



MINNESOTA  
**Brain Injury  
Alliance**

**MIND  
MATTERS**

Spring 2025



BREAKING  
THE SILENCE ON  
*Intimacy*  
AND BRAIN INJURY

**SPECIAL  
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**Thank you for your continued support of the Minnesota Brain Injury Alliance.**





Dear *Mind Matters* readers,

It sure is cold outside. When the temperature drops this low, it's tempting to stay indoors, wrapped in warmth, shutting out the world. Home is meant to be a place of safety, comfort, and connection – a space where we can be close to those we love. But for people living with a brain injury, intimacy – whether emotional or physical – can become complicated.

Brain injury can change relationships in ways that are difficult to talk about. It can affect

communication, trust, and even how people experience touch and connection. These are deeply personal challenges, yet they are ones that many survivors and their partners face. That's why, in this issue of *Mind Matters*, we are tackling a topic that is often left unspoken: intimacy after brain injury.

We hope these articles start conversations, provide insight, and offer reassurance to those navigating these changes. Whether it's understanding shifts in relationships, addressing emotional barriers, or finding ways to reconnect, our goal is to shine a light on a subject that deserves more attention.

Beyond this important discussion, on *Saturday, March 15*, we invite you to the **Brain Injury Support Conference** in Roseville. This conference is a chance for individuals and families affected by brain injury to connect, learn, and find support. Sessions will cover topics like creating and strengthening support groups, rebuilding active lifestyles, and hearing firsthand experiences from survivors like Melissa "Mea" Wanna, who will share her journey of healing through music and art. The event is free to attend, visit [braininjurymn.org](http://braininjurymn.org) to sign up, and we welcome donations to help make it accessible to everyone.

We are also actively seeking **Citizen Advocates** – people who want to help shape policies that support brain injury survivors. Our Citizen Advocates play a critical role in ensuring the voices of survivors and

their families are heard. The Minnesota Brain Injury Alliance provides training on advocacy, the political process, and how to effectively share your story. There are many ways to get involved – both in person and virtually – so if you're ready to turn your personal experience into meaningful change, we'd love for you to join us. Visit [braininjurymn.org/advocacy/](http://braininjurymn.org/advocacy/).

Finally, the **40th Annual Conference for Professionals in Brain Injury** will take place on *Thursday, April 24, 2025*, at the Heritage Center in Brooklyn Center, Minnesota. Our keynote speaker, **Dr. Carolyn Lemsky**, Clinical Director of Community Head Injury Resource Services in Ontario, will present *Substance Use and Brain Injury: You Know More Than You Think*. If you work in the brain injury field, please join us for 18 breakout sessions, CEUs for licensing, and unparalleled networking and educational opportunities tailored just for you. **Conference registration is open** at [braininjurymn.org](http://braininjurymn.org) – check in regularly for updates and we'll see you there!

As winter stretches on, it's easy to feel isolated, to turn inward and shut out the rest of the world. But connection is what keeps us warm. Intimacy is about more than just the people we share our homes with; it's about the ways we reach out, support one another, and build something stronger together.

# Intimacy and Passion

By Mike Strand

Intense passion after TBI is unlikely, and in any relationship TBI or not, it is unsustainable. Intimacy is the best path, and is sustainable, but intimacy is an incredibly tall order if the main conduit, your brain, is a barrier.

A couple of years ago I translated a Danish book Titled "Sex, Love, and the Broken Brain" by Susan Sogard, who is a professional who works at the Danish Brain Injury Association. This is a huge topic and is only briefly, though beautifully, addressed in this book.

It talks about the challenges of creating a loving and intimate relationship with a partner who has a brain injury. The book covers all levels of brain injury, but focuses particularly on more severely injured individuals. Each chapter begins with a couple's story. I think one of the strongest messages in this book is that these people have come to terms with their intimacy and sexuality issues in their own way.

