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THE CHALLENGE!



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FROM MY **DESK**



It is hard to believe the holiday season is almost upon us! It seems only yesterday we were grilling burgers and enjoying s'mores. Now, as the holiday season approaches, the Brain Injury Association of America is preparing for Giving Tuesday on November 30 and our year-end fundraising campaign.

To be honest, it is easy to ask people to support BIAA when you know how important our organization is in the lives of so many. We hear from individuals with brain injury how much they look forward to our monthly resource e-newsletter and how much they value this quarterly newsmagazine. We hear from family members how much they learn in our Fundamentals of Brain Injury course. We hear from therapists how much they appreciate our advocacy on their behalf. Now we hear from researchers that even a small grant from BIAA makes a huge difference in their work.

BIAA's mission is to advance awareness, research, treatment, and education and to improve the quality of life for all people affected by brain injury. We will never meet all of the needs in the brain injury community, but we will do all in our power to ensure that everyone in the U.S. who sustains a brain injury is diagnosed, treated, and accepted. We will continue to rely on our chartered state affiliates and our generous corporate sponsors and individual donors to make it happen.

If you'd like to make a year-end contribution, visit biausa.org/donate to make your gift.

A handwritten signature in black ink that reads "Susan H. Connors".

Susan H. Connors, President/CEO
Brain Injury Association of America



P.S. Individuals with brain injury are particularly vulnerable to diseases like COVID-19, which can cause neuroinflammatory issues. Please get vaccinated – for yourself and for someone you love.



Evaluating Concussion: SHINING LIGHT ON THE INVISIBLE JOURNEY

By Ksenia Musaelyan, M.D. Ph.D., neuroscientist and Medical Affairs Manager at Abbott, and Beth McQuiston, M.D., board certified neurologist, registered dietitian, and medical director for Abbott Diagnostics Business

What do a young woman on a field hockey team and an elderly gentleman walking down the stairs have in common? They can both be at high risk of sustaining a concussion. Concussions can happen to anyone - not just professional athletes. If you are one of the millions of people that may sustain a brain injury each year¹, how will your medical team evaluate you? Brain injury has been described as the most complicated disease of the most complicated organ, and evaluating brain injury requires an integrated approach, which up until now heavily relied on subjective clinical assessment. If a person does not have any visible injuries to the head and does not show any obvious signs of brain damage such as confusion or different size of pupils, doctors frequently need to make a judgement based on more subjective factors. Sports trainers have been struggling with this problem for years. When athletes are injured during a game, medics only have minutes to decide whether they should continue playing, but there is no easy objective method to help them make this decision.

Concussion is not actually a strict medical term. It is a common way to refer to what is classified as mild traumatic brain injury or mild TBI (mTBI). In fact, many trauma experts agree that the use of the term “concussion” can downplay the actual impact to the patient’s life and how serious the consequences of it can be, even if no signs are immediately obvious at the time of the injury. Indeed, published research suggest a range between 15 and 50% of people who sustain a concussion, experience long-term symptoms for months after the injury^{2,3}. These symptoms, such as headaches, dizziness and problems with sleep can seriously impact people’s lives. Therefore, ensuring that all mTBI patients are evaluated appropriately is very important, so health care professionals can provide the appropriate care patients need.

Currently one tool used in assessing TBI is a computed tomography (CT) head scan. It can show if a person has any clinically important injury or a bleeding inside the brain. To get a CT scan, you need to be seen in

a hospital large enough to have one available in the emergency department (ED). CT scans are used for many emergency conditions, therefore a demand on the scanner is usually quite high. Only very large trauma centers may have more than one available. For these reasons getting a CT scan usually means extra waiting time in the ED⁴. Moreover, getting a CT scan means exposing yourself to radiation⁵. At the same time, the chances of finding an injury on a CT scan in mTBI cases are rather low – only about 10% of these scans show any abnormality¹. This could be because some of the mild brain injuries happen on microscopic level and are not large enough to be seen on the scan⁶. However, CT scan carries a very important role, in detecting brain bleeds. In a very small number of cases (less than 1%), a CT may detect a severe bleed inside the brain which could lead to death if not operated on urgently¹. This is where the emergency room doctor faces a significant challenge: to find that needle in the haystack, that one in more than 100 patients¹ who needs an urgent evaluation and surgical care. Scanning all patients to find them is not only wasteful for the hospital’s and patient’s time and resources, but also carries unnecessary radiation risk. Until now, doctors had to weigh the risk factors, such as patient’s age and what symptoms they are showing, to identify those who really need the scan. Although special “decision rules” have been developed to help doctors select these patients, many unnecessary CT scans are still being carried out daily for head trauma⁷. However, it is possible this could soon change.

A couple of decades ago clinical researchers discovered that when the brain is injured, some specific proteins “leak” from the brain tissue into the bloodstream. Years of clinical studies involving hundreds of patients with mild TBI showed that measuring levels of these proteins in blood’s plasma can accurately predict which patients are not likely to have a brain damage visible on a CT scan⁸. However, as these proteins are present in very small amounts, a very sensitive technology was needed to be able to detect them. Scientists at Abbott took up that challenge. After years of research, they developed a test that can detect levels of two of those proteins in the blood’s plasma in as little as 15 minutes[†]. Alongside other clinical information about the patient, results can tell the emergency room doctor which patient is unlikely to have a brain injury visible on a CT scan and thus does not need a CT scan. For the first time in medical practice, a blood plasma test is now FDA cleared that can help doctors assess patients suspected of mTBI. While blood tests are routinely used to help evaluate the diseases of the heart, liver, kidneys and many other organs, up until now no such test existed for the brain. Abbott’s new i-STAT TBI Plasma test is the first of its kind to be widely available to the ED. This revolutionary technology will change the way patients with head trauma are evaluated. It will provide emergency room physicians with a quick, safe, and objective way to tell which patients are unlikely to have any brain injury visible on a CT scan, giving both the doctor and the patient much needed peace of mind after a traumatic event. The i-STAT TBI Plasma test is now available on a hand-held device for use in a clinical laboratory setting, and research continues to develop the test for use in other settings*. In the future, medics may be able to carry out these tests outside of the hospital, for example in an ambulance or on a sports field*. This test gives objective information to help clinicians provide optimized, rapid assessment and care to their mTBI patients to help people live their best lives.

* Subject to regulatory clearance.

† After obtaining a plasma sample. This test is to be used with plasma in clinical laboratory settings by a healthcare professional.

REFERENCES

1. Korley, F.K., Kelen, G.D., Jones, C.M. and Diaz-Arrastia, R. (2016). Emergency Department Evaluation of Traumatic Brain Injury in the United States, 2009-2010. *J Head Trauma Rehabil* 31, 379-387.

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REFERENCES: 1. Korley FK, et al. *J Head Trauma Rehabil.* 2016. 2. i-STAT TBI Plasma Cartridge. Instructions for use. Abbott Point of Care Inc. Abbott Park, IL; 2021.

