinal cord injuries from firearms.

While firearms deaths in the United States are caused primarily by homicides and suicides (about half and half), almost all of the increase was coming in the area of gun homicides. In particular, African-American youth suffered significantly as a result of this increase.

Deaths from gun violence peaked nationally in 1993, when the number of firearm deaths threatened to exceed the number of deaths from motor vehicle crashes! In Minnesota

the peak occurred in 1995 (when Minneapolis was dubbed "Murderapolis").

Governor Arne Carlson recognized that violence was more than a law-and-order or criminal justice issue and convened the "Task Force on Violence as a Public Health Issue". Many significant actions grew out of the Task Force.

Since then, gun violence, in particular, the deaths from firearm homicides, has been decreasing. However, the last couple of years this trend has begun to level off. Unfortunately, we have not returned to the lower levels of gun violence seen in the early 80s. In Minnesota, about 70% to 80% of the firearm deaths are due to suicide.

Information compiled by Jon Roesler and the Minnesota Department of Health

Youth Violence - What Can I Do?

EVOLVE!

Educate yourself and others. Get the facts about youth violence.

Volunteer your time, talents, and efforts to preventing youth violence.

Offer your advice and voice your concerns.

Learn new prosocial behaviors.

Value parenthood and community.

Enlist the help of others in confronting this very important issue.

Info from Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. For more information on youth violence prevention, visit: www.cdc.gov/ncipc/dvp/youth/canido.htm

each of us can be involved with in preventing youth violence [see info above].

My favorite is "Volunteer Your Time and Mentor a youth". I have been a "big brother" now to 3 boys who have grown to men. In January of this year I started as a "big brother" again, to a 13-year-old inner-city boy.

The joy of mentoring for me is that, while I may be providing a role model for an at-risk youth, I am having a great and rewarding time doing things that are fun! It's not work, it's play! We go to movies, football games, museums, play paintball, and even rake the yard. And I know that I'm doing my part to help prevent youth violence.

Jon Roesler is a senior epidemiologist with the Injury and Violence Prevention Unit at the Minnesota Department of Health in St. Paul, Minnesota. He is the principal investigator for three current CDC-funded investigations: Surveillance of TBI Treated in the Emergency Department, Surveillance of Intimate Partner Violence, and Surveillance of Child Maltreatment. He is team leader for the Surveillance, Epidemiology, and Analysis Subunit of the Injury and Violence Prevention Unit. Roesler is also the epidemiologist for the Minnesota Trauma Data Bank, the Minnesota Traumatic Brain and Spinal Cord Registry Program, and the Crash Outcome Data Evaluation System (CODES).

Brain Injury in Your Practice Tool Kit

At least 1.5 million people sustain traumatic brain injuries in this country every year. Of those, approximately 1.1 million, or 75 percent, sustain a mild traumatic brain injury (MTBI). Yet, many are not hospitalized or receive no medical care at all. An unknown proportion of those who are not hospitalized may experience long-term problems such as persistent headache, pain, fatigue, vision or hearing problems, memory problems, confusion, sleep disturbances, or mood changes.

The CDC, working with a number of partners, has developed a new physician

tool kit to improve clinical diagnosis and management of MTBI. Physicians can play a key role in helping to reduce the occurrence of MTBI by educating patients and the community about risks and injury prevention.

Heads Up: Brain Injury in Your Practice, is now available free of charge. The kit contains practical, easy-to-use clinical information, patient information in English and Spanish, scientific literature, and a CD-ROM. To order a free copy, complete the publications order form at: <http://webapp.cdc.gov/IXPRESS/PUBSPROD/NCIPC+BOOK/NCIPC.DML>



PEOPLE *in* PROGRESS

Stories from the perspective of persons with brain injury, their family members and professionals

The Faces of Brain Injury

Stories and photographs by Sharon Rolenc

Every 21 seconds someone sustains a traumatic brain injury. 1.5 million people in this country sustain a brain injury each year.

Brain injury does not discriminate – young or old, black or white, rich or poor, male or female – it can happen to anyone. Brain

injury is always unexpected, it is always unwanted and it is always life-changing.

Here are three stories of how people are navigating life after brain injury. They are the faces behind the numbers, and their stories are presented here to bring hope, help and a voice to the 94,000 Minnesotans who live with a disability due to brain injury.

Bud's Move Towards Mobility

Treacherous road conditions during a December 1999 snowstorm resulted in a severe automobile accident that sent Richard "Bud" Lord into a coma.



Richard "Bud" Lord

"My family from California came out and said their goodbyes to me because the doctor said I wasn't going to live 48 hours after the accident," said Lord. He defied the odds and later came out of a coma that lasted for several months.

"I suffered a traumatic brain injury and my life has never been the same since," said Lord, who in addition to a brain injury, has lost much of his mobility and requires a cane or walker to get around.

This is particularly difficult challenge for Lord to face, whose life prior to his injury was immersed in outdoor activity. "I was an avid mountain climber in the Sierras, and a snow skier. I was really into backpacking

and wilderness activity," said Lord.