That's a critical way of describing it. Coming to terms with your brain injury. That is the way brain injury is. You can't fix it. You will always be brain injured. What you have to do is come to terms with it. Can you find intimacy on your own terms?

The book is on the long road to getting published in English. It won't be available very soon, but I'll be sure

and include a notice when it is available.

What is notable is that every couple featured in the book is quite different from the other, just as every brain injury is quite different. You learn about the hurdles that other couples face, and then you can bring what you have learned to your own situation.

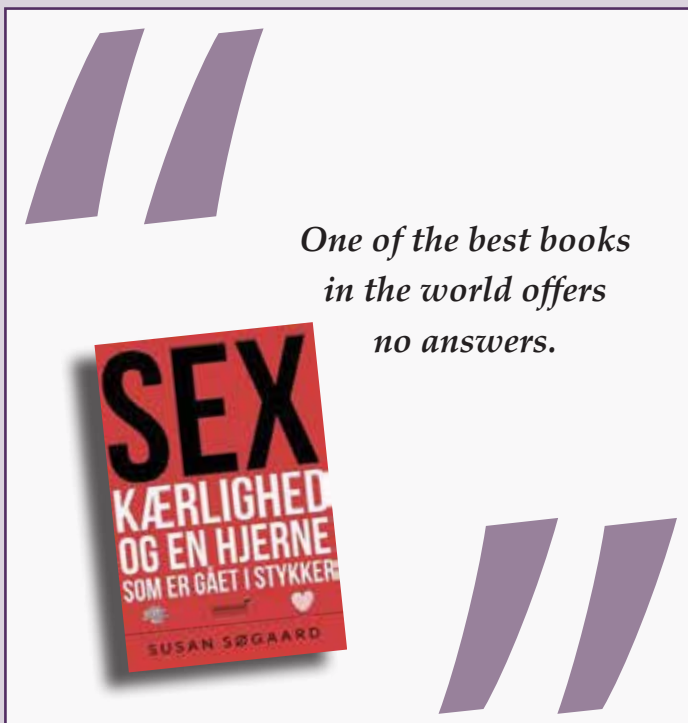
That is why "one of the best books in the world" offers no answers. What it does point out is that there are no solutions or fixes. What options exist may be poor at best. Take any of many books on intimacy, go through it and start blacking out all the things that won't work, or don't apply because of a brain injury. What you'll mostly have left is the publishing info and the ISBN number.

Since I've translated one of the best books in the world on the subject, you'd expect me to have the answer. The answer is, there is no answer. There's no trick to getting it right. Like every other friggin' thing with brain injury, the only path is difficult, unsatisfying, and doesn't seem worth it. Except, the only thing worse is doing nothing.

If you do nothing, then you are a victim of brain injury. I decided long ago that I was not going to be a victim. I face each day as someone who has chosen this life. I take the challenge as a reward in itself. I will endlessly endeavor to find joy. If you don't have joy, nothing else has meaning. If you do have joy, nothing else matters.

Joy is internal, it does not come from the external things in the world. Sit quietly in a chair, focus on breathing, and smile. Simply smile. The physical act begins to change your internal chemistry. As a daily practice, more often if you can spare it, practice smiling. Not an ear to ear grin, that's forced. Just a smile, maybe so subtly that only you know you're smiling. \*%# you world, I'm happy! Nothing can take this away from me.

Congratulations, you win!  
Being happy is sexy, just sayin'.



# BREAKING THE SILENCE ON *Intimacy* AND BRAIN INJURY



By Phil Gonzales, Public Awareness Associate

Concerns about intimacy after brain injury often remain unspoken, overshadowed by more immediate challenges like mobility, cognition, or access to services. Yet for many brain injury survivors, changes in intimate relationships are among the most profound and distressing adjustments they face.

