

Brain Injury Association of MS
P.O. Box 55912
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Volume 9, No. 4

Summer 2006

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Brain Injury Association of MS Presents:
RIDE AND ROLL SPORTS SAFETY & INJURY
PREVENTION PROGRAM

“Prevention is the Only Cure for Traumatic Brain Injury and Spinal Cord Injuries”

The Ride and Roll Sports Safety and Injury Prevention Program is designed to provide information to children and adolescents regarding safety and injury when they are participating in sports and recreational activities. At the completion of the program, each participant or student will be fitted with a multi-sport helmet. The objectives of this program are as follows:

- * Understand what types of injuries they can suffer when not using safety equipment while participating in sports or recreational activities
- * Describe what a concussion is
- * Describe what a brain injury is and how such an injury can affect them, their family, and their friends
- * Describe what should be done if they or a friend suffer a concussion or TBI
- * Understand the importance of using safety equipment when participating in sports and recreational activities
- * Describe the correct way to wear a multi-sport helmet
- * Describe what local government agencies can provide regarding safety in the homes, schools, and communities

If your school or agency is interested in this Prevention Program, please contact Dana Pierce at 601-981-1021.

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Mission Statement

The Mission of the Brain Injury Association of Mississippi is to enhance the quality of life for survivors of traumatic brain and spinal cord injuries and their families, and to develop and support programs that prevent brain and spinal cord injuries.

Policy Disclaimer

The Brain Injury Association of Mississippi does not support or recommend any person, method, treatment, program, products or firms mentioned in this publication. *Association News* is published quarterly by the Brain Injury Association of Mississippi. The Editor reserves the right to edit materials for style and space. Address all contributions to BIA of MS, P.O. Box 55912, Jackson, MS 39296. (601) 981-1021. Fax: (601) 981-1039. National Brain Injury Information Center 1-800-444-6443

Purpose of the Association

The purpose of the Brain Injury Association of Mississippi is to serve all Mississippians by providing support, education and resource information to survivors and their families; providing education to professionals with the intent of increasing public awareness of the special needs and concerns of brain injury and spinal cord injury survivors; maintaining an information and resource center; sponsoring and encouraging support groups statewide through programs and financial assistance; sponsoring educational conferences, workshops, seminars, and training programs and developing and implementing prevention programs.

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Traumatic Brain Injury Model System of Mississippi Update 2006

The Traumatic Brain Injury (TBI) Model System of Mississippi is one of 16 Model Systems in the United States and collectively over 6000 persons have been recruited nationwide to participate in this longitudinal study. This is the largest database on the natural course of recovery from TBI in the world. The TBI Model System of Mississippi recently recruited the 400th person that will be tracked during hospitalization and subsequent years. Researchers from Methodist Rehabilitation Center, University of Mississippi Medical Center, and Forest General Hospital collect information about early recovery from TBI. Information during early stages includes demographics, injury severity, medical complications, impairment, disability, and hospitalization information. As of March 31, 2006, 377 persons from Mississippi were entered in the national database. At that time, 70% were male, 62 % were Caucasian, 54% were single and 30% were married. Age ranged from 16 to 87 years with 28 as the median or middle number for the group. Fifty-six percent had completed a high school degree or higher and 80% were competitively employed or full time students. The most common causes of injury included motor vehicle accidents (67%), falls (10%), assaults (9%), motor-cycle accidents (4%), and ATV accidents (3%) and other (6%). Ninety-two percent had abnormal CT scans of their brains (the remaining 8% had CT scans from the first 7 days post injury interpreted as normal despite other indicators of brain injury). Individuals remained unable to follow commands consistently for a median of 7 days, and were disoriented and confused for a median of 24 days. At the time of discharge from rehabilitation, 93% required varying levels of assistance in the home environment and 91% were rated as unable to work competitively at discharge. On average, individuals were hospitalized 51 days.

The TBI Model System Program completes a follow-up interview at 1, 2, 5, 10, and subsequent 5 year intervals. Information is collected from survivors and family members regarding current physical and cognitive difficulties as well as various aspects of community integration such as driving, living independently, and returning to work. As of March 31, 2006 approximately 324 persons from Mississippi had one-year follow-up data in the national database. Twelve persons had expired by their one year anniversary follow-up. Thirty-seven percent were able to live independently without supervision or with someone outside of the home supervising on occasion. Thirty-nine percent were able to drive their own vehicle for their primary form of transportation. At that time, 47 percent were rated as being capable of returning to some form of competitive employment but only 27 % of persons had returned to work or school on a full-time or part-time basis.

Research staff from Methodist Rehabilitation Center have completed a high rate of follow-up contacts with participants who were recruited during hospitalization. Congratulations goes to senior research assistant Roderick Brown for his exemplary work in contacting and collecting this valuable information about how persons heal from their injuries over time. He also helps facilitate patients being reconnected with the medical system in cases where appointments were forgotten or lost. If you are one of the persons that Roderick is attempting to contact, please take the time to return his call or talk to him in person. For more information regarding the TBI Model System of Mississippi Program, please visit the Methodist Rehabilitation Center website (www.methodistonline.org).