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- Blennow, K., Brody, D.L., Kochanek, P.M., Levin, H., McKee, A., Ribbers, G.M., Yaffe, K. and Zetterberg, H. (2016). Traumatic brain injuries. *Nat Rev Dis Primers* 2, 16084.
- Nelson, L.D., Temkin, N.R., Dikmen, S., Barber, J., Giacino, J.T., Yuh, E., Levin, H.S., McCrea, M.A., Stein, M.B., Mukherjee, P., Okonkwo, D.O., Robertson, C.S., Diaz-Arrastia, R., Manley, G.T., Adeoye, O., Badjatia, N., Boase, K., Bodien, Y., Bullock, M.R., Chesnut, R., Corrigan, J.D., Crawford, K., Duhaime, A.C., Ellenbogen, R., Feeser, V.R., Ferguson, A., Foreman, B., Gardner, R., Gaudette, E., Gonzalez, L., Gopinath, S., Gullapalli, R., Hemphill, J.C., Hotz, G., Jain, S., Korley, F., Kramer, J., Kreitzer, N., Lindsell, C., Machamer, J., Madden, C., Martin, A., McAllister, T., Merchant, R., Noel, F., Palacios, E., Perl, D., Puccio, A., Rabinowitz, M., Rosand, J., Sander, A., Satris, G., Schnyer, D., Seabury, S., Sherer, M., Taylor, S., Toga, A., Valadka, A., Vassar, M.J., Vespa, P., Wang, K., Yue, J.K. and Zafonte, R. (2019). Recovery After Mild Traumatic Brain Injury in Patients Presenting to US Level I Trauma Centers: A Transforming Research and Clinical Knowledge in Traumatic Brain Injury (TRACK-TBI) Study. *JAMA Neurol* 76, 1049-1059.
- Stiell, I.G., Clement, C.M., Rowe, B.H., Schull, M.J., Brison, R., Cass, D., Eisenhauer, M.A., McKnight, R.D., Bandiera, G., Holroyd, B., Lee, J.S., Dreyer, J., Worthington, J.R., Reardon, M., Greenberg, G., Lesiuk, H., MacPhail, I. and Wells, G.A. (2005). Comparison of the Canadian CT Head Rule and the New Orleans Criteria in patients with minor head injury. *JAMA* 294, 1511-1518.
- Brenner, D.J. and Hall, E.J. (2007). Computed tomography--an increasing source of radiation exposure. *N Engl J Med* 357, 2277-2284.
- Yue, J.K., Yuh, E.L., Korley, F.K., Winkler, E.A., Sun, X., Puffer, R.C., Deng, H., Choy, W., Chandra, A., Taylor, S.R., Ferguson, A.R., Huie, J.R., Rabinowitz, M., Puccio, A.M., Mukherjee, P., Vassar, M.J., Wang, K.K.W., Diaz-Arrastia, R., Okonkwo, D.O., Jain, S., Manley, G.T., Adeoye, O.M., Badjatia, N., Boase, K., Bodien, Y.G., Bullock, M.R., Chesnut, R.M., Corrigan, J.D., Crawford, K., Dikmen, S.S., Duhaime, A.-C., Ellenbogen, R.G., Feeser, V., Foreman, B., Gardner, R.C., Gaudette, E., Giacino, J.T., Goldman, D.P., Gonzalez, L., Gopinath, S., Gullapalli, R., Hemphill, J.C., Hotz, G., Kramer, J.H., Kreitzer, N.P., Levin, H.S., Lindsell, C.J., Machamer, J., Madden, C.J., Martin, A.J., McAllister, T.W., McCrea, M., Merchant, R., Nelson, L.D., Noel, F., Palacios, E.M., Perl, D.P., Puccio, A.M., Rabinowitz, M., Robertson, C.S., Rosand, J., Sander, A.M., Satris, G.G., Schnyer, D.M., Seabury, S.A., Sherer, M., Stein, M.B., Temkin, N.R., Toga, A.W., Valadka, A.B., Vassar, M.J., Vespa, P.M., Yuh, E.L. and Zafonte, R. (2019). Association between plasma GFAP concentrations and MRI abnormalities in patients with CT-negative traumatic brain injury in the TRACK-TBI cohort: a prospective multicentre study. *The Lancet Neurology* 18, 953-961.
- Lin, M.P., Nguyen, T., Probst, M.A., Richardson, L.D. and Schuur, J.D. (2017). Emergency Physician Knowledge, Attitudes, and Behavior Regarding ACEP's Choosing Wisely Recommendations: A Survey Study. *Academic Emergency Medicine* 24, 668-675.
- Bazarian, J.J., Biberthaler, P., Welch, R.D., Lewis, L.M., Barzo, P., Bogner-Flatz, V., Gunnar Brolinson, P., Buki, A., Chen, J.Y., Christenson, R.H., Hack, D., Huff, J.S., Johar, S., Jordan, J.D., Leidel, B.A., Lindner, T., Ludington, E., Okonkwo, D.O., Ornato, J., Peacock, W.F., Schmidt, K., Tyndall, J.A., Vossough, A. and Jagoda, A.S. (2018). Serum GFAP and UCH-L1 for prediction of absence of intracranial injuries on head CT (ALERT-TBI): a multicentre observational study. *Lancet Neurol* 17, 782-789.



HOW TO PARTICIPATE IN CLINICAL TRIALS

By Greg Ayotte, CBIST, Director of Consumer Services, Brain Injury Association of America

Clinical trials are research studies in which individuals volunteer to participate. Before a clinical trial can begin, an ethics board reviews the trial and participants are selected based on pre-determined criteria. A participant chooses to participate or not after reviewing the possible risks and benefits of participation. Some studies will pay for people to participate in their research.

A common question people with brain injury and their families ask is, "Where can I find information on clinical trials for brain injury?" Locating clinical trials on brain injury can be challenging. There is not a single location where all brain injury clinical trials are listed. Due to the nature of brain injury, the many different challenges that can result from a brain injury, and the different types of

research being done, individuals may have to consult a variety of resources and databases.

There are different stages and interventions that can occur during the brain injury recovery process. For example, during the acute stage, pharmacological interventions (i.e., studies involving medication) are geared toward minimizing secondary adverse consequences. During the post-acute stage, people with brain injury are medically stable but may have cognitive, physical or emotional impairments. Interventions may include medications, the use of devices, or specific therapeutic process designed to improve function. The information below offers suggestions about searching for clinical trials and resources to help families decide if participating in research is right for them.

Some Important Reminders:

- There are no guarantees. You may search the clinical trial databases and find nothing. There is no guarantee that there is something out there that will help your particular situation.
- The presence of a clinical trial does not automatically mean that you will qualify to participate, receive the treatment offered, benefit from the treatment, or be “cured” of brain injury. Researchers set up a study because they have reason to believe an intervention might work and need more information.
- Discuss the information with your doctor before participating. Research trials are designed to be as risk-free as possible, but by their very nature are looking into the unknown. Take the time to read through all research material and ask questions.
- Participation in clinical trials is a personal choice and may not be for everyone. Choosing to participate or not to participate is an individual decision that should be respected.