**A review published in the *Journal of Head Trauma Rehabilitation* (Patsakos et al., 2024) found that 50-60 percent of individuals with TBI experience changes in their sexual functioning, including hyposexuality (reduced sexual interest) and hypersexuality (increased or inappropriate sexual behavior).** Despite its prevalence, this issue is often overlooked in rehabilitation programs.

David Strauss, Ph.D., in *Family Articles about Traumatic Brain Injury*, notes that “sexuality refers to more than just sexual activity – it includes forming comfortable relationships from which intimacy can grow.” However, many caregivers and family members feel uncomfortable addressing sexual issues, leading survivors to struggle with self-doubt and uncertainty about their relationships.

## THE PERSONAL TOLL

For survivors, brain injury often alters not only their physical capabilities but also their sense of self. The effects of brain injury can leave them questioning their identity, their role in relationships, and their ability to maintain intimate connections.

**Relationship breakdowns post-TBI are common – more than 50 percent of long-term relationships involving a TBI survivor end in separation or divorce due to emotional and behavioral changes** (Hammond et al., 2012). This statistic underscores the profound impact

that brain injury can have on partnerships and family dynamics.

Amy Zellmer, TBI survivor, advocate, and *Mind Matters* contributor, incurred her brain injury 11 years ago. At the time, she was single and had the misfortune of seeing her close friends drift away. This came at a time when Amy was learning to cope with the effects of her brain injury as well as the physical injuries she’d received in her fall. Her desire for companionship reared its head when she experienced her first panic attack following her injury.

“Sometimes you just need to be around someone,” Amy says. “It’s hard to explain. So, like, when you’re feeling that anxious feeling, sometimes you just want the comfort of another person being around you. They don’t have to talk to you, they don’t have to touch you, but you just need that comfort of knowing that somebody’s right there.”

This human desire for intimacy was frequently at odds with Amy’s new limits in her ability to be intimate.

“I had a regular friend, and it was the first time he saw me since my brain injury. And, I was like a zombie. I had such a headache. And, I mean, that was pretty normal in my first couple years. And, I just remember him coming to visit, and I’m like, ‘I’m so sorry I have such a bad headache.’ I didn’t even want to talk. And I remember just feeling so bad. And then the next time he came to visit, it was like, okay, you know, we’re gonna make this happen. And he knew I had pretty significant neck and sternum injuries, and so he was like, ‘Okay, what, what do I need to do to make sure you’re comfortable?’ So it involved lots of pillows and repositioning and, you know, I was lucky. Because he was very caring and wanted to make sure I was going to be okay.”



Richard Herod III, who lives with the lasting effects of a traumatic brain injury, saw his marriage profoundly changed by his new normal.

“The first time I had sex after my brain injury, my face turned purple,” Richard says. “We both immediately knew something was wrong. And then, every time after that, I would get a migraine that was a 12 out of 10. I went to doctors and they [just kind of nodded.] Like, what are they going to do? There’s nothing they can do.”

Rather than avoiding intimacy, Richard and his husband, Charles chose to adapt.

“I had to accept that if I was going to be intimate, I was going to feel worse afterward. That’s just part of my life now. But my choice is what? To stop being intimate with my husband? No. And it’s really hard for a partner to look at someone after expressing love, to see their partner in despair and pain. We had to have hard conversations, to understand that the pain I felt wasn’t about our relationship, it was my medical condition.”

Because brain injury is often invisible, survivors frequently feel they have a choice to make regarding how much to share with potential partners.

“When I first had my brain injury, I was on dating apps and just going out on dates, meeting people,” Amy recalls. “And I felt the need to disclose it very early, because especially those first couple years I might have a headache and have to cancel on you. I had a lot of aphasia so I might say a lot of wrong words. It’s been 11 years, so I don’t really disclose it anymore. But back then, I felt that I needed to, because I felt that it was obvious that there was something up with me, and people often thought I was either neurodivergent, or like, has she been drinking or smoking something?”