While he jokes that he is a granola-loving tree hugger, there's seriousness to his environmental passion. "There's so much energy in nature. For me it's like direct contact with God," said Lord.

With an undergraduate degree in soil science, Lord was a scientist by trade before his injury. When he wasn't climbing or backpacking, he spent much of his free time gardening.

"I feel like the greatest loss since the accident has been my ability to walk, not my memory deficits, although that can sometimes prove to be bothersome," said Lord.

Regaining his ability to walk without the use of a cane or walker is Lord's main goal. He looks for assistive devices that can help him do the outdoor activities he loves so much. "I did snow ski last year with Courage Center, with the use of proper supports. That's something I'm going to try again this year – I'll probably be better at it this time."

Lord uses a daily print planner and voice recorder to help with memory. "People's names are always a challenge," said Lord. He looks for distinguishing physical attributes to help

**BUD
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Keeping Perspective with Evelyn Anderson

A stolen car and ensuing police chase ended in a life changing event for Evelyn Anderson. It was mid-day as Anderson was crossing the street at corner of 7th and Marquette when the driver of the stolen car struck her, sending her to the hospital.

After several days of acute care, and several months of in-patient and out-patient rehabilitation, Anderson regained mobility and her physical abilities, but sustained a moderate brain injury.

Five months after her injury, Anderson was anxious to get back to work. Most of her doctors gave her the go ahead, but her neuropsychologist was hesitant. "He said 'I don't think you are really angry enough. I don't think you've really come to terms with this or see how this is going to affect you.' Although he didn't use these words, he thought I was in denial," said Anderson.

However, Anderson did go back to work, to a demanding, detail intensive work environment. "I was planning a large education program and arranging classroom space. I was

figuring out times and dates for about seventy different classes a quarter, and I was making a lot of mistakes," said Anderson.

She spent a lot of time on the job rationalizing her mistakes. "When you have a brain injury, you don't always see your limitations. You think, oh, these are just little problems, I can handle this," she said.

A few months after her return to work she received the worst performance review of her career.

Not understanding the role of brain injury in Anderson's work performance, her

supervisor's solution was to give her an entirely new job position that involved new learning. Anderson's



Evelyn Anderson

performance in the new job was not any better.

"In retrospect, had I known enough [about brain injury], I could have said to them that I don't think that learning a whole new job is what I should be doing. I think instead we should be working on accommodations to help me do the old job," said Anderson.

She applied for long-term disability and was accepted. "I was on disability for about three years, and really

"When you have a brain injury, you don't always see your limitations. You think, oh, these are just little problems, I can handle this."

missed working. I think this is why I have focused my interests in traumatic brain injury with how it relates to returning to work and work place accommodations, because work is so important to me."

Anderson was discouraged from working while on disability. "And financially, there were a lot of disincentives to work," she said. Regardless, Anderson's will to return to work led to two years of temporary jobs until she decided to try permanent, full-time work again.

The full-time job she was eventually hired for was split in a time share between Anderson and another applicant. "Even though I thought I wanted full-time work, it's a good thing I was hired at 50 percent time because it was more challenging and tiring than I would have guessed," she said.

Anderson moved positions a couple more times before landing in the job she has today with the Minnesota Health Department's Injury and Violence Prevention Unit.

During her interview, she was told that part of the Unit's responsibilities involved managing the Traumatic Brain Injury Registry, a database that included Anderson's TBI information. "So now I get to write about the database that I'm in," said Anderson. "And they like having someone on staff that had the personal experience of having a TBI."

There are clear advantages to having Anderson in a work position where she

writes about brain injury. The Health Department periodically sends letters to people in

the TBI registry. Anderson revised the letters so that they are easier to comprehend for persons with brain injury.

Anderson, in collaboration with staff from the Brain Injury Association of Minnesota, developed the handbook, "Getting Better after TBI." Anderson's perspective as a person with brain injury helped shape the material that went into the handbook.

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PEOPLE *in* PROGRESS

Stories from the perspective of persons with brain injury, their family members and professionals

Couple teams up after TBI

By Sharon Rolenc
Translated by Jennifer
Houston Quintanilla

They came from different parts of the world to find a better future for themselves. They came to Minnesota because it offered a better job market and quality of life than other places in the United States. As political refugees from Somalia, Nur Yusuf and his family fled to Utah for asylum, and he later moved on to Minnesota. Doryan Carolina Yusuf left Mexico to attend school in Canada and ended up in Minnesota on advice from a family friend.

The two met at work and were married two years later. They looked forward to building their new family in the country they now called home. Just two weeks into the marriage their lives changed forever.

Nur was building his business as a professional carpet cleaner. While Nur was on the job, his client unwittingly closed the garage doors, not realizing that the chemicals he used for cleaning required ventilation. Nur suffered carbon monoxide poisoning and was found several hours later unconscious. After three weeks in the hospital, and three more weeks of outpatient rehabilitation, Nur went home to face an entirely new life.

"This accident changed our lives one hundred percent," said Carolina.

