the HEADLINER

Winter 2007
Vol. IX Issue 1

The Newsletter of the Brain Injury Association of Oregon

TBI and the Military

We Can Help Save Them From Brain injuries

What's Inside?

The number one cause of traumatic brain injury (TBI) in the United States is automobile accidents. Regrettably, those who serve our country in the military are exposed to additional risk factors for TBI. Penetration of the skull by a bullet or shrapnel presents an obvious danger. But closed brain injuries in which the skull remains intact, such as those caused by some explosive detonations, are far more common. These types of traumatic brain injuries are sustained directly from a blast wave, which may increase the pressure inside the skull, and indirectly, as when the soldier is thrown against an object like the inside of a tank after an IED has exploded.

Advancements in munitions and improvised explosive devices have exposed military personnel to a higher number of explosive blasts in Iraq and Afghanistan than in previous conflicts. But while improvements in body armor protect soldiers better against potentially fatal penetrating wounds, they are not as effective at protecting against nonfatal blast injuries.

Sixty-five percent of hospitalized veterans suffer some form of traumatic brain injury, such as closed-head injuries and comas, according to 2006 military data. However, federal funding for traumatic brain injuries is minimal when compared to federal dollars expended on problems such as cancer, HIV/AIDS and multiple sclerosis. Federal funding for people with head injuries works out to an average of $2.55 per victim.

That's a significant point considering there were 1.4 million traumatic brain injuries in the United States in one year, according to the Center for Disease Control, and there are many thousands of Iraq War veterans who have sustained brain injuries. In contrast, there were 176,300 cases of cancer; 51,334 cases of HIV or AIDS; and 10,400 cases of multiple sclerosis. All of these problems received millions of dollars.

Rep. Darlene Hooley has been working on a bill, HR 588, to refund helmet padding kits bought by individual soldiers and their families. These pad kits retrofit old helmets to bring them up to date and prevent needless head injuries, which have become the signature injury of this war. As of now, this bill has been introduced to the House Armed Services Committee without a companion bill in the Senate, and it may not be enacted in a timely manner, if at all. You could call your Congressional representatives to support this bill.

Here is a quick primer. Helmet shells protect against projectile intrusion, and the padded liners protect against transmission of blunt force. The liners are

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Headliner DEADLINES

Issue	*Deadline*	*Publication*
Spring	April 15	May 1
Summer	July 15	August 1
Fall	October 15	November 1
Winter	January 15	February 1

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We invite contributions and comments regarding brain injury matters and articles included in *The Headliner*.

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The Lawyer's Desk: A Look at TBI Legal Representation

By David Kracke, Attorney at Law
Nichols & Associates, Portland, Oregon

Laws are made primarily in two ways in the United States. There is the common law, or that type of law that results from judicial cases that make their way to the courts of appeal and the supreme courts of the various states and the Federal government. The other primary method for laws to be made is through the state and Federal legislatures. This type of law is called statutory law. In Oregon our statutes are called the Oregon Revised Statutes which are the compilation of the legislatively created laws of the State of Oregon. Typically, lawyers are intimately involved with the creation of common law, and it is our elected legislators and concerned citizens who are responsible for the creation of statutory law.

Statutory laws typically originate because someone identifies a need for a societal change. The identification of these needs occurs when a person, or a group of people see the need for a law that they believe will benefit society, whether it be a specific class of people or society as a whole.

I have personal experience with the creation of both statutory and common laws and I will discuss my experience in terms of what the Brain Injury Association of Oregon is doing in this session of the Oregon legislature.

With regard to the example of common law, I have represented clients where we have needed to appeal trial court decisions. Oregon trial courts are typically bound by what the Court of Appeals and the Supreme Court of Oregon have decided in similar cases. Where no such "similar cases" have been decided by the higher courts, the trial judges are essentially left to their own interpretation of the law. At times I have disagreed with the trial court's decision in these types of cases and have appealed those decisions. Through the appeals process I have been successful in having the Court of Appeals and the Supreme Court decide the issue at hand in favor of my client thereby overruling the trial court's decision. With these appellate decisions, the issue presented in the case is now decided by the highest courts in the state, and a road map for future decisions at the trail court level is established.

With regard to statutory law, I will illustrate my point with an injury that occurred to a client of mine about five years ago. At that time, my client, who I will call Mary, although that is not her real name, was leaving her place of employment. She started her car when she noticed that her "door ajar" light was on because one of the back doors of her car was slightly open. As she got out of her car to close her back door a carjacker jumped into her car and sped away. Unfortunately for Mary, the door she was standing next to slammed shut as the car sped away and her dress became caught in it. She was dragged across the parking lot before she hit a speed bump, tearing her dress and causing her to roll away from the car. She suffered a head injury as a result of her being dragged like this.

Because of a poorly written statute, Mary was precluded from accessing her Uninsured Motorist insurance policy. The Supreme Court of Oregon ruled ten years earlier that this was a poorly written statute, but said that the court was powerless to change poorly written laws. That was a job for the legislature. Unfortunately, no one had bothered to make the necessary statutory change and Mary was out of luck.

With Mary's blessing, I contacted a state senator and proposed that he support legislation to change the statute. He agreed to sponsor this effort (provided that I do much of the leg work), and finally after a long effort to convince the legislators in Salem that this law needed to be changed, a law making those changes was signed by Governor Kulongoski. When that unfortunate situation occurs in the future the victim of that carjacking will have access to their uninsured motorist insurance to compensate them for any injuries that they may suffer as a result of the carjacking. Needless to say, Mary is glad that we were able to help these future victims.

This brings me to the point of this column. Currently, the Brain Injury Association of Oregon is working to change Oregon's statutory law in order to benefit the victims of TBI and their loved ones. The need for these changes has been identified, and a committed group of individuals working hand in hand with their state representatives are moving forward to change Oregon's statutory laws. If the process is successful, then after this legislative session victims of TBI will have more resources available to them, and the State of Oregon will be better equipped to more effectively serve victims of traumatic brain injury. It is a case of committed individuals recognizing the need for statutory changes and then doing something about it. It is truly our legislative process at work in its most

basic form, and all supporters of the Brian Injury Association of Oregon should be proud to know that work is being done is Salem for the benefit of Oregon' s traumatic brain injury victims.