## **UNDERSTANDING THE BRAIN’S ROLE IN INTIMACY**

Brain injury affects intimacy in ways that go beyond the physical. Damage to different areas of the brain can alter emotional regulation, impulse control, and self-awareness, making intimacy – whether sexual or emotional – more complicated.

Up to 75 percent of individuals with moderate to severe TBI experience some form of sexual dysfunction, including diminished libido, difficulty with arousal, erectile dysfunction, and changes in sexual desire or behavior (Ponsford et al., 2013; Simpson et al., 2001). These changes can create confusion and frustration for both survivors and their partners.

For many, the mental and physical energy required to engage in intimacy feels overwhelming, compounding frustration and disconnection. **Fatigue is a major factor affecting intimacy – 80 percent of TBI survivors report experiencing fatigue, which significantly reduces their interest in sex and intimate activities** (Simpson & Tate, 2002).

Neuropsychologist Dr. Erwin Concepcion explains:

“Intimacy after brain injury can evolve in many different ways, whether with a long-term partner, someone new, or in a relationship that was already facing challenges. There’s no single path – each experience is unique, shaped by changes in emotions, cognition, and physical connection. This issue in particular contains a kaleidoscope of what could happen and what could be done about it. It’s one of the areas that requires the most trust. So, there’s trust, and there’s taboo, and there’s discomfort wrapped up in all of this.”

The brain plays a critical role in intimacy, and damage to specific regions can directly impact how survivors experience relationships and physical connection.

- **The frontal lobe** governs impulse control, emotional regulation, and judgment. When damaged, a person may experience disinhibition – acting impulsively or inappropriately in social or intimate situations. Survivors may struggle with recognizing social cues, respecting boundaries, or filtering inappropriate comments. Dr. Concepcion notes that **“a person may suddenly become more impulsive, say inappropriate things, or have difficulty recognizing boundaries. Their partner may feel like they’re managing a completely different person than before the injury.”**

- **The temporal lobe** is involved in memory, emotional processing, and social recognition. Damage here can result in emotional disconnection or difficulty recalling key relationship moments, making it harder to sustain intimacy. Survivors with temporal lobe injuries may have difficulty recognizing familiar faces, recalling previous conversations, or even remembering their emotional ties to loved ones.

- **The hypothalamus and pituitary gland** regulate hormone production, including testosterone and estrogen. Damage to these structures can disrupt sexual function by reducing libido, impairing arousal, or altering the body’s physiological responses to intimacy. Studies show that **between 30-50 percent of TBI survivors develop hormonal imbalances that affect sexual function** (Wilkinson et al., 2012).

- **The limbic system**, which includes structures like the amygdala and hippocampus, plays a key role in emotional bonding and attachment. Damage here can lead to unpredictable changes in emotion, difficulty expressing affection, or emotional detachment from a partner. Survivors may struggle with interpreting their partner’s emotions or responding appropriately to intimacy.

Alec Wendelboe, Education and Community Outreach Coordinator for the Minnesota Brain Injury Alliance, emphasizes how these neurological changes alter relationships.

“If you’re having changes to say, your self control, that’s going to bleed into things like intimacy. We also see changes in perception, especially self-perception. So, if a person has anosognosia (an inability to recognize their own deficits), they can’t really self correct. So that requires a partner who’s willing to address the issue, and a survivor who’s comfortable enough getting that feedback and trying to kind of work backwards, despite not seeing the issue themselves.”

Adding to the challenge, only **36 percent of healthcare professionals discuss sexuality with brain injury patients**, despite **97 percent believing it is an important issue** (Arango-Lasprilla et al., 2017). Many survivors, partners and caregivers struggle alone because healthcare providers feel unprepared to address the topic.

Understanding how brain injury affects intimacy – both physically and emotionally – is crucial for survivors and their partners. With education, medical support, and open conversations, couples can navigate these changes and find ways to maintain meaningful connections.