While he had no ongoing physical problems, Nur was left with a severe short term memory loss, and his physician said it was unlikely that he will be able to learn anything new.

"I can do everything [physically], but I do not have any memory. For example, if I do a job and finish it, I don't remember what I just did. [And] if I don't get to the jobs right away, I forget," said Nur. While he wanted to



Doryan Carolina and Nur Yusuf photo by Sharon Rolenc

continue working, it was impossible to ensure that he made his appointments, or followed up with clients.

Eventually Carolina quit both her jobs and the couple now works together in their own carpet cleaning business. They supplement their income by caretaking property and working part time for larger cleaning businesses.

"We didn't have any choice because I don't have family here, and the family he has here are cousins. They are all busy with their own lives. We decide to work together, because it was not easy for him to stay home everyday and wait for me, and I didn't even know if he was safe at home by himself," said Carolina.

"Before the accident she used to trust me 100 percent and now she trust me 50 percent, because she doesn't believe that I am okay," said Nur.

"It's a little hard. Now we have to be together 24 hours a day," said Carolina. "Before, I had my own jobs, we had our own time [apart]."

The couple is now trying to figure how Nur's brain injury might effect future employment opportunities, and what rights and responsibilities he has to potential employers. "We don't know how hard it can be for persons with disability to get a job. We are worried about whether to tell a new company or not. We don't

know if it's good to tell them," said Carolina.

Nur thinks its best to be upfront, but Carolina has already seen clients take advantage of his disability. "Sometimes we tell people, but not all people are good," said Carolina. There have been a few clients that know of his memory deficit and did not stop Nur from cleaning areas that he was not paid to clean, which resulted in loss of income for the Yusufs.

Nur doesn't want to stop trusting people because of the few people who take advantage. "I know that I have a memory problem, but I can't always blame others."

The couple is coming up with business strategies to avoid potential problems in the future, like writing out specific guidelines and contract agreements to ensure that Nur gets paid for all the work he completes. They are also considering memory triggers like putting carpenter's tape down to mark the areas Nur is paid to clean.

Outside of work, the Yusufs are still getting used to each other as newlyweds, and are learning how to live with a brain injury. "Without her, I can't do anything," said Nur, and a broad smile breaks across

**YUSUFS
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Una pareja se juntaron después de LCT

Por Sharon Rolenc
Traducido por Jennifer
Houston Quintanilla

Ellos vinieron desde diferentes partes del mundo para encontrar un futuro mejor para sí mismos. Vinieron a Minnesota porque brindaba un mejor mercado de trabajo y una calidad superior de vida que otros lugares en los Estados Unidos. Como refugiados políticos de Somalia, la familia de Nur Yusuf huyó a Utah para el asilo, y se mudó a Minnesota después. Doryan Carolina Yusuf dejó a México al asistir la escuela en Canadá y terminaba en Minnesota sobre el consejo de un amigo de la familia.

Los dos se conocieron en el lugar de trabajo y casaron dos años después. Esperaban con animo a desarrollar su nueva familia en el país que ahora llamaron su hogar. Sólo dos semanas en el matrimonio sus vidas cambiaron para siempre.

Nur estaba construyendo su negocio como un limpiador de alfombra profesional. Mientras Nur estaba sobre el trabajo, su cliente cerró las puertas de garaje, no se dando cuenta de que los químicos que usó para la limpieza requerían la ventilación. Nur sufrió el envenenamiento de monóxido de carbono y lo encontraron inconsciente varias horas después. Después de las tres semanas en el hospital, y tres semanas más como paciente externo de rehabilitación, Nur se fue a casa para enfrentar una vida completamente nueva. "Este accidente cambió nuestras vidas cien por ciento", la Carolina dijo.

Mientras no tenía ningún problema físico en curso, Nur se quedó con una pérdida de memoria a corto plazo grave, y su médico dijo que era improbable que podrá aprender algo nuevo.

"Puedo hacer todo [físicamente], pero no tengo ninguna memoria. Por ejemplo, si hago un trabajo y lo termino, no recuerdo qué lo hice. [Y] si no llego a los trabajos ahora mismo, se me olvida", dijo Nur. Mientras quería continuar trabajar, era imposible asegurar que hacía sus citas, o seguía los clientes.

Al final la Carolina dejó sus dos trabajos y ahora la pareja trabaja en conjunto en su propio negocio de limpiar alfombras. Ellos complementan sus ganancias al cuidar una propiedad y trabajando tiempo parcial en empresas más grandes limpiando alfombras.

"No teníamos otra opción porque no tengo familia aquí, y la familia que Nur tiene aquí son sus primos. Todos están ocupados con sus propias vidas. Decidimos trabajar en conjunto, porque no era fácil que él quedará solo todos los días y me esperaba a mí, y no supe si estaba seguro en la casa solo", dijo la Carolina.

"Antes del accidente me confiaba 100 por ciento y ahora ella me confía 50 %, porque no cree que estoy bien", dijo Nur.

"Es un poco difícil. Ahora tenemos que estar juntos 24 horas al día", la Carolina dijo. "Antes, tenía mis propios trabajos, teníamos nuestro propio tiempo [solos]."