By: Risa Nakase-Richardson, Clinical Neuropsychologist in Brain Injury Program & TBI Model System of Mississippi Co-Investigator and Research Coordinator, Methodist Rehabilitation Center

The TBI Model System of Mississippi is one of only 16 TBI Model Systems programs funded by the National Institute on Disability and Rehabilitation Research (NIDRR). The TBI Model Systems program conducts research on recovery and rehabi□ family/significant others, healthcare professionals, and the community at large. The TBI Model System of Mississippi is housed at Methodist Rehabilitation Center, 1350 E. Woodrow Wilson, Jackson, MS 39216. For more information about the TBI Model System of Mississippi, call 601-364-3448.



From the Desk of the Executive Director

Paul N. Gospodarski, Ed.D. FAAMA, FAAM

The staff of the Association and I have begun a new grant year. Already, we have held the first Annual Safety Fair in Vicksburg. This year's event was a marvelous success. More than 25 exhibitors joined us and provided free materials and information about their agencies and the services that they provide to the public.

Volunteers from the Junior Auxiliary joined us in fitting and distributing sports helmets to more than 250 children. Thanks to the Walmart store in Vicksburg, we were able to raffle off a large color TV as well as a gift certificate to Shoney's for Breakfast and a gift certificate to one of the local Casinos for a evening of fun.

Plans are already underway to begin a new round of safety fairs at local schools in Mississippi to implement our Ride and Roll Safety Fair Program and distribute sports helmets to the children. Mrs. Freda Arender, the Associate Director is moving forward with this project at full speed. Once again, we will distribute a minimum of 5,000 helmets to our children throughout the state.

We have a new member on our staff Erica Gibson. She has taken over the responsibilities of the Resource Center and is also exploring the Internet for possible grants for the Association. We all welcome her and look forward to working with her during the coming year.

The next Gala/Dance will be held in the Fall of 2007 at the Country Club of Jackson. We will keep you up to date on the details as they are available.

Please have a wonderful new school year and a safe year as well.

“NBIIC” The National Brain Injury Information Center

The Brain Injury Association of Mississippi is proud to announce the NBIIC project to Mississippi. The Association has been chosen by the Brain Injury Association of America and the Center for Disease Control to participate in a pilot project to evaluate an 800-telephone number in providing resources and information to Traumatic Brain Injury survivors and their families. The staff of the Brain Injury Association of Mississippi has been participating in the project for the past 6 months.

The 800 number is a direct link to the state affiliate Information and Resources staff for a caller to access local services, resources, and information.

The goal of this project is to provide the most accurate and current information about Traumatic Brain Injury resources and services in a supportive manner while simultaneously facilitating individual choices, decision-making, and personal advocacy.

Some of the key areas our staff is focusing on are as follows:

- To provide information related to Brain Injury to a caller in a response to a direct request for such information
- To provide resources to appropriate local Brain Injury related services
- Interacts with callers in a professional, caring, and timely manner
- Handles data entry or records caller information
- Selects, assembles, and mails educational materials as needed
- Completes and submits a monthly data element report to the national office in an accurate and timely manner

If you or a loved one has had a Traumatic Brain Injury, Head Injury, Concussion, or Coma, and would like information regarding your situation, call us on our toll free number Monday through Friday from 8:30 A.M. until 4:30 P.M. for individualized, confidential resources and support. 1-800-444-6443

The Association would like to recognize Mrs. Freda W. Arender and Mrs. Dana C. Pierce for completing the training in Brain Injury and becoming Certified Brain Injury Specialists for the state of Mississippi.

Survivor’s Corner When My Little World Turned Upside Down

On November 22, 1988 I was ejected through a windshield. I suffered damage to the left frontal lobe of my brain and half of my face. My life would never be the same again.

In the fall of 1988, I was 18 years old studying classical guitar and voice on a scholarship at Mississippi University for Women. I’d won the scholarship from my participation in the Mississippi Junior Miss competition of 1987 as Harrison County Jr. Miss. I played my guitar and sang Jim Croce’s “Have to Say I Love You In a Song” for the talent competition and I won. I passed on my title to the 1988 Harrison County Jr. Miss one evening only two weeks before the morning of November 22, 1988.

I met a girl in my dorm at MUW only a couple of nights before school let out for Thanksgiving break. I didn’t have a car so I hitched a ride with her back to the coast. We left the W on a beautiful sunny morning about 10AM. We were only a few miles out of Macon, MS when a man pulled out of his field about ten feet away from our vehicle. We were traveling about 65 miles per hour. I was not wearing a seatbelt. I was ejected through the windshield. My leg caught the dashboard and I was pulled back into the car. The left side of my face was ripped off. The girl driving the car broke her leg in four places.