## WHEN INTIMATE PARTNERS BECOME CAREGIVERS

One of the most profound challenges for couples after a brain injury is navigating the shift in roles when an intimate partner becomes a caregiver. The person who was once a romantic equal may now take on responsibilities that blur the lines between care and companionship.

Dr. Concepcion explains,

“Balancing intimacy with caregiving duties is really challenging, and I don’t think there are many couples who can navigate those changes on their own. It’s very rare to be able to do that from the inside – meaning just the couple by itself. Oftentimes, it does require couples therapy or some form of therapy that works with both partners.”

Many couples struggle in silence, believing they must handle these changes privately. However, support from therapists, peer groups, and professionals can be invaluable – not just for the survivor but for both partners.

“The temptation for most laypeople, and even some professionals, is to identify the person with the brain injury as the sole patient. And certainly, when insurance carriers are looking for a diagnosis, that’s the person they point to. But really, you have to look at the couple – because both individuals are carrying this burden.”

Caregiving can be an act of love, but the emotional weight of caregiving can strain even the strongest relationships, particularly when combined with personality changes, cognitive difficulties, or chronic pain.

“There is a heavy load of caregiver burden that can weigh down the person who is helping or supporting within the intimate relationship. And while severity of injuries can play a role, even minor injuries – where there are personality or cognitive changes – can create a significant strain. The need, the desire, the want to help that person reach ‘normality’ can become a heavy burden for both people.”

For many couples, therapy and peer support groups offer a vital lifeline – providing guidance, reassurance, and a space to hear from others facing similar struggles.

“Sometimes, it’s not necessarily therapy that’s needed but a support group where others help support you, and you support them in return. You hear your own fears, frustrations, and concerns reflected in what others are saying – barriers to intimacy, daily struggles, caregiver stress. That kind of shared experience can be incredibly validating.”



Despite the need for support, many couples hesitate to seek help because of the deeply personal nature of intimacy.

“It’s difficult to build a support network around sex – around something so personal. But we’re hoping that by starting a more open dialogue about this, by writing about it, we’ll help people become more comfortable bringing it up.”

For those facing these challenges, seeking support isn’t a sign of weakness – it’s a crucial step toward maintaining a strong and fulfilling relationship.

## FINDING SUPPORT

“Sometimes just having a space to process your feelings and separate brain injury-related concerns from general relationship struggles can be a huge first step. The first rung on that ladder.” Alec says. “Just to have an awareness that brain injury is a thing. This isn’t something that’s happening because your partner doesn’t like you, doesn’t find you attractive. The biggest thing across the board with brain injury, is helping supporters know not to take certain things to heart, because that’s not what survivors intend.”

But, finding support can be difficult. Simply asking for help with intimate issues can seem an insurmountable obstacle for many people. Fortunately, the Minnesota Brain Injury Alliance **Resource Facilitation Program** specializes in free, phone-based support through our Resource Facilitation program.

“I don’t think very many people bring it up,” says **Carla Berardi**, a Resource Facilitator with over 13 years of experience. “It’s a topic that people feel embarrassed about or even have shame around if things have changed.”

Resource Facilitators **check in with survivors** about how they’re doing in different aspects of their daily lives, including relationships. These phone-based conversations offer a **more anonymous and comfortable space** for people to open up about struggles they may not feel ready to discuss elsewhere.

“We ask about how things are going at work, how their relationships have changed, and whether they’ve noticed any difficulties. Sometimes that opens the door for a deeper conversation. If someone shares concerns, we can then connect them to resources – whether that’s online materials, educational programs like BrainLine, or referrals to counseling or medical professionals,” Carla explains.

## SUPPORTING BOTH SURVIVORS AND PARTNERS

While brain injury directly affects the survivor, intimacy-related challenges are often first noticed by their partner. This can be especially complicated when the survivor has reduced awareness of how their behavior, personality, or ability to connect has changed.