David Kracke is an attorney with the law firm of Nichols and Associates in Portland. Nichols & Associates has been representing brain injured individuals for over twenty two years. Mr. Kracke is available for consultation at (503) 224-3018.

2007 BIAOR Calendar of Events

For updated information, please go to www.biaoregon.org
Call the office with any questions or requests

January - April	Advocacy and legislative visits supporting proposed legislation by BIAOR. All interested please contact the office for further information
April 5	Caregiver Workshop–Pendleton
June	Caregiver Workshop–Medford
August	*Walk for Thought and Bike for Thought Statewide*
October	Annual Conference Oct 5-6, 2007 *Living with Brain Injury*
December	8th Annual Holiday Fundraiser - 2

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Disability from traumatic brain injury and stroke:

Traumatic Brain Injury

- 5.3 million Americans live with a disability from traumatic brain injury (TBI)
- 1.4 million Americans each year sustain a TBI. Of the 1.4 million, 50,000 die and 235,000 are hospitalized.

Strokes*

- 5.4 million stroke survivors live in the U.S.
- An estimated 3.8 million of these have a lasting disability.
- 700,000 in U.S. have a stroke each year, of whom about 150,000 die.
- More than 80% of these involve clots blocking arteries; the remainder are mostly brain hemorrhages. Hemorrhages cause the highest percentage rates of death and disability.

*Including brain hemorrhages

Sources: Brain Injury Association of America; National Stroke Association; American Stroke Association; stroke physicians

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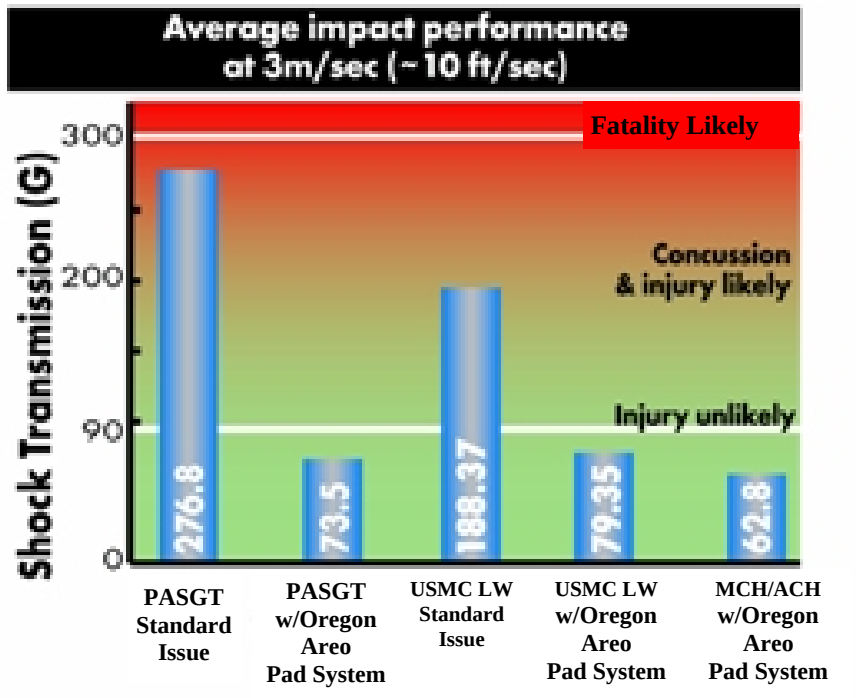
rated by the g- force transmitted, so a lower number is better. This rating is on a log scale, like earthquakes, so 150 is far more than twice 75. US Special Forces have about 75 g-force liners, developed by a Scappoose company, Oregon Aero. In 2005, the Department of Defense reduced the standard for a regular soldier' s helmet to an average of 150 g-force, for a savings of approximately $30 per helmet from other companies. A 300 g-force concussion is sufficient to cause death, 150 g-force concussion is sufficient to cause serious injury, while a 75 g-force pad system prevents injury. And we should note that an "average" of 150 means that there are stronger forces some of the time. Feedback from Iraq indicates that the cheaper pad systems are hotter and less comfortable than the Oregon Aero system. Many soldiers remove pads for ventilation, and many pound the pads to make them fit. This only reduces the level of protection.



Helmet impact test conducted by independent laboratories to modified 49 CFR 571.218 per U.S. Military instructions. Resulting helmet performance data presented relative to the Association of the Advancement of Automotive Medicine' s "Abbreviated Injury Scale–1985 Revision."

BIAOR is encouraging the Oregon Legislature to put a modern 75g-force lining in every Oregon Guard soldier' s helmet, and reimburse those who have done so out of their own pockets. This should include those who are now deployed and any who are sent to Iraq in the future. If it makes headlines, so much the better, and maybe it would shame the Department of Defense into doing it for all our soldiers. Apparently, regular soldiers are expendable, and the cost of rehabilitation and maintenance of those injured is borne by other fiscal entities, such as the ever underfunded Veterans Administration. The cost related to just one serious head injury would pay for all these helmet liners.

You could call your state Representatives and Senators to support this idea. It is not a bill at this time, but the Governor can introduce bills at any time, even after the deadline for members of the Legislature.

The past has taught us that a few brain injured vets will end up on the streets, causing them and all citizens great misery. Thousands of soldiers and their families have bought upgrade liner kits from Oregon Aero, located in Scappoose. These kits cost between $70-$104 for active military, depending on the type of helmet. We do not know at this time how many Oregon Guard troops have helmet upgrades, and we do not know if they have the Oregon Aero kit, which seems to be superior to the competition. In addition, over 30,000 liners have been sent free of charge to troops through Operation Helmet, a non-profit in Texas run by a retired Navy doctor. Troop feedback to that organization supports the superiority of the Oregon Aero product.

Symptoms of TBI often do not appear until days or weeks after the injury is sustained. Some of the symptoms can also be subtle, such as emotional problems or a personality change. These factors, combined with the fact that some military doctors lack the necessary resources or brain-injury expertise results in many TBI symptoms going undiagnosed or misdiagnosed as psychological in nature.