Tips for Searching the Web for Research Trials

- Search for local universities or large rehabilitation centers as both of these institutions tend to run clinical trials.
- Some websites offer personal clinical trials notifications and will email updates on trials relevant to a person's interest.
- Some websites require user registration prior to a site search. Most sites only require you to register with an e-mail address.
- Some websites may ask for your mailing address, name, and area of interest before they allow you to gather research trial information. Make sure you read their privacy policies before doing so.

For information about finding appropriate clinical trials, visit biausa.org/clinicaltrials. For brain injury resources, contact the National Brain Injury Information Center at 1-800-444-6443 or visit biausa.org.

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Award Winners Recognized for Contributions to Research and Clinical Care

By Dianna Fahel, Director of Marketing & Communications, Brain Injury Association of America

The Brain Injury Association of America (BIAA) has announced that Cindy Ivanhoe, M.D., has been named as the recipient of the 2021 Sheldon Berrol, M.D., Clinical Service Award and Juliet Haarbauer-Krupa, Ph.D., FACRM, will receive the William Fields Caveness Award.

The Sheldon Berrol, M.D., Clinical Service Award is presented each year to an individual who, through a long service career, has made outstanding contributions to improving the quality of care, professional training, and education in the field of brain injury. This year's winner is Cindy Ivanhoe, M.D. Dr. Ivanhoe is a senior fellow in the American Leadership Forum (ALF) and director of the Spasticity and Associated Syndromes of Movement (SPASM) program at TIRR Memorial Hermann. She is a clinical professor in the department of physical medicine and rehabilitation at the McGovern Medical School, University of Texas Health Science Center at Houston. She is also an admitting physician and consultant to the Brain Injury and Stroke Program at TIRR Memorial Hermann.

"I am honored to join the distinguished list, of so many friends and colleagues, people I admire, who have been awarded the Brain Injury Association of America



Cindy Ivanhoe, M.D.

Sheldon Berrol, M.D., Clinical Service Award," shared Dr. Ivanhoe. "I must acknowledge the late Dr. Bontke who opened a professional door for me as a mentor,

in so many ways, and who even gave me Dr. Berrol's copy of Plum and Posner. In a time when advocating for patients, clinical ethics and education is challenged and challenging, this award serves as an acknowledgment that the battle is worth it. I want to acknowledge my son and daughter, in birth order, Sam Ennis and Sarah Ennis, who have tolerated whatever example I have set, and in their own way, have made me a better physician. I also acknowledge the patients and their families who remind me of what matters, the value of small victories, and the strength of the human spirit. I continue to learn life lessons from them."

Dr. Ivanhoe is board certified in physical medicine and rehabilitation and in brain injury medicine. She is most known for her expertise in the treatment of spasticity, pioneering the clinical use of interventions including Intrathecal Baclofen therapy, for which she was an investigator on studies leading to its FDA approval. Her clinical experience has spanned the entire spectrum of brain injury from developmental disabilities, neurosurgical ICUs, and acute rehabilitation to long-term follow up in the community. Her nonprofit, Ivanhoe Foundation (IF), supports endeavors that serve to improve the lives of those with brain injuries and other disabilities in the community. She has been recognized by many associations and organizations for her work as a clinician and her contributions to advocacy, teaching, and education. Most recently, she was named Physician of the Year 2020 by TIRR Memorial Hermann and received the Dean's Excellence in Teaching Award at University of Texas.

The William Fields Caveness Award is presented in recognition of an individual who, through research on both a national and international level, has made outstanding contributions to bettering the lives of people with brain injury. This year's award winner, Juliet Haarbauer-Krupa, Ph.D., FACRM, is a senior health scientist on the Traumatic Brain Injury (TBI) Team in the Division of Injury Prevention at the CDC Injury Center. She currently holds an adjunct position in the Department of Pediatrics at Emory University's School of Medicine.

"I am honored to accept the William Fields Caveness Award from the Brain Injury Association of America and humbled to join the list of distinguished awardees.



Juliet Haarbauer-Krupa, Ph.D., FACRM

Dr. Caveness was a pioneer in the field who focused on improving the lives of individuals living with TBI," shared Dr. Haarbauer-Krupa. "Since starting in the field in the 1980s, the driving force for my work has been to prevent people from getting a TBI and to optimize the health of children and adults who are living with a TBI. Many thanks to Dr. Angela Ciccia and Dr. Jennifer Lundine for the nomination, as well as to BIAA for recognizing work in the field of TBI."

Dr. Haarbauer-Krupa has more than 30 years of experience and has written more than 100 publications and presentations in the area of brain injury, with specialties in rehabilitation and pediatric populations. As a health scientist, Dr. Haarbauer-Krupa's role at CDC is to devise research projects and products to better understand trends in TBI in the U.S. and to improve health outcomes for individuals living with a TBI. She is project lead on the Report to Congress on the Management of Traumatic Brain Injury in Children and a scientific collaborator for clinical decision support and return to school projects in the division.

The awards was presented virtually at the ACRM annual conference.

Traumatic Brain Injuries: HOW ATTORNEYS DECIDE THE LIFETIME VALUE OF A CASE



By Emma Ascott, *Top Class Actions*

What is a traumatic brain injury?

A traumatic brain injury (TBI) is defined as brain dysfunction caused by an outside force, such as impact to the head. People commonly sustain TBIs from falling, firearm-related injuries, motor vehicle crashes, or assault.

TBIs can have both minor and more chronic consequences that lead to permanent disabilities, which can reduce life expectancy. The consequences of a TBI can result in various conditions, such as seizures, sleep disorders, neurodegenerative diseases, and psychiatric problems. Changes caused by a TBI can persist for months or years after the initial injury and can significantly affect a person's quality of life.

According to the Centers for Disease Control and Prevention, TBIs account for 30% of all injury-related deaths in the United States each year. In 2019, there were approximately 61,000 TBI-related deaths in the U.S., and nearly 5.3 million survivors are now living with permanent disabilities as a result of brain injury.

Any type of trauma to the head or neck can result in a brain injury if it causes the brain to swell, bleed, bruise, or tear. A TBI can impair a person's cognitive abilities or physical functioning. Many people are not able to fully recover from a TBI – they may have problems moving and regulating their emotions or may experience a change in personality. These effects can cause costly and significant changes to a person's life.

According to the Brain Injury Law Center, after a traumatic brain injury, pursuing damages through a lawsuit is the most productive way to ensure the best medical attention without draining all personal financial resources.

How do attorneys decide the lifetime value of a traumatic brain injury case?

The compilation of economic damages in a TBI case is a complicated process requiring multiple experts and multiple records.

To make the vitally important decision concerning the value of a TBI in a potential lawsuit, Personal Injury Lawyer Frank Verderame, Plattner Verderame, P.C., said that he first collects all related medical records. He then contacts the doctors who are the primary treating physicians for the patient's long-term problems related to the brain. Verderame explained that there are experts nationally who interview all doctors involved and price out the cost of the medical care for the cost of treatment needed.

"You combine the testimony of the doctor about the patient's need with the testimony of the expert about the cost of the care and what it's going to be over the lifetime. Then, you hire an economist to evaluate the long-term cost of that care," Verderame told Top Class Actions.