La pareja está tratando de saber cómo la lesión cerebral de Nur podría afectar futuros oportunidades del empleo, y cuales derechos y responsabilidades tiene hacia los empleadores potenciales ahora. "No sabemos cuánto duro puede ser conseguir un trabajo para personas con una lesión

**YUSUFS
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Family rocks and walks to Walk for Thought

By Sharon Rolenc

Tracy Winkel-Johnson, team leader of the Dragonfly Clan became involved with the Brain Injury Association to honor her brother Steve Winkel. Caught in the wrong place at the wrong time, the truck that Steve drove was struck by a police car that was in pursuit of another vehicle. His passenger and best friend died instantly. Steve died a week later in the hospital.

Winkel-Johnson shared her memories of the days leading up to her brother's death, and of the comfort her family received in the visits they had from Association staff.



Steve Winkel

"On the second day we were at the hospital, a staff member from the Association came to talk to us and she gave us a bunch of information about what we could anticipate when my brother came out of his coma. We didn't know at the time that he wouldn't make it. You guys were at the right place when we needed support, despite the fact that we never ended up using the services," said Winkel-Johnson.

The family has continued to give annually in Steve's name, and has participated in the Walk for Thought for the last two years.

This Fall, Winkel-Johnson took the initiative to hold her own fundraiser, and added the proceeds to her Walk for Thought donations. She organized a punk rock benefit aptly named "Rock for Thought" to honor the memory of her brother and local musicians from the punk rock community who have been effected by brain injury.

She and her husband Chad Johnson came up with the idea when they noticed that in a span of 18 months, three



The Dragon Fly Clan (from left to right) Sue and Jim Winkel, Tracy Winkel-Johnson, Kelly Ryan and Chad Johnson

of their friends either died from or sustained brain injuries. "I thought, well here's three people in this relatively small community of rock musicians. How can we turn this into a benefit so we can get some more attention to [the issue of] brain injury," she said.

Winkel-Johnson approached Triple Rock nightclub and was offered a Monday night slot for the event. She and her husband Chad asked local musicians for their participation in the benefit. "We got a great response from the rock community. Most said 'sure we'll do it' and then [the benefit] was born. This will hopefully be an annual event."

The event brought in about 60 people and raised approximately \$300, which is relatively good for a Monday evening music event. Winkel-Johnson hopes to get a weekend time slot next year to ensure a greater turnout. She would like to see increased awareness of brain injury in the community in general, and more specifically, in the younger rock crowd.

"It's too bad that people don't mention [brain injury] more. It's kind of scary. One of my favorite DJs just died recently. He collapsed and they took him to HCMC and he died from a brain hemorrhage," said Winkel-Johnson. She watched a close friend struggle with life after a brain injury, and she got him connected with the Association. "It really surprises me that not more people know about you guys. You'd think doctors would tell you about this service," she said.

Winkel-Johnson's team, the Dragonfly Clan raised

over \$3,000 for the Walk for Thought, and they are a perfect testimony to how a lot of little donations can add up. While they were able to get a few donations over \$100 through family business contacts, most of their donations were around \$5 to \$10.

"I sent out emails to everybody. Then I kept badgering people until I got a response," said Winkel-Johnson. She kept her donation list from last year's walk, and asked the same people that gave before. Many who had given before gave more this year. "I think the reason that most people we know are generous with us is because of my brother."

Winkel-Johnson also went to all the small businesses in her South Minneapolis neighborhood. Her efforts with neighborhood businesses were more successful this year because she started several weeks before the date of the walk. She gave business owners an information sheet about the Association and gave them ample time to make a decision.

"Basically, nobody is safe from me," she said. Winkel-Johnson also claims to have the donation from the greatest distance. "One of my buddies from London was in town and I told him 'I want the donation from the farthest away, so give me some money.' He only had \$5 on him, so he gave me his last \$5. Even people on tour from out of town are not safe from me."

While Winkel-Johnson looks forward to participating in next year's walk, she said "the bad thing is that I've set the bar really high for next year!"

WALK from page 1

America (FCCLA) students to put the event together. They were supported by the Blackduck Tri Sigma Study Club. Maxine Beck, was the group's liaison to the Brain Injury Association of Minnesota. Their event raised an additional \$6000 for the Association.

Three teams raised over \$2,500: The Dragonfly Clan, TBI Residential and Region's Hospital. Three individuals raised over \$1,500: Tammy Johnson of TBI Residential, Tracy Winkel-Johnson of the Dragonfly Clan, and Brandon Skelton of Brandon's Team.

All proceeds from the walk will directly benefit the Brain Injury Association of

Minnesota's multiple services and programs that serve persons with brain injury.

Thanks to our participants, sponsors, volunteers, staff, Walk Committee and board of directors for their support and commitment to bring hope, help and a voice to the 94,000 Minnesotans who live with a disability due to brain injury.

The Walk would not have been as successful without everyone's involvement. The steps we took during the Walk for Thought will help thousands of Minnesotans affected by brain injury achieve even greater strides of their own.