Because the side effects of a TBI often include emotional and behavioral problems, a soldier with an undiagnosed or misdiagnosed TBI may experience difficulty continuing a successful career in the armed services. Some have received a dishonorable discharge, and BIAOR has intervened successfully on behalf of four Oregon soldiers to date. There must be many more throughout the country. Soldiers with TBI may have difficulty reintegrating into civilian life, including difficulty in their personal lives. Without knowing what causes these problems, they lose treatment time that could aid in their recovery.

More serious, yet no less common, side effects of traumatic brain injury include the loss of motor skills, memory and the senses, making it more difficult for veterans to get a job or care for their

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families. The lack of a diagnosis also makes military TBI patients personally liable for their own medical bills, compounding financial problems arising out of their lost wages.

National Guard members get medical care through the military for six months after deployment ends. Diagnosis and treatment of TBI can take years, leaving these burdens to the individual families to bear. BIAOR has intervened to prevent foreclosure and secure treatment for injured veterans.

The best way to protect a soldier from sustaining a life-altering TBI is through the use of a helmet that effectively absorbs concussive force and is comfortable, so it is kept on the head at all times. It is imperative that our military personnel receive timely diagnoses and treatment for their injuries to prevent the physical and chemical changes to the brain which follow a TBI, such as swelling and bleeding. Lack of diagnosis may return an impaired soldier to the front, putting him at greater risk for further injury. Timely treatment will minimize the personal and financial costs of a TBI to the soldier, his or her loved ones, and society. We should not see this expense as a dollar cost per helmet, but rather as an investment per productive life saved. It is hard enough for a veteran to participate in family and society without a hand, arm, or leg, but without a fully functioning mind….

Amy Ream, MD

BIAOR Needs Your Help

You Can Make A Difference

Help BIAOR Advocate for Awareness and Services

We need your help to make this happen. We can't make changes without you. Tell your story in Salem or to your legislator. If you don't know who your legislator is, or their phone number, call Sherry at BIAOR.

Sherry Stock can give you the phone numbers for both your local Senator and Representative. Either call the office at 1-800-544-5243 or email sherry@biaoregon.org.

Advocacy

- To speak for those who have no voice or representation - effective advocacy works to create a shift in public opinion, money, and other resources and to support an issue, policy or constituency.

Be an advocate ... All it takes is

- 1 minute to leave a telephone message for your legislator
- 3-5 minutes to photocopy and share an article of interest with a legislator
- 5-10 minutes to send a letter or e-mail to your legislator
- 10-15 minutes to visit a legislative website to get the latest information on bills

How to get involved in the legislative process

- Provide testimony at a hearing
- Write or call elected officials
- Find community members who will champion the issue
- Advocate with government officials to change the laws

State Lifts Payment Cap for Community-Based Long-Term Care Services

by Julia Greenfield, Staff Attorney, Oregon Advocacy Center

A recent rule change by the State of Oregon's Department of Human Services should make it easier for people with TBI to avoid nursing facility placement.

From August 2004 until a rule change in October 2006, the state had capped payment to adult foster homes and in-home service providers at $3615 per month, except in very exceptional situations. This meant that some people with a high level of care needs (such as persons with TBI who had a challenging combination of physical, mental and emotional support needs) could not access community-based care, because it was not cost-effective for a provider to serve them for $3615 per month or less. The only alternative was for these clients to be served in nursing facilities.

In October 2006, the $3615 monthly payment cap for community-based long-term care was removed from the state rule. The rule now provides that the total continuing cost of services for a client in a community-based care setting may not exceed the comparable nursing facility rate. In other words, as long as it is less expensive to serve a particular client in the community rather than in a nursing home, the client's rate can be approved. If a client's rate for services in the community would exceed the cost of serving him or her in a nursing facility, the community rate can still be approved via application for an "exceptional rate" for the client. Although the new rule is temporary and is scheduled to expire in April 2007, legal advocates continue to negotiate with the state to ensure that the rule change will be adopted as a permanent rule.

Medicaid recipients are served in the community as a result of the state's Home and Community Based Services waiver, which waives traditional Medicaid long-term care rules regarding provision of long-term care services in nursing facilities. The policy behind the waiver is long-term care services provided in the community are less restrictive, more individualized, and more cost-effective than Medicaid-funded nursing facilities. The rule change brings Oregon's Medicaid long-term care waivered service program back into harmony with the policy goals underlying the program: encouraging individualized, personal care at home or in a home-like setting, and encouraging integration into the community rather than segregation in institutions.

If you are a person with TBI or other disabilities and you are experiencing difficulty in accessing long-term care services at home or in an adult foster care setting because the state has not approved a long-term care provider's requested monthly payment rate for your care, please contact the Oregon Advocacy Center (OAC) for advice or possible representation.

OAC contact information:

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TTY: (503) 323-9161; TTY toll-free 1-800-556-5341
Mail: Oregon Advocacy Center, 620 SW 5th Avenue, Suite 500, Portland OR 97204
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Special thanks to Lane County Law and Advocacy Center attorneys Tim Baxter, Jim Kocher, and Steve Skipton for successfully negotiating with the Oregon Department of Human Services to achieve the October 2006 rule change described above.

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Impact of brain injury

A brain injury is potentially one of the most devastating disabilities, with a huge range of effects due to the complexity of the brain.

The number and severity of problems resulting from a brain injury will differ from person to person because each individual's brain injury varies in the extent and location of damage. The extent of some of these changes may only become apparent as time progresses.

Cognitive changes

Cognition is the conscious process of the mind by which we are aware of thought and perception, including all aspects of perceiving, thinking and remembering. In general, cognition is knowledge – the way we learn and perceive the world around us.

Lack of insight

People with a brain injury may have great difficulty seeing and accepting changes to their thinking and behavior. The person may deny the effects of the injury and have unreasonable expectations about what they are able to do.

Memory problems

There are many ways memory can be affected. The most common is loss of short term memory, with problems in remembering people's names or appointments, passing on messages or phone calls, or remembering details read in a book or newspaper. In therapy the person may forget what they are doing from one session to the next.

Poor concentration

A very common outcome is a tendency to lose concentration or be distracted easily from what they are doing. This is usually because they are having difficulty concentrating. The person may have a short concentration span, which means they might jump from one thing to the next.

Slowed responses

The person with a brain injury may be slow to answer questions or to perform tasks and they may have difficulty keeping up in conversation. Their capacity to respond quickly in an emergency may also be lost.