Another aspect to consider is the affected individual's earning capacity. "There's a lot of components to it, depending on what they did for a living and what kind of benefits they got from their job, like health insurance, disability insurance, pension, and profit sharing plans – all those things that they lost," Verderame said.

According to Newsome Melton Law Firm, which specializes in brain and spinal cord injury lawsuits, there are three types of damages from a TBI:

Loss of Earning Capacity:

A vocational expert will testify about how much of the injured party's expected lifetime earnings will be lost due to the injury.

Life Care Costs:

A life care planner will assess the injured party's possible future needs and testify about them to the jury. Physical therapy, medications, and help with daily activities need to be considered.

Pain and Suffering/Loss of Enjoyment of Life:

Hedonic damage experts will use economic studies to show that the injured party's quality of life has been reduced by a certain percentage. An attorney will take these factors into consideration when deciding whether a case is worth pursuing.

Diane Marger Moore, a triple board-certified personal injury attorney at Baum Hedlund Aristei & Goldman, P.C., said that, when deciding the lifetime value of a TBI, objective and subjective testing by a highly competent neuropsychologist will help define the scope and extent of the injury, and newer radiological testing may also be employed. "Once a diagnosis is obtained, the deficits may be identified. Since some brain injuries may resolve, retesting a year later is critical. Thereafter, looking at the life tables, a life care plan may be developed for more severe cases. A forensic economist will help evaluate the financial loss based upon accepted economic principles," Moore told Top Class Actions.

A life care plan is only a snapshot of what the individual needs in terms of cost, and awarded damages for a TBI can sometimes reach eight figures, according to Michael Kaplen, Professorial Lecturer in Law at The George Washington University Law School and personal injury attorney at De Caro & Kaplen law firm. "The life care

plan is two parts," Kaplen told Top Class Actions. "One part is what they need, and number two is how much those services will cost. Then, we take it a step further because those are just the costs today; they have to give that plan to an economist to predict the costs into the future."

Future loss of earnings isn't just a calculation of past loss of earnings multiplied by current income loss and number of years; it's the capacity to earn money in the future, which has been lost. This consideration is dependent on the plaintiff's age, education, experience, and number of years in the labor force. This can dramatically affect future earning calculations. Consideration must be given to career advancement or inability to advance because of injury and inability to find future employment because of disability. Inflation and fringe benefit losses are also analyzed.

Damages for mild-to-moderate TBIs frequently exceed \$100,000. When a person is severely affected and will need lifetime care (e.g., rehabilitation, ongoing caregiving, specialized equipment), it's not uncommon for the settlement to reach into the millions of dollars. If the vocational, life care planner, and hedonic damage experts have made a good case, a significant amount in damages could be awarded.

An example of possible awarded damages:

| | |
|---------------------------|--------------------|
| ✓ Medical costs: | \$50,000 |
| ✓ Earnings loss capacity: | \$740,000 |
| ✓ Lifetime care costs: | \$350,000 |
| ✓ Life enjoyment: | \$740,000 |
| ✓ Pain and suffering: | \$740,000 |
| Total damages: | \$2,960,000 |

The economic cost of brain injuries in the U.S. is estimated to be \$76.5 billion, including \$11.5 billion in direct medical costs and \$64.8 billion in indirect costs, such as lost wages, lost productivity, and other nonmedical costs.

To receive the deserved compensation for high medical bills, lost wages, and other expenses, hiring an experienced TBI lawyer and pursuing damages is recommended. For more information about lawyers who understand brain injury, visit biausa.org/attorneys. ●



Researcher Spotlight: **Marie Hanscom**

By Robbie Baker, Vice President & Chief Development Officer, Brain Injury Association of America

Marie Hanscom, Ph.D., University of Maryland-Baltimore, was awarded a dissertation grant of \$5,000 for her project, “Impact of Intestinal Inflammation on Long-Term Neurological Outcomes Following TBI in Mice” through BIAA’s Brain Injury Research Fund. Read more about her current project and her views on the important of brain injury research below.

Project Title: Impact of Intestinal Inflammation on Long-Term Neurological Outcomes Following TBI in Mice

Traumatic brain injury (TBI) causes peripheral organ dysfunction including gastrointestinal dysfunction. Increased gut leakiness is associated with greater risk of comorbidities in trauma patients. TBI patients surviving longer than 1-year post-injury are more likely to die of sepsis and digestive conditions. Infection with an intestinal pathogen in mice worsened TBI lesion volume. This study examines the effect of intestinal inflammation following TBI on long-term TBI-associated brain injury, inflammation and cognitive dysfunction and the role of the brain-gut axis in TBI disease progression.

“Without your support, myself and other scientists, would not be able to pursue important lines of research which could lead to breakthroughs.”

What compelled you to pursue a career in research?

I have always loved puzzles. I love the process of figuring out how the pieces all fit together, using one small piece of information as a foundation to build upon to see the bigger picture is the solution. To me, science is an enormous, never-ending puzzle. What is really great about science is that the pieces can fit together in multiple ways, so you may have thought you solved the puzzle, but the picture is not quite right, or if you adjust a piece here and there, you have a whole new image – a whole new solution. I love the challenge and brilliant elegance of this field. I love that I get to go to work and learn something new every day, that my perspective and knowledge are continually challenged.

Moving beyond the puzzle aspect of science, being a research scientist also allows me to contribute to the scientific field and serve others in a meaningful way. My father was in the military, so I grew up surrounded by servicewomen and men and their family members who

would sacrifice for others. I cannot begin to properly convey the profoundly deep effect witnessing this selflessness had on my life. I am extremely grateful that, through my work, I can use my knowledge and skills to push the scientific field forward while supporting, empowering, helping, and serving others.

How has support from the Brain Injury Association of America helped you achieve your research goals?

One of the truly frustrating aspects of being an academic scientist is the cost of research. Often, as scientists, we have to make difficult choices on what questions or ideas we can realistically pursue based on funding. With the support of the Brain Injury Association of America, I have been able to pursue an important line of research that I would not have been able to otherwise. This has generated intriguing data that further expands on the initial question I was trying to answer. The funding I received from BIAA, allowed me to perform studies to examine how gut injury and inflammation can affect the expression of genes in the injured brain.

What message do you have for donors supporting the Brain Injury Research Fund?

I would like to thank all the individuals who have donated their time, skills, knowledge, and funds to support the Brain Injury Research Fund. Without your support, myself and other scientists, would not be able to pursue important lines of research which could lead to breakthroughs in our understanding of TBI and novel therapeutic treatment strategies. Having suffered from mild TBI myself, I can say that your generous support, commitment, and contribution to the brain injury community is sincerely appreciated and absolutely invaluable.

Why is it important to support brain injury research?