Watch the Brain Injury Association's web site, www.braininjurymn.org, in the coming months for details on next year's walk.



For the second year in a row, Team Nichole was the top fundraiser with over \$5,000. With almost 50 walkers, the team was one of the largest at the Walk for Thought.

Walk for Thought 2003 Top Fundraisers

Teams over \$5,000 are: Team Nichole	Stampeding Turtles Jesse Jones
Teams over \$2,500 are: Dragonfly Clan TBI Residential Regions Hospital	Teams over \$500: Walk-n-Rollers Department of Health Barb Fulton HCMC Trauma Trekkers Lar's Leader's Sue Lepore Giga Bumps Amy McVary Mary T Hope is Positive Howry Honeydews Team Nickells 2003 Life is Therapy
Teams over \$1,000 are: Brain Storm Craig's Cracked Crania TBI Metro Services Sparky's Spitfires Restart Brain Injury Strike Force New Challenges Inc. Keeping Ahead Brandon's Team	

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Winter Safety: Helmet Use and Snow Sports

Reprinted from the Brain Injury Association of America website: www.biausa.org

Growing up near a skier's haven, Steamboat Springs, Colorado, Mike had spent countless winter hours on the slopes. An avid skier for over 20 years, Mike was well aware of the risks involved last March 7th when he ventured out for one more run before heading home. He knew the evening's cool air would have caused slippery ice patches to begin to cover the morning snow. He also knew that the increasing fog would greatly reduce his visibility.

Yet, the slopes were tempting and Mike couldn't resist one last run. Rounding a familiar bend, Mike's right ski slipped on a patch of ice. The devastating blow to his head caused a severe brain injury.

If he had been wearing a ski helmet, could Mike's injuries have been prevented or the severity of his injuries reduced?

The 1999 Consumer Product Safety Commission Study

Almost all major high-energy sports participants wear protective helmets today, as it has become increasingly well known among sports enthusiasts that any activity involving fast speeds imposes risk of death and permanent disability. Helmets are currently the most effective

way to prevent such injuries from occurring.

Over 17,000 skiers and snowboarders suffered head injuries in 1997. In a study released in January 1999, The U.S. Consumer Product Safety Commission (CPSC) estimates that 7,700 of those skiers and snowboarders could have prevented their injury or reduced the severity had they been wearing a helmet at the time

Although not as common as other snow sport injuries such as knee and ankle sprains and fractures, traumatic brain injuries remain the leading cause of fatal snowboarding and skiing injuries.

of the incident. In addition, the study showed that helmet use could prevent about 11 skiing and snowboarding deaths annually.

The CPSC statistics support previous reports from a Swedish study conducted during the 1985-1986 ski season. In Sweden, skiers wearing helmets were 50% less likely to suffer head injuries compared with skiers who did not wear helmets.

The Other Side

On the whole, brain injuries represent 14% of all skiing and snowboarding injuries. Although not as common as other snow sport injuries such as knee and ankle sprains and fractures, traumatic brain injuries remain the leading cause of fatal snowboarding and skiing injuries.

Yet, helmet use among snow sport participants remains relatively uncommon and despite the increasing evidence, some are still questioning the value of a helmet used for snow sports.

Fear that helmets will provide skiers with a false sense of security, encouraging more risky and hazardous behaviors on the slopes, has led to many leaders in the ski industry to discourage mandatory snow helmet laws. Other ski and snowboard

enthusiast believe at the speeds skiers can reach (advanced skiers can reach speeds greater than 60mph), helmets are futile in protecting against severe injury. Unfortunately, anti-snow helmet advocates are right in their claims that helmets and other safety equipment cannot provide one with a total means of protection.

The use of helmets should never encourage a false sense of security among those who wear them while participating in any sport. Yet, the fact that helmets have been shown to prevent or reduce many brain injuries suffered by skiers and snowboarders is a fact that cannot be ignored.

Over 40% of adult head injuries can be prevented or reduced in severity simply by wearing a helmet. Head injuries to children under the

age of fifteen have shown to be prevented or reduced by over 50%.

Although research is new in the area of snow sport helmets and therefore, fairly limited, statistics to date have clearly shown a helmet's protective value.

Conclusion

Skiing and snowboarding can be very fun with quick turns and high speeds, yet, there is always an element of danger involved. Snow sports require participants to be constantly alert and aware of their own talent and ability. Many injuries occur to beginners unaware of the varying terrains of the slopes and the level of skill necessary to safely maneuver about them.

While no protective measure can substitute for good judgment, helmets can reduce the injury risk involved. CPSC recommends skiers and snowboarders wear helmets specifically designed for these types of activities.

There are currently a number of helmets available that meet the European Standards Committee (comité European de normalisation or CE), American Society of Testing Materials (ASTM), or Snell standard for snow sports.

In addition to wearing helmets specifically designed for skiing or snowboarding, it is wise to follow the National Ski Areas Association's "Responsibility Code."