Poor planning and problem-solving

People with a brain injury may have difficulty solving problems and planning and organizing things they have to do. They may encounter trouble with open-ended decision-making and complex tasks need to be broken down into a step-by-step fashion.

Lack of initiative

In spite of all good intentions a brain injury survivor may sit around at home all day long and watch TV. If the problem is severe they may need prompting just to have a shower and get dressed or to participate in a conversation.

Inflexibility

People with a brain injury can be very inflexible in their thinking. They can't always change their train of thought, so they may tend to repeat themselves or have trouble seeing other peoples' points of view. They may not cope very well with sudden changes in routine.

Impulsivity

People with a brain injury can be very impulsive because they may have lost the filtering system or control that makes them stop and think before jumping in. This can lead to a wide range of behavioral issues and problems with relationships and finances.

Irritability

People with a brain injury tend to have a low tolerance for frustration and can lose

(Impact Continued on page 10)

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(Impact Continued from page 9)

their temper easily. If kept waiting for an appointment they may become agitated and walk out. They may become unreasonably suspicious and paranoid.

Socially inappropriate behavior

People with a brain injury may have difficulty judging how to behave in social situations. They may walk up to strangers and start telling them about their accident, they may be overly familiar with therapists or they may make inappropriate sexual advances. This area can be incredibly difficult for families or partners. In more severe cases the person will often end up divorced, homeless or in the correctional system.

Communication

A broad range of social skills may be affected by a brain injury including the ability to start or take turns in conversation, interpret and respond to social cues, show interest in others, use humor appropriately, shift between topics of conversation and regulate the volume and tone of voice. A person with brain injury often loses their listening skills, and may talk excessively. Accompanying memory problems may mean that they often repeat topics as well.

Self-centeredness

People with a brain injury will often appear to be self-centered, and may be very demanding and fail to see other people's point of view. When this happens, resentment can build up from family members, and it is a key cause of losing friends and having trouble establishing new friendships.

Dependency

One of the possible consequences of self-centeredness is a tendency for the person with a brain injury to become very dependent on others. The person may not like being left alone, and constantly demand attention or affection.

Emotional lability

Just as people with a brain injury have difficulty controlling their behavior, they may also have difficulty in controlling their emotions. They may cry too much or too often or laugh at inappropriate times, or they may suffer rapid mood changes, crying one minute and laughing the next.

Depression

Depression in a person with brain injury is a very common emotional consequence that usually comes some time after the injury. Signs of depression include lack of motivation, loss of sexual drive, sleep disturbance and tearfulness.

Physical Changes

Loss of taste and smell

A blow to the head can cause anosmia, defined as a lose of taste and smell, by injury to the olfactory nerve. This nerve sits between the frontal lobe and bony protrusions from the skull and is vulnerable to trauma. A blow to the head can also cause anosmia by damage to smell processing cells in the orbito-frontal or anterior temporal lobes or by mechanical damage to nasal structures. This loss of taste and smell often leads to either lack of appetite, or obesity as the person compensates with very salty or fatty foods.

Dizziness and balance

These are very common complaints after acquiring a brain injury caused by damage to the brain stem, blood pressure fluctuations from damage to areas controlling the heart and blood flow or vertigo from damage to the inner ear.

Epilepsy and seizures

These are chronic medical conditions produced by temporary changes in the electrical function of the brain, causing seizures which affect awareness, movement, or sensation. Medication will usually control these conditions well but some lives are devastated by frequent, uncontrollable seizures or associated disabilities.

Fatigue

Sometimes called adynamia, fatigue is a disorder of motivation that typically arises after injury to the frontal lobes, particularly the dorso-lateral area. People with adynamia will experience loss of drive, indifference and placidity and may

(Impact Continued on page 11)

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(Impact Continued from page 10)

find themselves exhausted for days if they do not carefully manage their limited energy levels.

Headaches

There are multiple sources of head and neck pain, both inside and outside the head. Headaches arising from a brain injury can be caused by displacement of intracranial structures, inflammation, decreased blood flow, increased muscle tone, inflammation of the thin layers of tissue coating the brain and increased intracranial pressure.

Visual problems

Vision and visual functioning is often adversely affected by brain injury. Some of the more common visual systems problems include double vision, field cuts, sector losses, rapid eye movement and near-sightedness.

Chronic pain

This kind of pain persists beyond the expected healing time and continues despite appropriate physical improvement in the affected area of the body. The pain can emerge as headaches, neck and shoulder pain, lower back pain and/or pain in other body areas if trauma caused the brain injury. The pain may be so intense and bothersome that the person withdraws from work, family and social activities.

Paralysis

Differing degrees of paralysis can affect all parts of the body depending on which part of the brain has been injured. Effects can include poor coordination, difficulty walking, visual difficulties or weakness on one side of the body.

Hearing problems

Hearing problems can occur for a number of reasons, both mechanical and neurologic, particularly when the inner ear and/or temporal lobes have been damaged. Tinnitus is experienced as noises which are commonly like a buzzing, hissing or ringing in the ears. Meniere's syndrome is caused by excessive pressure in the chambers of the inner ear. Nerve filled membranes stretch which can cause hearing loss, ringing, vertigo, imbalance and a pressure sensation in the ear.

Auditory agnosia is impaired recognition of nonverbal sounds and noises but intact language function. In some cases trauma to the inner ear can cause the person to be extremely sensitive to certain noises or pitches and may not be able to tolerate many environments we take for granted.

OTHER PROBLEMS

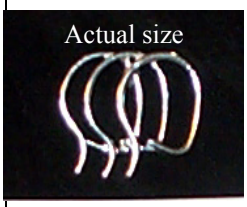
So far only the more common issues have been looked at. However there are many disorders that are less common but no less debilitating. For example, heterotopic Ossification is a secondary condition in which there is abnormal bone growth in selected joints, most commonly in the hips, shoulders, knees and elbows, usually occurring within the first nine months after injury. Chronic neuroendocrine difficulties are occurring in women some years post injury, with weight gain, thyroid disorders, changes in hair and skin texture and perceived body temperature changes. Other survivors of a brain injury struggle with typographic dislocation, where they cannot remember how to navigate even well known environments, such as their own home or suburb.