“What’s hard about sexual intimacy is that sometimes the person with the brain injury may not even be aware that there’s an issue,” Carla notes. “The partner is often the one recognizing the changes, feeling the emotional strain, or struggling with disconnection.”

Partners can also reach out to Resource Facilitation for support. Whether calling alone or together, they can get guidance on how to communicate concerns, access relationship-focused counseling, and find resources to navigate their new reality.

“A partner can call as an individual seeking support,” Carla emphasizes. “We won’t have conversations about the survivor without their consent, but we can help the partner find the right support and tools to manage their own challenges in the relationship.”

While Resource Facilitators are not mental health counselors, they offer a listening ear to help survivors and partners navigate difficult conversations.


“If you think about it, how often do we even bring up sexual intimacy in our regular medical appointments?” Carla asks. “A doctor might ask if you’re sexually active, but that’s not the same as asking about intimacy. And yet, intimacy affects our happiness, our relationships, and how we see ourselves. In Resource Facilitation, we listen, we support, and we help connect you to resources so you can move forward. Because everyone deserves happiness and connection.”

### RELEARNING INTIMACY AFTER BRAIN INJURY

One of the **biggest challenges** after a brain injury is the disruption of **deeply ingrained relationship patterns**.

“If you’ve been in a relationship for years, you’ve built an understanding of your partner – you know what makes them happy, how they express love, and how you connect,” Carla explains. “But brain injury interrupts that. Those automatic emotional connections, those little unspoken gestures – they don’t always work the same way anymore.”

For many couples, this means relearning intimacy from the ground up. It's about finding new ways to communicate, new ways to connect, and new ways to feel close again.

 "It's not something that's talked about enough," Carla says. "How do we relearn intimacy after brain injury? How do we rebuild those connections? That's a huge piece of recovery."

And it's a conversation worth having.

Beyond individual support through the **Resource Facilitation Program**, Alec's **Brain Injury Basics** series provides free or low-cost educational opportunities for individuals, families, and caregivers. These workshops, held via Zoom, cover essential topics, including **Introduction to Brain Injury, Adjustment to Brain Injury, and Caregiving**.

For those navigating changes in their relationships, the **Caregiving** session offers insights into how brain injury impacts not just the survivor but their loved ones. It provides practical strategies to support both the individual with brain injury and the caregiver while promoting quality of life and adjustment to life post-injury. For more information and a schedule of classes, visit [braininjurymn.org](http://braininjurymn.org).

For those looking to connect with others who share similar experiences, the **Brain Injury Support Conference** is another valuable opportunity. This event brings together survivors, caregivers, and professionals to share personal experiences, learn about policy updates, and explore brain injury care and support. The next **Brain Injury Support Conference** will take place on **Saturday, March 15, 2025**, beginning at **12 p.m.** at **North Heights Church in Roseville, Minnesota**. information and registration is available at [braininjurymn.org](http://braininjurymn.org).


## MOVING FORWARD


Talking about intimacy and brain injury isn't easy. But avoiding the topic leaves survivors and their partners struggling in silence.

Brain injury affects relationships in ways that are unique to each individual, but the fundamental need for connection remains the same. Whether it's through

adjusting expectations, improving communication, or finding new ways to connect emotionally and physically, there are paths forward.

**Amy Zellmer** puts it simply:

 "People don't like to talk about sex. They just don't. It feels so taboo. But this is a real part of being human. Regardless if you're married, not married, wherever you're at, it's important to talk about."

The conversation doesn't end with this article. The **Minnesota Brain Injury Alliance** encourages survivors and their partners to reach out, ask questions, and seek the support they need to navigate the complexities of intimacy after brain injury. 

**For more information, visit [braininjurymn.org](http://braininjurymn.org) or call 612-378-2742 or 800-669-6442.**

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## Meet the Minnesota Brain Injury Alliance's New Public Policy Coordinator, Maeve Olson!