- Always stay in control and be able to stop or avoid other people or objects.
- People ahead of you have the right of way.
- Stop in safe places for you and others.
- Whenever starting downhill or merging, look uphill and yield.
- Use devices to help prevent runaway equipment
- Observe all signs and warnings, and keep off closed trails.
- Know how to use the lifts safely.

References:

Mike (last name withheld upon request), personal communication, Dec. 2001.

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US Consumer Product Safety Skiing Helmets: An Evaluation of the Potential to Reduce Head Injury. Available at: <http://www.cpsc.gov/LIBRARY/skihelm.pdf>. Accessed November, 2000.

Resources:

Bicycle Helmet Safety Institute. Helmets for Many Activities. Available at: www.bhsi.org/other.htm

Center for Disease Control and Prevention. Winter Sports Injury Prevention. Available at: www.cdc.gov/safeusa/slopes.htm

National Ski Patrol. Safety Information. Available at: www.nsp.org/safety/tips.asp

CONFERENCE from page 4

"Keeping It in Perspective." This talk focuses on the shortness and uncertainty of human life and our responsibility to live our lives with that in mind.

Mezacapa has served as the rector of Calvary Episcopal Church, right across the street from The Mayo Clinic for the past 16 years. Before coming to Minnesota he served churches in Iowa, Michigan, and New York. A graduate of Heidelberg College in Tiffin, Ohio, he was trained as a teacher and athletics

coach and worked in the field for seven years. It was



Rev. Nick A. Mezacapa

after his teaching career that he attended Colgate/

Rochester/Bexley Hall/Crozer Divinity School in Rochester, New York to receive his Master's in Divinity Degree and subsequent ordination to the priesthood.

Mezacapa brings his experience as teacher, coach, priest, husband and father to his presentations with passion and authenticity. His experiences as a prostate cancer survivor, radio personality and an active thespian combine to generate a style and urgency that is unique. He has delivered his presentations

to a wide variety of groups across the country, focusing on the subject of "Survivorship and Spirituality." You will find his perspective refreshing and inspiring!

Special thanks to St. Paul Rehabilitation Physicians, our exclusive Diamond Keynote Sponsor. Several conference sponsorship packages are still available. The sponsorship sign-up deadline is January 15 if you want recognition in the conference registration brochure and the program booklet. Call Katy at the Association for more

information at 612-378-2742, or 1-800-669-6442 in greater Minnesota.

Friday admission to the conference is \$80 for members of the Brain Injury Association of Minnesota, and \$95 for nonmembers. Saturday admission is \$40 for members age 12-18, and \$55 for members age 19 and over; \$50 for nonmembers age 12-18, and \$65 for nonmembers age 19 and over. Watch your mail and the Brain Injury Association of Minnesota web site at www.braininjurymn.org for registration materials in late February.



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94,000
Minnesotans live
with **brain injury.**

These are some of our faces.

We're the boy next door, your grandparents,
your neighbor's best friend, your spouse.

Become a member today of the Brain Injury Association of Minnesota and make a difference in the lives of people you already know!

Name: _____
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Donate Your Car! And Turn Your Used Car Into Cash!

The car donation program for The Brain Injury Association of Minnesota has been a successful fundraiser for the organization for over two years. If you are interested in donating a vehicle to The Brain Injury Association please remember a few things:

- ◆ The Brain Injury Association of Minnesota is contracted with a company out of California, **The Car Donation Program Inc.**, which handles vehicle donations for nonprofit organizations nationwide. **The Car Donation Program, Inc.** makes the final decision whether the car can be donated or not. Their decision is based on things like; age of the vehicle, condition and if that type of vehicle is needed at the present time. The Brain Injury Association is not involved in the final decision.

- ◆ The Brain Injury Association does not have the capability to physically take possession of the vehicle. **The Car Donation Program, Inc.** arranges for towing. If the vehicle is accepted for donation, a tow truck will be sent to your location to pick the vehicle up, you will then be given a certificate for your taxes.

- ◆ If you would like to donate your vehicle there are several ways to do it:

You can go to www.braininjurymn.org and click on the cartoon car on the left side of the screen. This will take you to a site where you can put in all the information about the vehicle. This process is the quickest.

You can email the information to markh@braininjurymn.org. Please be sure to include you license number and vehicle ID number. No donation can be processed without either.

You can call Mark at 612-378-2742 or 800-669-6442. He will take all the information and fax it to the Car Donation Program.

- ◆ The donation process can take up to 2 weeks. If that is not quick enough, please contact the Courage Center: 763-520-0520 or 888-8INTAKE and inquire about their car donation program.

Thank you for your support of The Brain Injury Association of Minnesota. Your continued support of the organization will insure that the over 94,000 Minnesotans who live with a disability due to brain injury will receive the help they need.

YUSUFS from page 7

his face as he talks about Carolina.

“We try our best. Also, we have Jennifer [Houston from the Brain Injury Association] who sent us to

a workforce center,” said Carolina. “I try to be positive and always have hope that the future will be better. Even though doctors say they don’t know what to expect for him for improvement, I expect a lot.”

Nur’s advice to someone who is facing a new brain injury is to deal with life one day at a time.