Brain injury is not just a one-time event, it is a constantly evolving, progressive disease that has tremendous long-term impacts on the individual affected and their friends and families; carrying an economic and societal burden in addition to the individual cost. TBI is also an

incredibly complex, diverse injury and there is still much we do not know about it, while current therapeutic interventions are few and limited. Supported research allows our community to explore and fill in knowledge gaps, piece by piece, with the ultimate collective goal of developing novel, effective, and potentially personalized, therapeutic interventions to improve recovery and quality of life for TBI patients. Research will also provide valuable information on how we, as a community, can care for, support, and empower not just people with brain injury, but their families as well. It is extremely easy for those who have not suffered from a brain injury to step back and disassociate themselves from it, as with any disease or injury, but the truth is that TBI could very easily happen to anyone, on any given day.

What else would be helpful for our community of donors and supporters to know about your work?

Organs of the body can, and do, communicate with each other. In addition to participating in maintaining normal, healthy functioning of the body, this inter-organ crosstalk can also play a role in the progression of disease and injury. When most people think of TBI, they think of the brain only. What we now know is that TBI can affect other organs in the body. Additionally, organ dysfunction and secondary systemic challenges can also affect TBI outcomes. My research focuses on the role of the brain-gut axis in TBI, specifically how gut injury and inflammation following TBI can affect long-term TBI progression and outcomes. What we have found so far, is that colonic injury and inflammation can worsen neurodegeneration, neuroinflammation and behavioral deficits associated with chronic TBI. My hope is that my research will illustrate how important it is to take into consideration these secondary challenges regarding TBI patient care, while also leading to the development of personalized therapeutic interventions that can circumvent the deleterious effects these secondary challenges can have on long-term TBI outcomes.

Marie has experience as an educator, researcher, author, and clinician touching a number of disciplines including cancer, cardiology, and neurology. In her free time, Marie is a volunteer for a wide range of causes including road races, museums, animal rescue, and the local zoo. ●



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In support of BIAA-KY
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FACEBOOK FUNDRAISERS

The Brain Injury Association of America (BIAA) is grateful for the individuals listed below who held fundraisers benefitting BIAA through Facebook.

Tiffany Aiken
Dom Anepete
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Marty Baker
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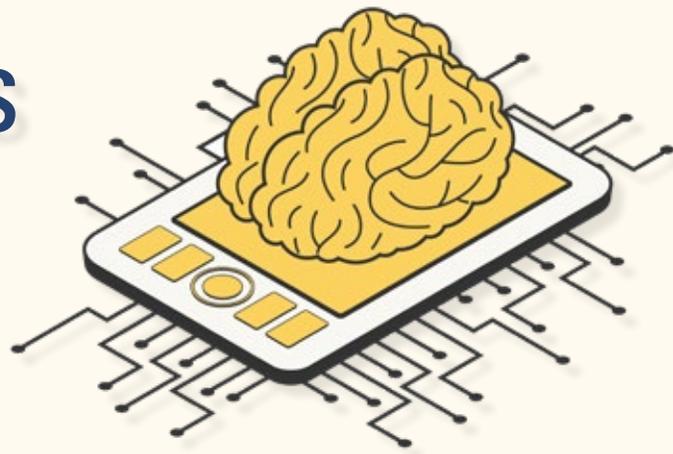
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THANK YOU!

Young Inventors Inspire with Generosity and Innovation



By Stephanie Cohen, Development Manager,
Brain Injury Association of America

When Izy Engel, Hayley Tovey, and Regan Tarasewicz got together last fall to design their senior capstone project at Stevens Institute of Technology's School of Engineering in New Jersey, it was more than coincidence that they ended up developing a tool for concussion management. Two of the three students had sustained concussions in the past.

"My personal experience as a varsity athlete in field hockey was an influence," explained Izy. "We started looking at the student athlete population, met a number of people who had similar experiences with concussion, and realized how few had access to the appropriate care when they were injured."

Hayley, an electrical engineer, connected with Regan and Izy, both computer engineers, under the guidance of Ryan Ona, a professor in the school's Innovation, Design, and Entrepreneurship at Stevens (IDEaS) program. What resulted was an application they named LiveLog. The app assists athletic trainers in tackling concussion management to better support student athletes.

"We had two goals when we started out: to educate and diagnose," said Regan. "Concussions are treatable with rehabilitation and can affect more than your brain. Getting the right treatment is critical."



Izy Engel, left, Hayley Tovey, and Regan Tarasewicz graduate from Stevens Institute of Technology.

Through the accessible, laptop-based assessment, student athletes complete the LiveLog examination on their own time while their athletic trainers receive a report measuring visual acuity and awareness. Trainers then know who needs a more thorough concussion evaluation, ensuring student athletes are referred for the targeted therapies they need to recover quickly and completely.

“We would like to see LiveLog distributed to other schools and made available to all athletes including those in middle and high school,” shared Hayley.

As part of the IDEaS program, projects were pitched in a competition to develop entrepreneurial skills. LiveLog placed third out of 140 teams. In recognition of this achievement and to make a difference by giving back, the LiveLog design group donated \$500 to BIAA because of its passion around improving brain injury diagnosis and treatment.

“ We looked at a lot of organizations that do concussion work, but BIAA stood out due to the breadth of the work you do: information, direct assistance, research, and advocacy. You are attacking the problem from many angles. ”

The future is bright for all three students, who have accepted engineering jobs post-graduation. To support BIAA programs like the founders of LiveLog did, visit biausa.org/donate. ●

Have you or your loved one had a brain injury?

(also known as a head injury, concussion, or coma)

Call our toll-free number to speak with a brain injury specialist.
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For general information about brain injury, visit
www.biausa.org



ADVOCACY UPDATE

By Susan Connors, President/CEO, Brain Injury Association of America

Request to Senate for TBI Act Program Funding

The Brain Injury Association of America (BIAA) joined with the National Association of State Head Injury Administrators (NASHIA) and others to request senators responsible for the Fiscal Year 2022 Labor, Health and Human Services, Education, and Related Agencies appropriations bill vote to increase funding for programs authorized by the Traumatic Brain Injury (TBI) Act. Specifically, we requested:

- \$19 million for the Administration for Community Living's (ACL) State TBI Partnership Program and \$6 million for the ACL TBI Protection & Advocacy Program;
- \$11.7 million for CDC TBI Program with \$5 million used to scale the National Concussion Surveillance System;
- \$15 million increase over five years for ACL TBI Model Systems of Care at the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

BIAA was pleased that the House of Representatives recommended increased funding for the TBI Act authorized programs next year. Specifically, the House authorized:

- \$4 million increase for the State TBI Partnership Program and TBI Protection & Advocacy Program;
- \$2 million increase specifically for the CDC's National Concussion Surveillance System;
- \$12 million increase for NIDILRR, with a portion of that allocated to the TBI Model Systems National Data Center.

BIAA Supports Increase for Lifespan Respite Care Program

BIAA joined other national organizations in supporting the \$14.2 million appropriation for the Lifespan Respite Care Program, administered by ACL. This amount would

double funding for this program in the coming fiscal year. As respite is difficult to obtain for caregivers of individuals with brain injury, BIAA signed on to a letter to House and Senate appropriators supporting an increase for the program. Lifespan Respite systems maximize existing resources and require that respite become more accessible and available to all family caregivers.