MYTHS AND MISCONCEPTIONS

A widely perceived myth is that a brain injury is simply a type of intellectual disability. Survivors usually retain their intellectual abilities but have difficulty controlling, coordinating and communicating their thoughts and actions.

Brain injury is often called the invisible disability. As there are frequently no outward physical signs of a disability, effects such as fatigue, lack of initiation, anger, mood swings and egocentricity may be seen simply as personality defects by family members, government policy makers and health professionals. As a result there are very few supports available for survivors of a brain injury, and often the few supports available may be withdrawn as the disability is not recognized. It is easy to see why a brain injury can be such a devastating disability, especially when it is historically one of the most neglected when it comes to support services for survivors.

The right support can achieve remarkable results. Brain injury Associations often come across cases of survivors who would otherwise be homeless or in prison, but can be integrated into the community with appropriate support.



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- Traumatic Brain Injury: A Guide for Educators
- Returning to Work After Brain Injury
- And more!

For more information contact Sherry Stock, Executive Director, Brain Injury Association of Oregon at sherry@biaoregon.org

Oregon Advocacy Center Offers Free Legal Services to People With Traumatic Brain Injury

by Julia Greenfield, Staff Attorney, Oregon Advocacy Center PATBI project

The Oregon Advocacy Center (OAC), a private non-profit law office, exists to promote and defend the rights of people with disabilities. OAC provides free legal advice and legal services to Oregonians with disabilities throughout the state.

In 2003, OAC launched the Protection and Advocacy Traumatic Brain Injury (PATBI) project. PATBI provides advocacy and representation for persons with TBI. PATBI' s mission focuses on improving access to health benefits and services for people with TBI. PATBI also aims to increase the quality, availability, and effectiveness of programs that are designed to improve the health and quality of life for people with TBI.

What kinds of cases can PATBI handle?

PATBI can help a brain injury survivor get and keep services related to their TBI. These services may include:

- publicly funded in-home support services;
- special education services;
- health care coverage and services, including mental health services; or
- other public benefits and services, such as rehabilitation and vocational rehabilitation services.

PATBI can investigate and respond to reports of abuse or neglect of persons with TBI, when governmental investigation is inadequate.

PATBI can also assist with other legal issues that fall within OAC' s priorities, such as employment issues, housing issues, and public accommodation issues.

What kind of help does PATBI offer?

PATBI works to address legal issues in the most direct and timely way. Litigation will be recommended only when necessary, as a last resort. PATBI offers a full range of legal services, including:

- information and referral;
- case-specific advice;
- negotiation and help with mediation;
- legal advocacy and representation in administrative and court hearings; and
- education, training and technical assistance.

For more information about PATBI services, or to request legal advice or representation, please contact the Oregon Advocacy Center at:

Voice: (503) 243-2081; toll-free 1-800-452-1694

TTY: (503) 323-9161; TTY toll-free 1-800-556-5341
Mail: Oregon Advocacy Center, 620 SW 5th Avenue, Suite 500, Portland OR 97204
E-mail: welcome@oradvocacy.org

You can also check out our website, at www.oradvocacy.org.

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I never came upon any of my discoveries through the process of rational thinking.
- Albert Einstein

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A new research project to develop norms for some tests neuropsychologists use is looking for participants. These tests assess many types of cognitive functioning such as memory and attention as well as intellectual functioning.

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20-40 with a moderate or severe TBI; or
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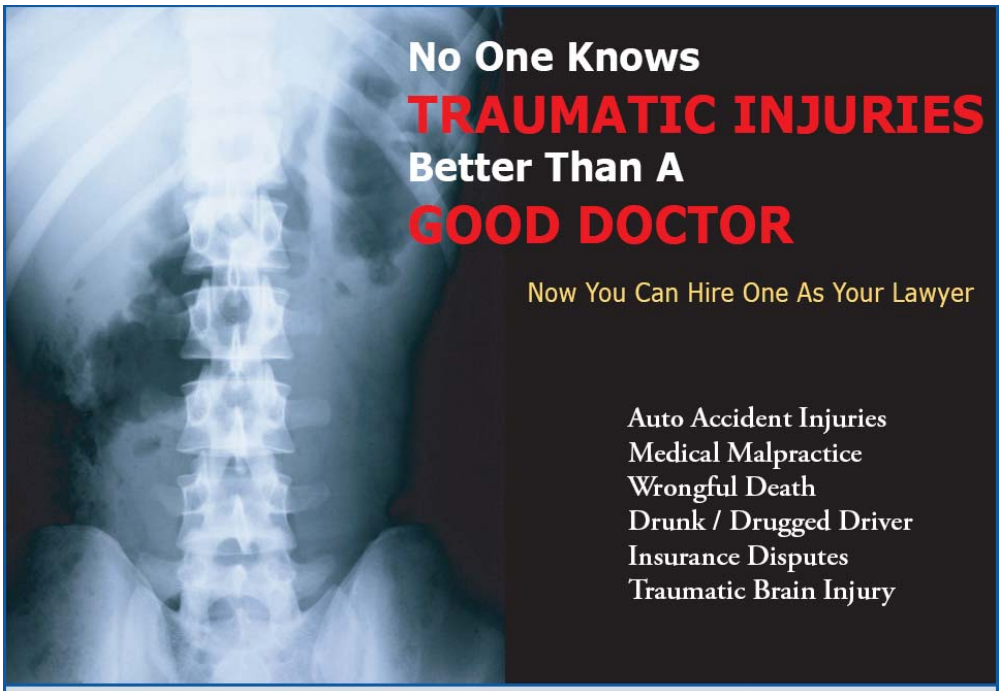
The risks involved with sports!

This applies mainly to boxing, football and the martial arts. However, even soccer, climbing, horseback riding, diving and skiing have risks. Always wear your safety equipment properly and be in good physical condition for your sport.

In the United States in 1987 and 1988, 92,763 emergency room visits were made for injuries related to horseback riding. 18.9% of these visits were made due to injuries to the head and neck. (Statistic from Morbidity and Mortality Weekly Report, Vol. 39, no. 20, pages 329-332, 1990)

Each year there are about 300,000 brain concussions that occur during sports activities. (Center for Disease Control http://www.cdc.gov/od/oc/media/pressrel/braini1.htm).