*Starting as a new staff member in September 2024, Maeve Olson has been working closely with Jeff Nachbar and our Citizen Advocates on public policy initiatives for the past six months. Learn more about her background and passion for disability rights in her own words:*



Growing up in rural Minnesota with parents who had disabilities – both visible and invisible – I quickly became aware of the stigmas, limitations (both real and perceived), and barriers (physical, mental, social, and political) surrounding disability in our society. As the oldest of four children, I also realized early on that I needed to learn how to navigate, network, and dispute or overcome many of the stereotypical myths and misconceptions about disability.

Disability advocacy, inclusion work, and universal design make our society more open, inviting, and accessible for everyone. Shortly after completing my undergraduate degree, I spent two years serving as an AmeriCorps volunteer, frequently collaborating with Workforce Centers, Vocational Rehabilitation Services, and Adult Basic Education Centers. I have always been passionate about access to quality training and education. My disability advocacy worldview has shaped my career, influencing my work as a college academic advisor, caseworker, and campaign organizer and manager. Access to equitable resources and information is crucial to fostering a positive and inclusive society. This work extends across industries such as education, housing, and healthcare, and remains a cause I passionately advocate for today.

Working with the Minnesota Brain Injury Alliance these past few months has been a dream come true. Influencing policy change through grassroots organizing and personal storytelling is incredibly powerful – and something this organization does exceptionally well. We need organizations and individuals alike to increase awareness of the systemic barriers, personal challenges, and medical needs often faced by those impacted by traumatic brain injury or stroke. Our legislators need to hear these stories.

I've recently been honored to take part in some of these critical conversations as our Citizen Advocates have visited the Minnesota State Capitol, met with their representatives, and advocated for increased state supports. While some legislators are supportive of changes to income and asset limits for community-based services, we must continue to push forward and build the political will necessary to establish an equitable system and enact meaningful policy change.

I truly believe that collaboration through community partnerships, coalition work, and allyship is essential for transformative and lasting social change. However, no one person can do this work alone. As long as we remember that "we all do better when we all do better," we can continue working together to create positive policy change in our state.

### GET INVOLVED!

Do you have a public policy issue or topic related to brain injury or stroke that you'd like to advocate for?

There are several ways to get involved:

1. Subscribe to our email policy updates.
2. Attend our Citizen Advocate Academy (typically held in the summer or fall.)
3. Join our Tuesdays at the Capitol advocacy group, which meets weekly to discuss legislative changes.

Visit [braininjurymn.org](http://braininjurymn.org) for more information.

You can also reach out to **Maeve Olson directly at [Maeve@BrainInjuryMN.org](mailto:Maeve@BrainInjuryMN.org)**.