“Don’t think about what you don’t have, think about what you do [have]. Do what you can, relax and think of good things.”



Legislative Corner

Keeping up to date with public policy

Are You a Victim of the Bystander Effect?

By Shannon Robins

In 1964, 38 people witnessed a brutal murder and not one person called the police or intervened although there was over 30 minutes of opportunity to do so.

The majority of witnesses later reported that they all thought someone else reported the crime so no one did. If even one witness had picked up the phone to call the police, the victim would have been saved and the murderer caught.

Thus, the research began into this strange phenomenon called the Bystander Effect.

The Bystander Effect is a social phenomenon in which a person (or persons) is less likely to offer help to another person (or persons) when there are more people around who can also provide assistance. The more people there are who can help, the less likely each person is to offer help. (Alleydog.com)

Ask yourself this: "What concrete steps have I taken to help spread public awareness and education about brain injury?"

Have you ever wondered why one out of three people has never heard the term brain injury (Harris Poll, 2000) when it is the leading cause of death and disability for children and adults under the age of 34? Why is no one addressing this need?

Ask yourself this: "What concrete steps have I taken to help spread public awareness and education about brain injury?"

Have you let opportunities slip by to share your knowledge about brain injury because you were not sure you could make the difference?

Did you think someone else would step to the plate in your place? Did it seem too difficult at the time? If you answered yes to the above questions, then you

may be a victim of the Bystander Effect!

Brain Injury continues to grow and expand as one of the largest and most challenging health epidemics today.

In order to increase the likelihood that people with brain injury and our loved ones have access to the services and supports we need, it is imperative that we are dedicated to getting the word out.

A great place to start communicating knowledge and information regarding brain injury to the public is with our Minnesota lawmakers.

The Brain Injury Association of Minnesota is committed to creating opportunities for you to be involved in this process.

You have heard time and again about the importance of Legislative Home Visits and the empowerment of those who participate and the enormous capacity they serve to educate the general public about brain injury prevention, research, information, problem solving, and advocacy.

You have witnessed the difference made by the people who have contributed their time and effort to strengthen and improve our communities with the passage of Resource Facilitation for persons with brain injury in Minnesota.

Have you been a part of this effort? Or have you become a victim of the Bystander Effect?

Legislative Home Visits are key to building the foundation for brain injury services and supports, and best of all they are easily accessible to constituents across Minnesota.

Legislative Home Visits are always held in a wheelchair accessible location, usually on a main road/street, are always free, if possible they are on public bus routes, and include refreshments!

Legislative Home Visits are open and welcome to everyone, including children, friends, professionals, and loved ones. The challenge is to get as many different perspectives together in one group to show the varying levels of impact that brain injury has on our communities.

Even if you do not feel like sharing your story or speaking in a group, please show up at the home visit in your area to show your support. By donating 90 minutes of your time, you positively impact the 94,000 people who live in Minnesota with a disability due to brain injury and those who will sustain brain injury in the future.

ANDERSON from page 6

While she can look back now and see the progress that she made, Anderson admits that there were definite low points during her recovery. One turning point came on her one year anniversary after her injury.

"I was in the hospital again, but this time because I had a reaction to a pain medication I was taking. All of a sudden I realized what day it was, and I was really, really depressed. The nurse saw that I was really depressed, and knew that I had a TBI. She told me that her daughter also had a TBI and had found the Brain Injury Association of Minnesota very helpful," said Anderson.

Through the Association, Anderson met with a few support groups until she found one that was a good

"I have a better perspective now about what is and isn't important. I have been through problems and seen the depths in life, and am more sensitive to others because of it."

fit for her. Unfortunately, the group had no leader. The night Anderson found the group happened to be the night that the nurse's daughter attended the meeting.

"She didn't know that her mother had talked to me, and when she heard me talk about my experience in the hospital, and the really nice nurse, she called me the next day and said 'that was my mother.'" As a result of this unique connection, the two decided to take on facilitation of the support group together. They took turns facilitating the group, and acting as participants, and Anderson said that

enabled her to gain a broader perspective of brain injury.

While she has no lasting physical impairments, her brain injury has caused ongoing cognitive deficits including memory and organizational challenges. "A lot of these are things that everyone experiences to some extent, but with a TBI it's much more intense," said Anderson.

"I also have had problems with word finding, and as a writer, that's very scary," said Anderson. She started picking up crossword puzzles and word games to improve her vocabulary retention. "I'm still kind of addicted to crossword

puzzles. I never really was before the accident, but they have really made a huge difference in gaining back my skills."

Personal drive played a role in Anderson's return to work. "I really pushed myself to get back into things. I realize that I'm certainly a whole lot better off than people with more severe TBI, but I also see how far I've come. I think that pushing the limits really made a difference."

Anderson finds that she still gets immersed in a project, and forgets other things that need to get done. "I don't seem to be able to back up as easily as I used to, and really see the whole picture."