BIAA Calls for Congressional Leaders to include HCBS Funding in Budget Reconciliation

BIAA is urging Congress to include \$400 billion in funding for Medicaid home and community-based services (HCBS) as part of the Better Care Better Jobs Act, what has been called the "human infrastructure" bill in addition to the Infrastructure Investment and Jobs Act that includes \$73 billion to modernize the nation's energy grid and \$21 billion to respond to environmental concerns, including pollution. The bill also includes \$65 billion to ensure access to high-speed internet for all. The Senate approved both measures before leaving Washington for the August recess.

Call to Fully Fund VHA Neurology Centers

The House Appropriations Committee approved the Fiscal Year 2022 Military Construction, Veterans Affairs, and Related Agencies appropriations bill, which includes language to support Neurology Centers of Excellence within the Veteran's Health Administration. These health centers would serve persons with epilepsy, headache, multiple sclerosis, and Parkinson's disease. The Multiple Sclerosis and Parkinson's Centers were created by Congress in the early 2000s. The American Academy of Neurology championed the creation of the Epilepsy Centers in 2007 in response to the number of veterans experiencing seizures from epilepsy in connection with traumatic brain injuries from the wars in Iraq and Afghanistan. The Headache Centers were created by Congress in 2018.

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The funding for these centers has been stagnant since they were established, leading to reductions in staff and capacity. BIAA and other patient advocacy organizations supported the call for significant increases in appropriations. We are optimistic that the Senate will also include this priority in its appropriations bill later this year.

BIAA Supports a Public Health Insurance Option

House Committee on Energy and Commerce Chairman Frank Pallone, Jr. (D-N.J.) and Senate Committee on Health, Education, Labor & Pensions Chairwoman Patty Murray (D-Wash.) invited advocates to offer input into the design of a public health insurance option in the future. BIAA joined with other members of the Consortium of Citizens with Disabilities to offer our support for various approaches, including Medicare for America, Medicaid Buy-In, Medicare-Plus Buy-In, or a federal marketplace public option. All of these proposals could provide comprehensive and affordable coverage

for people with disabilities if the insurance could be easily navigated, offered a robust network of providers, and included a reasonable and fair appeals process. We also argued for access to comprehensive home and community-based services. Above all else, a public insurance program must be affordable.

BIAA will monitor developments toward a public health option to keep individuals with brain injury and their families informed.

HAVANA Bill Becomes Law

President Biden signed the Helping American Victims Afflicted by Neurological Attacks Act of 2021 on Oct. 8. The HAVANA Act (S.1828), which was introduced by Sen. Susan Collins (R-Maine) incorporated provisions from H.R. 3356, introduced by Rep. Adam Smith (D-Calif.). The law authorizes the CIA, State Department, and other agencies to pay agency personnel who incur brain injuries from hostilities while on assignment.

(continued on page 22)



President Releases Guidance on Long COVID and the ADA

At a news conference celebrating the 31st anniversary of the Americans with Disabilities Act (ADA), President Joe Biden announced that Long COVID could be considered a disability under Titles II and III of the ADA, Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Patient Protection and Affordable Care Act. Each of these federal laws protects people with disabilities from discrimination. In concert with the announcement, the Department of Education issued a new resource, “Long COVID under Section 504 and the IDEA: A Resource to Support Children, Students, Educators, Schools, Service Providers, and Families.”

Senators Introduce Direct Care Workforce and Family Caregivers Bill

Sen. Tim Kaine (D-Va.) lead a bipartisan group in introducing the Supporting Our Direct Care Workforce and Family Caregivers Act, S. 2344, a bill providing \$1 billion in grants to states and other eligible entities to support innovative projects and programs focused on recruitment, retention, and training for direct care workers and family caregivers. This legislation is the Senate’s version of the recently introduced House bill focused on the same issues, the Direct CARE Opportunity Act, H.R. 2999, introduced by Rep. Bobbie Scott (D-Va.).

Lawmakers Introduce the Disabled Access Credit Expansion Act of 2021

Democrats in the House and Senate introduced the Disabled Access Credit Expansion Act of 2021, H.R. 4714 and S. 2481. The legislation would make it easier for small businesses to comply with the Americans with Disabilities Act accessibility requirements and would double the maximum tax credit in the existing to do so.

Lawmakers Introduce Bill to Remove Work Disincentives for People with Disabilities

Sen. Ron Wyden (D-Ore.), chair of the Senate Finance Committee, and Sen. Bill Cassidy (R-La.) introduced the Work Without Worry Act, S. 2108, to remove Social Security work disincentives. The legislation would allow Americans with disabilities to work to their full potential without causing them to lose out on higher Social Security benefits. Reps. John B. Larson (D-Conn.) and Tom Reed (R-N.Y.) introduced the companion bill, H.R. 4003, with 14 co-sponsors.

Legislators Sponsor Bills to Raise SSI Benefits

Reps. Raul Grijalva (D-Ariz.), Elissa Slotkin (D-Mich.), and Jan Schakowsky (D-Ill.) introduced the Supplemental Security Income Restoration Act, H.R. 3763, while Sens. Sherrod Brown (D-Ohio), Bernie Sanders (I-Vt.), and Elizabeth Warren (D-Mass.) introduced a similar bill, S.2065, to increase the benefit rate to at least 100% of the Federal Poverty Level, adjusted annually. The bills propose to end the marriage penalty for couples by increasing the SSI couples rate to equal two times the individual rate. Since SSI was signed into law in 1972, the income and eligibility rules have changed little and the program is no longer preventing people with disabilities from living in poverty.

SCOTUS Rules on Affordable Care Act Challenge

The Supreme Court of the United States (SCOTUS) rejected another effort to dismantle the Affordable Care Act (ACA) in a 7-2 ruling June 17. In the case of California v. Texas, the Court held that neither the states nor the individual plaintiffs have standing to challenge the constitutionality of the ACA. When Congress eliminated the penalty for individuals failing to obtain health insurance – referred to as the individual mandate – several states, the previous Administration, and individuals brought suit arguing that since Congress changed the penalty, the individual mandate no longer applied. The Biden Administration argued for retaining other provisions in the law, such as essential health benefits, coverage for individuals with preexisting conditions, and prohibiting insurers from placing annual and lifetime caps on insurance coverage. ●

WE HAVE A 40-YEAR COMMITMENT TO BRAIN INJURY RESEARCH

Since its inception in 1980, the Brain Injury Association of America has supported the people, programs, and institutions that have advanced brain injury science and medicine. In doing so, the Association has played a pivotal role in improving treatment and care of individuals with brain injury. BIAA has advanced basic and translational research in the field of brain injury by:



ADVOCATING

Lobbying Congress to fund the National Institutes of Health (NIH) and the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), driving the passage of the 1996 Traumatic Brain Injury Act authorizing NIH to study TBI.



HONORING

Presenting the William Fields Caveness Award in recognition of an individual who, through research on both a national and international level, has made outstanding contributions to bettering the lives of people who have sustained brain injury.



COLLABORATING

Engaging researchers at leading brain injury institutions across the country to understand the scope and duration of rehabilitation required for adults with moderate to severe TBI in order to establish guidelines for treatment and disease management.