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Ms. Constance Adkisson  
Ms. Amy Amundsen  
Ms. Mary Anderson  
Ms. Tiffany Audette  
Mr. Scott B  
Mr. Timothy Balke  
Anonymous  
Mr. Jeff Bater  
Anonymous  
Mr. Kurt Biedermann  
Mr. Andi Billig  
Mr. Eric Bjornson  
Ms. Beth-Ann Bloom  
Ms. Steph Boisjoli-Hatch  
Ms. Karen Brown  
Ms. Stacy Bryant  
Anonymous  
Anonymous  
Anonymous  
Mr. Michael Busch  
Ms. Cindy Carlson  
Ms. Mary Catherine  
Dr. Erwin E. Concepcion  
Mr. & Ms. John &  
MaryLee Cornwell  
Ms. Sandy Cox  
Anonymous  
Anonymous  
Ms. Vicky Danielson  
Ms. Sarah Davis  
Ms. Jennifer Donahue  
Ms. Denise BuBay  
Ms. Sandra Ecklein  
Ms. Diana Edwards  
Anonymous  
Anonymous  
Anonymous  
Ms. Susan Fernholz  
Anonymous  
Mr. Sherman Ford  
Ms. Sue Foss  
Ms. Heidi Gedis  
Mr. Pierre Girard  
Ms. Leslie Gnetz  
Ms. Elizabeth Golden  
Mr. Falen Gotler  
Mr. Chad Haines  
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Ms. Nancy Havila  
Anonymous  
Ms. Jacquelyn Henderson  
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Ms. Cheryl Hernandez  
Mr. Richard Herod III  
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Anonymous  
Mr. Greg Homzik  
Anonymous  
Ms. Renee Jacobson  
Mr. Carl Jannett  
Ms. Kris Johnson  
Ms. Sandra Johnson  
Anonymous  
Anonymous  
Ms. Deborah King  
Ms. Jessica Kinser  
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Mr. Adam Kristensen  
Ms. Amy Kuntz  
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Mr. Patrick Laxen  
Ms. Lynne Lindholm  
Ms. Theresa Lippert  
Mr. Jim Lowell  
Ms. Liberty Lucken  
Ms. Shelly Lucken  
Ms. Kara Lyon  
Anonymous  
Mr. Mark Matthees  
Ms. Patti Matz  
Ms. Geraldine McCann  
Mr. Max McGuire  
Ms. Jill McMahan  
Mr. Eric Miller  
Ms. Theresa Mitchell  
Ms. Amy Mozey  
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Ms. Patti Pagenkopf  
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Mr. Harvey Perie  
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Ms. Elizabeth Reed  
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Mr. Keith Rinderknecht  
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Ms. Angie Robson  
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Mr. Ronald Schults  
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Mrs. Terri Traudt  
Mr. Tim Traudt

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## **Memorials**

### ***In memory of Otto Bang***

Jerry and Sandy Doran

### ***In memory of Gail Becker***

Harry and Sari Engle

### ***In memory of Wayne Broman***

Ken Broman

### ***In memory of Carolyn***

#### ***Carpenter***

Marshall Carpenter

Allen Clark

Mr. & Ms. Marvin & Marilyn  
Eckerle

Laura Eggert

Patrice Erickson

Rebecca Everson

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Irene Kaplan

Ms. Janet T. Labrecque

Gloria and Larry Lutner

Thomas Minneman

Jeanne and Rick Moe

Francie and Howell Owens

Nancy Palmer

Madeline Rosinsky

### ***In memory of Mary***

#### ***Columbus***

Karen, Brad and Madeline

Bolton

### ***In memory of Ebbe***

Dr. Sarah Rockswold

### ***In memory of Melissa***

#### ***Lynn Ploetz***

Ms. Linda Fix

Ms. Darla Busian

Ms. Debra Heim

Mr. & Ms. Joe & Jolaine Hines

Mr. Matthew Opat P.A.

Ms. Marlene Ploetz

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### ***In memory of Robert Gordon***

#### ***Zinn***

Steven Simonsen

Anonymous

### ***In memory of Vincent***

#### ***Gerald Ella***

Katherine Anderson

Mr. & Mrs. David Ehlen

Robert Johnston

Sally Johnston

Shannon McDonough

Natasha Merz

Petite Family

Michele Plagman

RedWind Renewables, LLC

and Team

Cynthia Walz

Sharon Williamson

## **Tributes**

### ***In honor of Jason Norring***

Christine Norring

### ***In honor of Tom Theis***

Ms. Bonnie L. Theis &

Mr. Joe Martin

### ***In honor of All my Patients and their Families***

Dr. Andrew Kiragu

## **Foundations**

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# UPCOMING EVENTS 2025



## BRAIN INJURY ANNUAL CONFERENCE

April 24

Heritage Center, Brooklyn Center



## STRIDES FOR STROKES

May 17

Duluth, Saint Cloud, and Twin Cities



## WALK FOR THOUGHT

September 13

Duluth and Twin Cities

Visit these websites for more information on the above events.



MINNESOTA  
**Brain Injury  
Alliance**

[braininjurymn.org/events](http://braininjurymn.org/events)



[strokemn.org/events](http://strokemn.org/events)