Verbal projects are also tough for her. She sometimes struggles to collect her thoughts so that she can contribute ideas

during work meetings "Afterwards, if I can write it in an email, then I'm fine. But I find that I'm not as articulate anymore in those kinds of impromptu settings. I need more time to really process what people have said, and put my thoughts together before I'm ready to contribute."

Anderson said the importance of keeping perspective has been the biggest life lesson for her. "I have a better perspective now about what is and isn't important. I'm a better listener, and maybe that comes from working with a support group, but I'm much more interested in other people and other people's experiences. I have been through problems and seen the depths in life, and am more sensitive to others because of it."



Bethesda Rehabilitation Hospital

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Reinventing Lives

When a stroke robbed Carl of the ability to speak, we gave him hope. Through diligently listening to what his body and soul were saying, we helped rediscover his voice. And no matter how many times it happens, after recoveries like Carl's, we are the ones left speechless.

Our holistic touch to healing will soon reach Minneapolis. In the fall of 2003, Bethesda will open a satellite facility in Minneapolis with 27 beds for respiratory and complex medical care programs. For more information go to www.bethesdahospital.org.

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him recall names, like the color of someone's hair or whether they wear glasses.

Family support has been an important factor in Lord's continued recovery, particularly from his sister and mother, who live in San Bernardino, California. "My sister went through a bout with cancer – she's been quite an inspiration. She's carried on with her career, and the cancer has not brought her down or made her will to live a full life diminish. She's a survivor," he said.

While Lord was in nursing care, his mother became his temporary guardian, and she later brought him to California for more rehabilitation. "My mom's been great. She's a former schoolteacher, so she tries to look at things objectively, and more on the intellectual side."

In addition to family support, finding a support

group with other persons with brain injury has been key for Lord. "The monthly support group is excellent. It's one of the most important parts of my life right now."

On a suggestion from a support group member, Lord started volunteering weekly for the Brain Injury

"On a geological time scale, our lives are extremely short. I would like to make the best of it."

Association of Minnesota. "One of my goals is my ability to hold a permanent job. By volunteering, I can network with people and better find out what I can be doing with my life as far as my career goes. Plus, I really like the social interaction and the work relationship with people," he said.

Lord has experienced serious bouts of depression with his recovery, and admits to having thoughts of suicide from time to time.

"But I have a beautiful 12-year-old daughter, and I could never do that to her. I would be a better example for her by living."

He said he looks forward to returning to a permanent job so that he is able to make child support payments on his own. Lord and his ex-wife divorced years before

his crash, and he has continued to play an active role in his daughter's life. "I think I will feel better about myself when I can provide for my daughter," he said

He struggles to look on the bright side. "I was supposed to die and I lived. I wasn't ever expected to walk again and I'm getting there now. I overcame those obstacles, so there must be a reason I'm still here."

Not only did Lord survive his automobile crash, but he has also made better

progress than ever expected. He went from a nursing facility to independent living, from a wheel chair to a walker, does occasional independent contracting with his former employer, volunteers, and picks up his daughter weekly for visitation.

"There are many positives in my life right now," he said. "On a geological time scale, our lives are extremely short. I would like to make the best of it."

The Association is on the move!



Our new address as of mid-January:
34 13th Ave NE,
Suite B001
Minneapolis, MN
55413

YUSUFS de la página 7

cerebral. Estamos preocupados decir a una nueva compañía o no. No sabemos si es bueno decirles", la Carolina dijo.

Nur piensa que es bueno ser sincero en el principio, pero la Carolina ya ha visto clientes aprovechar de su discapacidad. "A veces decimos a las personas, pero no todas las personas son buenas", la Carolina dijo. Ha habido algunos clientes que sabían de su déficit de memoria y no pararon a Nur de limpiar áreas que no fue pagados, lo que resultó era la pérdida de ganancias para los Yusufs.

Nur no quiere dejar de confiar en las personas debido a pocas personas que toman ventaja de él. "Sé que tengo un problema de memoria, pero no siempre puedo criticar a otros."

La pareja está trabajando en las estrategias negocias para evitar los problemas potenciales en el futuro, como escribir las reglas específicas o contratos de asegurar que Nur recibirá todo el pago de trabajo que hiciera. También están considerando gatillos de memoria como poner la cinta de carpintero para señalar las áreas en que Nur tiene que limpiar.

Aparte del trabajo, los Yusufs todavía se estan acostumbrado a sí mismos como recién casados, y están aprendiendo cómo vivir con una lesión cerebral. "Sin ella, no puedo hacer nada", Nur dijo, y una sonrisa apareció a su cara cuando habló de la Carolina.

"Hacemos lo mejor posible. También, tenemos Jennifer [Houston de la Asociación de lesión cerebral] que nos envió a un centro de trabajo", la Carolina dijo. "Trato de estar positiva y tener esperanza de que el futuro será mejor siempre. Aunque los doctores dicen que no saben qué esperar para él para la mejora, yo espero mucho."

El consejo de Nur para alguien que está enfrentando una nueva lesión cerebral es de tomar la vida un día a la vez. "No piense en lo que usted no tiene, piense en lo que tiene. Haga lo que usted pueda, relájese y piense en buenas cosas."