LEVERAGING

Providing talent and expertise for advisory boards like the NIH Strategies to Innovate Emergency Care Clinical Trials Network, TBI Model Systems, and several research projects involving brain injury and opioids, epilepsy, psychiatric problems, and other issues.



DISSEMINATING

Supporting industry-leading periodicals like the *Journal of Head Trauma Rehabilitation*, publishing *THE Challenge!* and producing programs like the Mitch Rosenthal Research Webinar Series to share the latest advancements in scientific discovery with key groups.



RECRUITING

Partnering with investigators to identify and engage participants for cutting-edge scientific studies, including recent efforts on behalf of an investigational drug to control aggression, agitation, and irritability due to TBI.

The pinnacle of BIAA's commitment to research is the creation of the Brain Injury Research Fund, established in 2019. For more information about how you can contribute to the future of brain injury research, contact BIAA Vice President & Chief Development Officer Robbie Baker at 703-761-0750, ext. 648.



STATE AFFILIATE NEWS

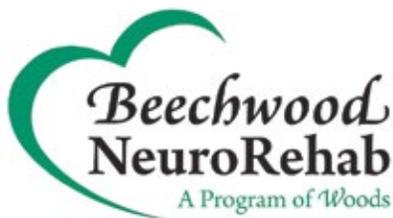
KANSAS

The Brain Injury Association of Kansas and Greater Kansas City (BIAKS-GKC) hosted the 34th Annual Memorial Day Run for Brain Injury May 31. After a year of COVID-19 restrictions and virtual events, this year's run drew close to 600 runners and spectators who braved rainy weather and cool temperatures to participate. Events included a 10K, 5K, and 1.5 mile walk in Kansas City's beautiful and historic Loose Park. Besides being BIAKS-GKC's largest fundraiser, the run is a powerful tool to raise awareness about brain injury throughout the Kansas City metropolitan area and Kansas.

Each year, BIAKS-GKC selects an individual who has been affected by brain injury to serve as the run's honoree and spokesperson. This year's run honoree was Terri Kern. In 2008, Terri was struck by a car while out jogging. She received life-threatening injuries that resulted in strokes, depriving her brain of oxygen. After many months of intensive rehab, she regained many of her lost skills, including the ability to drive. Terri was a wonderful spokesperson for the many others in our community who have been similarly affected by brain injury.



Participants run during the 34th Annual Memorial Day Run for Brain Injury.



The philosophy of **Beechwood NeuroRehab** is to maximize each individual's ability to participate in meaningful roles within their community. We accomplish this by providing specialized, brain injury rehabilitation for people who have sustained any kind of acquired brain injury. Beechwood NeuroRehab uses a person-centered, transdisciplinary approach, utilizing innovative treatment concepts, applied technology, and evidence-based research to help each individual to achieve a fulfilling life.



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LOUISIANA

The Brain Injury Association of Louisiana (BIALA) was given a generous monetary gift through the Oscar J. Tolmas Charitable Trust. The gift will be used to compile resource backpacks for newly injured individuals with brain injury that will be provided to case managers at rehabilitation hospitals around the state. The resource backpacks contain pertinent information that will be of immediate assistance to individuals following injury. Our hope is to relieve some stress from caregivers and let them know they are not alone. There are currently 225 backpacks that are ready to be distributed statewide.

Mr. Oscar J. Tolmas was an attorney, World War II veteran, and real estate developer. Prior to his death, he created the Oscar J. Tolmas Charitable Trust to support other tax-exempt organizations whose mission is to help others. Trustees Lisa Romano and Vincent Giardina stated, "We decided to support the Association because of their proven efforts in advocacy, awareness, education, prevention, and services to individuals and families affected by brain injuries. That falls in line with Mr. Tolmas' mission of helping others."



Resource backpack given to case managers and funded by the generosity of the Oscar J. Tolmas Charitable Trust.

(continued on page 26)

(continued from page 25)

MAINE

The Brain Injury Association of America – Maine Chapter (BIAA-ME) helped advocate for a major win for the brain injury community in Maine. Governor Janet Mills signed “An Act to Improve the Rights and Basic Protections of Persons with Acquired Brain Injury,” L.D. 559, into law June 30. This outcome for Mainers with brain injury has been over a decade in the making. Rep. Allison Hepler (D-Woolwich) sponsored the bill, and many individuals and groups advocated for its passage, including BIAA-ME, Disability Rights Maine, and the Maine Acquired Brain Injury Advisory Council. This law is a huge step forward in the state’s recognition of the brain injury community.

BIAA-ME’s 12th Annual Conference on Defining Moments in Brain Injury took place virtually October 13. Presentations covered topics such as transitions to virtual service provision, alternatives to guardianship, the intersection of intimate partner violence and brain injury, post-concussive syndrome, and more. BIAA-ME also recently partnered with Speaking Up For Us of Maine to provide continuing outreach and education around how changes to the federal home- and community-based services rules will impact Mainers. To learn more about BIAA-ME and its programs, visit biausa.org/maine.



Gary Wolcott, left, with, Peter Rice, Richard Brown, Rep. Allison Hepler (D-Woolwich), Maine Governor Janet Mills, Courtney Michalec, Sarah Gaffney, and Rep. Nicole Grohoski (D-Ellsworth).

MISSOURI

The Brain Injury Association of Missouri (BIA-MO) hosted one-day regional outdoor camps June 22-27. Survivors of brain injury and family members played games, enjoyed socially distanced time with others, and tie-dyed t-shirts. These camp activities, along with s'mores, were enjoyed by all.

The annual BIA-MO Bowling for Brain InjurySM events were held in Kansas City, St. Louis, and Springfield. Survivors, family members, and community supporters were able to relax and enjoy some fun-filled bowling

with friends and loved ones while supporting BIA-MO. More than \$26,600 was raised from this mission-focused fundraiser.

In October, BIA-MO held its 17th Annual Statewide Conference. It is the only conference in Missouri dedicated to current trends in innovative therapeutic strategies, best practice treatment options, and research specifically relating to brain injury. For more information about BIA-MO, visit biamo.org.

RHODE ISLAND

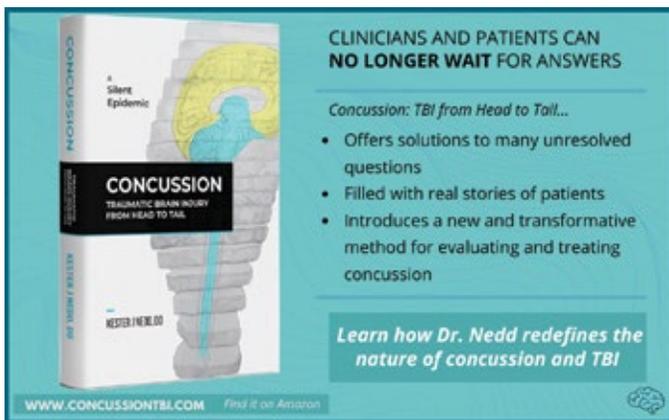
At the Brain Injury Association of Rhode Island (BIARI), we did things a little differently this year. BIARI hosted the 20th Annual Statewide Brain Injury Educational Conference, typically held in person on a single day, as a series of six, one-hour webinars on different days throughout 2021. Pivoting from in-person to virtual was a challenge, but our staff worked together to coordinate speakers and registrants from around the country via Zoom webinars. This format was not only COVID-19 safe, but was also able to reach a wider audience – especially those unable to travel. “Who is the Victim: Management of TBI in Motor Vehicle Accident” will be the last session of the conference and will take place in late October. The session is an ethical training in which participants will develop a case study and explore ethical considerations for the case management of two TBI patients with vastly different circumstances.