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President's Budget Zero Funds Traumatic Brain Injury Programs

WASHINGTON – Just weeks after announcing he would deploy "reinforcements of more than 20,000 additional soldiers and Marines to Iraq," President Bush recommended eliminating the Traumatic Brain Injury (TBI) program, which includes funding for Protection and Advocacy for Individuals with Traumatic Brain Injury (PATBI) – a program essential to so many troops returning with disabilities acquired in combat.

"At a time when traumatic brain injuries account for a higher proportion of casualties than in other wars, it is unconscionable that the President is recommending absolutely no funding for a program so essential to this population," said Curt Decker, executive director of the National Disability Rights Network (NDRN).

As of mid-January, over 19,000 soldiers had been wounded in the Gulf War. Brain injuries account for approximately two-thirds of the injuries suffered in the war. Results of TBI screenings at the National Naval Medical Center show that 83 percent of wounded Marines and sailors had sustained temporary or permanent brain damage.

Along with the estimated 5.3 million Americans already living with disabilities resulting from TBI, these service men and women face an array of advocacy needs provided by the PATBI program, including assistance with returning to work; accessing needed supports and services; and obtaining appropriate mental health, substance abuse, and rehabilitation services. Given the nature of their brain injuries, these individuals run a high risk of falling through the cracks if advocacy programs such as PATBI are eliminated, as recommended in the President's budget.

"In his State of the Union address, the President assured the nation that 'we will meet [the] responsibilities of [caring] for the elderly, the disabled, and poor children.' How much more do we owe our returning service men and women returning with disabilities acquired in the line of duty? We call on Congress to provide the 'future of hope and opportunity' of which the President spoke by treating our returning members of the armed forces with the honor they are due," said Decker. "We call on Congress not only to deny the President's request for zero funding, but to *increase* funding for the PATBI program to ensure that all those who qualify are able to access these essential services."

The President's recommendation also comes despite the findings of a 2006 Institute of Medicine (IOM) report calling the programs an "overall success" and finding "there is considerable value in providing … funding."

The Institute of Medicine report can be found at
http://www.nap.edu/catalog/11600.html

###

The National Disability Rights Network (NDRN) is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and the Client Assistance Programs (CAP) for individuals with disabilities. Collectively, the Network is the largest provider of legally based advocacy services to people with disabilities in the United States.

Medford Support Group Update

The Medford brain injury support group members have added extra activities in order to offer more social interaction.

We currently meet once a month at Round Table Pizza Parlor for pizza and socializing. They have a room which can be closed off which they reserve for us every month free of charge. This way we can cut out all the noise and hustle and bustle from the rest of the pizza parlor. Spouses and caregivers also can attended this Social.

I host a craft night once a month at my house. Everyone brings their own food and project to work on. This way everyone is responsible for themselves and it doesn't put an extra burden on anyone. One person usually provides dessert. If by chance someone forgets something we work to include them in one of the other projects someone is doing. A couple of times I have provided materials and taught a holiday project such as a cornucopia for Thanksgiving and a sock snowman for Christmas. This activity is only for those with brain injuries and can give spouses and caregivers a much needed break.

Our group has recently added a movie day once a month. We go to a late matinee for the price break. This month we saw *The Pursuit of Happiness* and last month we saw *Happy Feet*. Caregivers are welcome to join us for the movies.

At the regular monthly meeting in November one of the members was talking about how it is difficult for many of those with brain injuries to socialize and the up coming holidays. So I offered our home for a Christmas party. My very tolerant husband found out later. Everyone brought food to share and a $5.00 gift card for an exchange. We had plenty of food including all the holiday goodies such as fudge. The women spent some time decorating sugar cookies while the men chatted. The Christmas party included spouses and caregivers. So now we have 4 chances a month to meet with 3 of them being in a social capacity. We would love to hear what other brain injury groups are doing. We are open to new ideas and hope our ideas may inspire other groups. Hope everyone has a wonderful and continued healing new year.

Lorita Cushman
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We co-host these camps with the Breckenridge Outdoor Education Center at the scenic Griffith Log Lodge just adjacent to the Breckenridge Ski Area. The week holds confidence building events -- wall climbing, a ropes course, river rafting, hand cycling, hiking, meal preparation, local entertainment and a dance at weeks end (this year's theme is "Don't Worry Be Happy"). These camps operate on a one to one format. For each camper there is a volunteer assigned to him/her for the entire week. Volunteers and campers come from all over the country. Always looking for campers, RNs and volunteers.

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Chocolate May Boost Brain Power

A new US study hints that eating milk chocolate may boost brain function.

"Chocolate contains many substances that act as stimulants, such as theobromine, phenethylamine, and caffeine," Dr Bryan Raudenbush, from Wheeling Jesuit University in West Virginia, said in comments to Reuters Health.

"These substances by themselves have previously been found to increase alertness and attention and what we have found is that by consuming chocolate you can get the stimulating effects, which then lead to increased mental performance."

To study the effects of various chocolate types on brain power, Dr Raudenbush and colleagues had a group of volunteers consume, on four separate occasions, 85 grams of milk chocolate; 85 grams of dark chocolate; 85 grams of carob; and nothing (the control condition).

After a 15-minute digestive period, participants completed a variety of computer-based neuropsychological tests designed to assess cognitive performance including memory, attention span, reaction time and problem solving. "Composite scores for verbal and visual memory were significantly higher for milk chocolate than the other conditions," Dr Raudenbush said.

And consumption of milk and dark chocolate was associated with improved impulse control and reaction time.

Previous research has shown that some nutrients in food aid in glucose release and increased blood flow, which may augment cognitive performance.

SOURCE: http://www.abc.net.au/news/newsitems/200605/s1647287.htm

United Way Campaign

As a 501(c)3 tax-exempt organization, the Brain Injury Association of Oregon is eligible to receive United Way funds. When donating to United Way, you can specify that all or part of the donation be directed to the Brain Injury Association of Oregon .