We were delighted to host the long anticipated in-person return of our signature fundraising event of the year, Hidden Treasure Gala, held at Providence Art Club, which celebrated its 140th anniversary in 2021. Widely regarded as Rhode Island’s finest culinary event, the Hidden Treasure Gala featured 16 of the state’s top executive chefs and some of the region’s most renowned vintners, breweries, and suppliers. This celebration of “food heaven on earth” was orchestrated by event chair Ellen Slattery, proprietor of nationally recognized and award-winning Gracie’s and Ellie’s restaurants. Live, super silent, and silent auctions included unique items, one-of-a-kind experiences, and travel packages for the more than 250 guests and friends of BIARI. For more information about BIARI, visit biari.org.



BIARI's Hidden Treasure Gala was held at Providence Art Club in Rhode Island.

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SOUTH CAROLINA

Over the last three years, the Brain Injury Association of South Carolina (BIASC) board of directors, staff, and volunteers have built relationships with legislators and educated them about brain injury, the needs of the brain injury community, and about BIASC’s work. Because of the pandemic, staff have had more time to focus on advocacy and were able to help support South Carolina constituents. We took the opportunity to apply for COVID-19 relief funds and were very fortunate to receive two PPP loans from the Small Business Administration, which helped us continue to operate and serve our brain injury community.



We focused our efforts on securing funds through the legislature and were successful this year! For the first time ever, the South Carolina General Assembly included one-time funding in its FY22 state

budget for BIASC. Our funding is through a proviso under the South Carolina Department of Health and Human Services. We hope this is the beginning of annual funding and will be working with our legislators continuously to secure recurring funds. BIASC would like to thank BIAA for its guidance and encouragement to diversify funds as well as BIAV, BIAA-ME Chapter, and BIA-MO executive directors for their mentorship.

VIRGINIA

The Brain Injury Association of Virginia (BIAV) has had a busy year! We successfully advocated for a bill to modify the Department of Education’s regulatory definition of traumatic brain injury to include brain injuries caused by medical conditions, and we participated in a virtual bill signing with Governor Ralph Northam in June. Our “Heading Forward” conference was held virtually May 5-7. Highlights included a pre-conference workshop along with keynotes by brain injury expert Dr. McKay Sohlberg, international resilience expert Dr. Taryn Stejskal, and brain injury survivor Carole Starr.

We held our annual Legacy Awards ceremony June 24; it was an intimate gathering to celebrate three outstanding Virginians who have made an impact in the brain injury community. We also honored our Executive Director, Anne McDonnell, on the occasion of her 20th anniversary with BIAV!



BIAV Executive Director Anne McDonnell speaks at a conference.

BIAV staff have begun analyzing the findings of the Association’s “Screen and Intervene” project. Funded by the Virginia Department of Health, this initiative addresses the intersection of brain injury and domestic violence (DV). Early results indicate that 85% of women attending DV programs participating in the study screened positive for a TBI. Additionally, BIAV Resource Facilitation staff have started to meet weekly with patients being discharged from Sheltering Arms Institute in order to answer questions, direct patients to services, and assist them with the transition out of the hospital. To learn more about us and our programs, please visit biav.net.

HAS A TRAUMATIC BRAIN INJURY CHANGED WHO YOU ARE?



The image depicted contains models and is being used for illustrative purposes only.

A CLINICAL RESEARCH STUDY FOR BEHAVIORAL CHANGES RESULTING FROM A TRAUMATIC BRAIN INJURY (TBI)

If you or someone you care for are experiencing **aggression, agitation, or irritability**, and these behaviors began after suffering a traumatic brain injury (TBI), consider participating in a research study that is evaluating an investigational drug for the potential treatment of behavioral changes resulting from a TBI.

To be eligible for this study, a potential participant must:

- ✓ Be between 18 and 75 years old.
- ✓ Have been diagnosed with a TBI for 6 months or more.
- ✓ Have a history of aggression, agitation, or irritability that was not present before the TBI.
- ✓ Have a reliable study partner.

Additional criteria will be assessed by the study doctor. All study-related visits, tests, and study drug will be provided at no-cost. In addition, reimbursement for study-related travel may be provided.

To learn more about this TBI study, please contact
1-855-915-0497, or visit **www.TBItrials.com**.

NEWS & NOTES

Calling All Volunteers! Connect With BIAA

Forty years ago, a small group of volunteers – including survivors, family members, caregivers, and healthcare professionals – decided to do something about brain injury. That’s why the Brain Injury Association of America (BIAA) exists today. Help carry on this tradition and volunteer your time for BIAA. Visit biausa.org/connect for the most up-to-date opportunities or email publications@biausa.org if you’re interested in learning more.

Save the Date: Brain Injury Business Practice College

BIAA’s 2021 Brain Injury Business Practice College is going virtual! Mark your calendar for January 26-27, 2022 from 12-5 p.m. ET each day. The College is presented annually for business owners, c-level executives, and marketing professionals from the nation’s top brain injury rehabilitation programs and long-term care facilities. This year’s program will focus on payer relations and employee retention and wellness. Registration for the conference will open soon. We hope to see you there!

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UPCOMING WEBINARS

David Strauss Memorial Clinical Lecture Webinar – Traumatic Brain Injury, Strangulation, Domestic Violence and Culture: What's the Link?

October 21, 2021, 3 p.m. ET/12 p.m. PT
Monique R. Pappadis, M.Ed., Ph.D. and Rachel Ramirez, M.A., MSW, LISW-S, RA, and Leila Wood, Ph.D., MSSW.

Mitchell Rosenthal Memorial Research Webinar – Psychosocial and Functional Predictors of Depression and Anxiety Symptoms in Veterans and Service Members with TBI

November 10, 2021, 3 p.m. ET/12 p.m. PT
Jacob A. Finn, Ph.D., LP.

To register, please visit shop.biausa.org/liveweinars.

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The Corporate Partners Program gives rehabilitation providers, long-term care facilities, attorneys, and other leaders in the field a variety of opportunities to support the Brain Injury Association of America's advocacy, awareness, information, and education programs. BIAA is grateful to the Corporate Partners for their financial contributions and the many volunteer hours their companies devote to spreading help, hope, and healing nationwide.

For more information on how to become part of the Brain Injury Association of America Corporate Partners Program, please visit the sponsorship and advertising page at www.biausa.org or contact Carrie Mosher at 703-761-0750, ext. 640 or cmosher@biausa.org.