On the donor form, check the "Specific Requests" box and include the sentence, "Send my gift to Brain Injury Association of Oregon, 2145 NW Overton St, Portland OR 97210"

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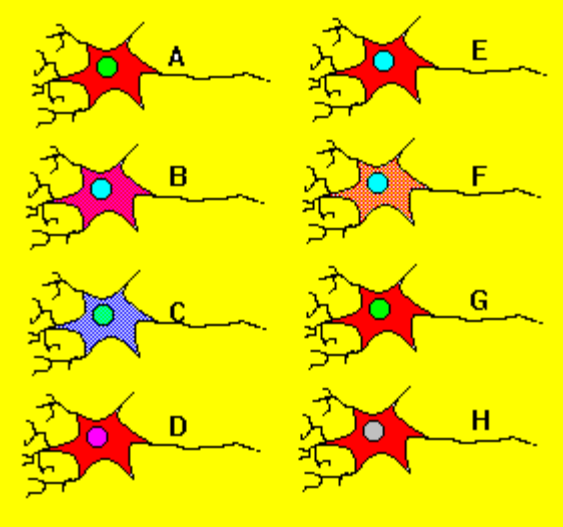
Same/Different Puzzle

The nervous system has about 100 billion neurons (nerve cells). 100 billion!!! That's 100,000,000,000!!! Neurons come in many shapes and sizes. In the picture below, there are 8 neurons. Can you tell which two are exactly the same? Answer below

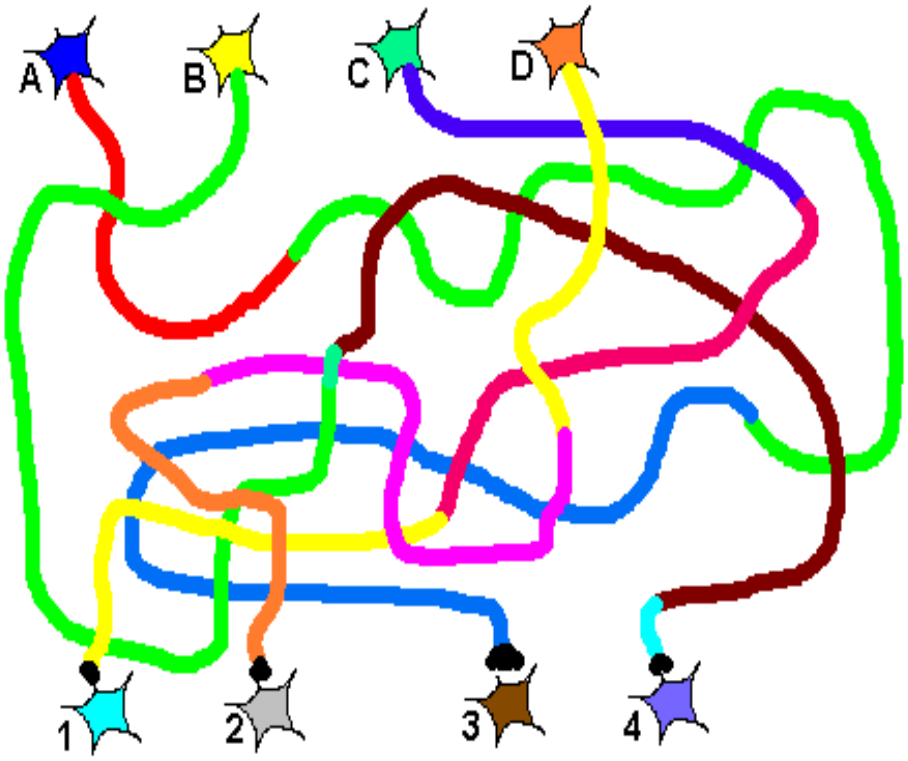


Neurons "A" and "G" are the same.

Neuron matches:
Neuron A goes with Neuron 3
Neuron B goes with Neuron 4
Neuron C goes with Neuron 1
Neuron D goes with Neuron 2

Lost Connections

Can you find the way for these neurons. Follow the neuron trails (the "axons") at the top of this picture to the neurons at the bottom. Can you match the neurons? Answer below.



Sudoku

The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3x3 box must contain the digits 1 through 9 exactly once. (Answer will be in next issue)

Easy

	1			3	4			
9	3			5		4		2
		8	6			7	1	
	2	7			8		3	5
			5		3			
3	6		2			8	4	
	5	4			9	2		
2		9		8			5	1
			1	2			7	

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Accornero@bendbroadband.com

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Brookings Evergreen Federal Bank
850 Chetco Ace, Brookings OR 97415
Dynelle Lentz, 541-412-8531

Cottage Grove
BIG II (Brain Injury Group II)
every Thursday 11 a.m. to 12:30 p.m.
the Jefferson Park Recreation Room
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Anna, 767-0845.

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15th & Patterson, Eugene, OR. 97401
Call for Information
Jan Johnson, (541) 342-1980
comrehabjan@aol.com

BIG (BRAIN INJURY GROUP)
Tuesdays 11:00am-1pm
Hilyard Community Center
2580 Hilyard Avenue, Eugene, OR. 97401
Curtis Brown, (541) 998-3951
BCCBrown@aol.com

Hillsboro (1)
HOMEWARD BOUND SUPPORT GROUP
Call for further information - Starting in Sept
Carol Altman, (503)640-0818

Klamath Falls
SPOKES UNLIMITED TBI GROUP
4th Friday 3:00pm to 4:30pm
415 Main Street
Klamath Falls, OR 97601
Dawn Lytle, (541) 883-7547
dlytle@spokesunlimited.org

Lebanon
BRAIN INJURY SUPPORT GROUP OF LEBANON
1st Thursday 6:30 pm
Lebanon Community Hospital
525 North Santiam Hwy, Lebanon, OR 97355
Conf Rm #6
Lisa Stoffey 541-752-0816
lstoffey@aol.com

Medford
TURNING POINT
3rd Tuesday 4:00pm-5:00pm
Call for More Information
Pam Ogden, (541) 776-3427
Pamela.Ogden@sogoodwill.org

Newport
BRAIN INJURY SUPPORT GROUP OF NEWPORT
2nd Saturday 2-4 pm
657 SW Coast Hwy
Newport, OR 97365
(541) 574-0384
www.progressive-options.org

Pendleton
Inactive at this time.
For more information contact:
Joyce McFarland-Orr (541) 278-1194
jmcfarland@Oregontrail.net

Portland (11)
BRAINSTORMERS I
2nd Saturday 10:00 - 11:30am
Women's self-help group
Wilcox Building Conference Room A
2211 NW Marshall St., Portland 97210
Next to Good Samaritan Hospital
Northwest Portland
Jane Starbird, Ph.D., (503) 493-1221
drstarbird@aol.com

BIRC Alumni Support Group
Last Tuesday of every odd month
1815 SW Marlow, Ste 110, Portland, 97225
Contact Doug Peterson for additional information
503-292-0765 or doug@progrehab.com

BRAINSTORMERS II
3rd Saturday 10:00am-12:00noon
Survivor self-help group
Emanuel Hospital, M.O.B.-West
2801 N Gantenbein, Portland, 97227
Northeast Portland
Steve Wright (503) 413-7707
biaor@biaoregon.org

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Friday, 1-3 pm
Independent Living Resources
2410 SE 11th, Portland, OR 97214
Southeast Portland
Christopher Eason, 503-232-7411
christopher@ilr.org

FAMILY SUPPORT GROUP
3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with *PARENTS OF CHILDREN WITH BRAIN INJURY*
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Northeast Portland
Joyce Kerley (503) 413-7707
joycek1145@aol.com

FARADAY CLUB
Must be pre-registered -
1st Saturday 1:00-2:30pm
Peer self-help group for professionals with brain injury
Emanuel Hospital, Rm. 1035
2801 N Gantenbein, Portland, 97227
Northeast Portland
Arvid Lonseth, (503) 680-2251 (pager)
alonseth@pacifier.com

HELP
(Help Each Other Live Positively)
4th Saturday - 1:00-3:00 pm
TBI Survivor self-help group (Odd months)
TBI Family & Spouse (Even Months)
Cognitive Enhancement Center
15705 S.E. Powell Blvd. Portland Or.
Brad Loftis, (503) 547-8788
bcmuse2002@yahoo.com

TBI SOCIAL CLUB
Location varies, call for times and location of meetings
Meets twice a month - days and times vary
call for information
Sandra Ward, (503) 735-4857
slwsundance@qwest.net

PARENTS OF CHILDREN WITH BRAIN INJURY
This group will meet once a month, and is a self-help support group. Currently combined with *FAMILY SUPPORT GROUP*
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Joyce Kerley (503) 413-7707
joycek1145@aol.com

Roseburg
UMPQUA VALLEY DISABILITIES NETWORK
2nd Monday 12 noon - 1pm
419 NE Winchester, Roseburg, OR 97470
Tim Rogers, (541) 672-6336 x202
timrogers@udvn.org

Salem (2)
SALEM BRAIN INJURY SUPPORT GROUP
4th Thursday 5pm-7pm
Salem Rehabilitation Center
2561 Center Street, Salem OR 97301
Carol Mathews-Ayers, (503) 561-1974
smpays@salemhospital.org

SALEM SOCIAL CLUB
6:30pm - 8:30pm
2nd Wednesday of
March, June, September and December
Windsor Place
3005 Windsor Ave. NE, Salem, OR 97301
Sharon Slaughter , (503) 581-0393
sharonslaughter@qwest.net

Vancouver Washington
VANCOUVER TBI SUPPORT
2nd and 4th at disAbility Resources of SW Washington
2700 NE Andresen, Suite D5
Contact: Charlie Gourde charlie@darsw.com
10-4 Monday – Friday 360-694-6790 ext. 103

No, indeed; I don't know anything. You see, I am stuffed, so I have no brains at all. - L. Frank Baum (the "Scarecrow" in *The Wonderful Wizard of Oz*)

ARE YOU A MEMBER?

The Brain Injury Association of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help.

Your membership is vitally important when we are talking to our legislators. For further information, please call 503-413-7707 or 1-800-544-5243 or email biaor@biaoregon.org.

Brain Injury Association of Oregon

☐ New Member ☐ Renewing Member

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Membership

☐ Basic $35 ($50 for family) ☐ Students $25

☐ Non Profit $75 ☐ Professional $100 ☐ Sustaining $200

☐ Survivor Courtesy $ 0 (Donations from those able to do so are appreciated)

Sponsorship

☐ Bronze $250 ☐ Silver $500

☐ Gold $1,000 ☐ Platinum $2,000

Additional Donation/Memorial: $_____

In memory of: _____
(Please print name)

Member is:

☐ Individual with brain injury ☐ Family Member

☐ Professional. Field: _____

☐ Other: _____

Type of Payment

☐ Check payable to BIAOR for $ _____

☐ Charge my VISA/MC/Discover Card $ _____

Card number: _____ _____ _____ _____

Expiration date: _____ _____

Print Name on Card: _____

Signature Approval: _____

Date: _____

Please mail to:

BIAOR Membership
2145 NW Overton Street
Portland, OR 97210
503-413-7707 or 800-544-5243
Fax: 503-413-6849
www.biaoregon.org • biaor@biaoregon.org

If you are receiving unwanted or multiple newsletters or have errors in your name or address, please contact BIAOR–503-413-7707 or biaor@biaoregon.org. Thank you.

The Brain Injury Association of Oregon
2145 NW Overton
Portland, OR 97210-2924

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How To Contact Us

Brain Injury Association of Oregon (BIAOR)

2145 NW Overton
Portland, OR 97210-2924
(503) 413-7707
Toll free: (800) 544-5243
Email: biaor@biaoregon.org
Website: www.biaoregon .org

Oregon Brain Injury Resource Network (OBIRN)
Toll free: (800) 544-5243
Email: tbi@wou.edu
Website: www.tr.wou.edu/tbi

BIAOR Open
biaoropen-subscribe@yahoogroups.com
BIAOR Advocacy Network
BIAORAdvocacy-subscribe@yahoogroups.com

Vehicle Donations

Through a partnership with VDAC (Vehicle Donations to Any Charity), The Brain Injury Association of Oregon, BIAOR, is now a part of a vehicle donation system. BIAOR can accept vehicles from anywhere in the country. VDAC will handle the towing, issue a charitable receipt to you, auction the vehicle, handle the transfer of title, etc. Donations can be accepted online, or via a toll free number. The online web site is http://www.v-dac.com/org/?id=930900797

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