I received no rehabilitation after my three-week stay in the ICU and recovery room. In the months after the accident, I contemplated suicide every day. I never went through with any of my plans of killing myself because I knew that my parents and my sister would be devastated and would never forgive me if I went through with it.

The years that followed the accident were debaucherous to say the least. I began chain-smoking cigarettes. I had to drop out of college because I couldn’t read. Being around people I didn’t know in new social situations was a real strain. Friends told me that I had changed and some even stopped calling me. Playing the guitar was difficult because I couldn’t remember where to put my fingers on the fret board. I lived for reconstructive surgery on my face in hopes that plastic surgery would make me “the way I was before the car wreck.” I began to drink alcohol to self medicate myself. I felt like I didn’t have any friends and I needed a peer group.

I attempted to go to art school at age 25 in hopes of completing a college degree. At Memphis College of Art, I wouldn’t have to read or write. I was not required to take college algebra. I could acquire my Bachelors degree while keeping my disability a secret.

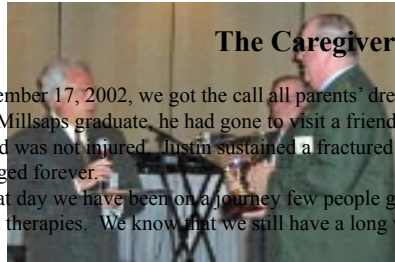
Attending Memphis College of Art was a huge mistake. I couldn’t handle the stress of social situations and the egos of staff and faculty. I left Memphis College of Art after four semesters. I owed the federal government \$23,000 in student loans and I still had neither job skills nor a bachelors degree.

I returned home to live with my mother and father. I stayed in bed for months. Mother spoke to a nurse that lived down the street from my parents and she suggested that they take me to a rehabilitation center. This is when the long process of discovering my brain injury began.

For the next year that followed my returning to live with my parents, I began visiting doctors that administered tests on me. I finally had an MRI showing us that I did in fact have permanent damage to my frontal left lobe. The doctors told me that damage in this area affects language and social skills.

After we realized where and what my injury was, we could treat it. I began rehabilitation 10 years after my accident. I lived with my mother and father while I went through the painstaking process of treatment. I began taking remedial classes at a local community college. I took baby steps. I studied hard. I did what the doctors told me to do. I swallowed my pride. I finally completed my Bachelors degree in 2001. I’ve learned to keep making small attainable goals and trust my doctors. Most of all, I’ve learned not to be so hard on myself.

If you would be interested in sharing your story in our “Survivor’s Corner”, please call Dana Pierce at the Brain Injury Association at 601-981-1021 or toll free at 1-800-641-6442.



The Caregiver's Corner

On November 17, 2002, we got the call all parents' dread. Our 23-year-old son, Justin, had been in a car wreck in North Carolina. A recent Millsaps graduate, he had gone to visit a friend and look for a job. His friend swerved to avoid a rabbit. The rabbit survived. The friend was not injured. Justin sustained a fractured vertebra, broken clavicle and a traumatic brain injury. In an instant our lives were changed forever.

Since that day we have been on a journey few people get to travel. Justin spent five months in the hospital. He is still receiving outpatient therapies. We know that we still have a long way to go on this journey, but are ever hopeful that he will lead a fulfilling life.

Before the accident I could define the word "caregiver" but I never really thought much about it. Since the accident I am "Caregiver", living the definition.

Larry Tabour who represents the MS Knights of Columbus.

Some things I have learned since becoming a caregiver:

- My time is truly not my own.
- 24/7 has taken on a whole new meaning.
- I never knew I could become so tired in one day.
- Priorities are new now. A clean house is definitely not on the top of the list. I can't remember the last time I *really* mopped my floors.
- People who are not in the same situation don't have a clue.

Other things I have learned:

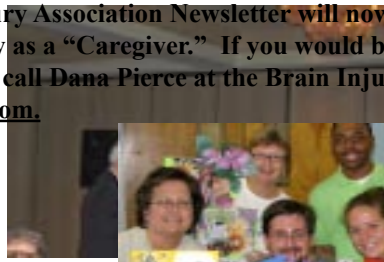
- My time with Justin is unbelievably rewarding. He teaches me so much every day.
- My 24/7-week is nothing compared to Justin's 24/7 week.
- As tired as I get in a day, I am amazed at Justin's strength and tenacity to get through a day.
- I have become Justin's advocate, which is a job that I take very seriously.
- The goodness of people can be overwhelming.



Dr. Katz presenting Mr. Sammy Shute (left) with the Hope Award. Wayne Ferrell (mid) and Dr. Paul (right) present the Challenge Award to Mr. Larry Tabour who represents the MS Knights of Columbus.

I have started a support group for caregivers of TBI survivors. We meet the last Thursday of each month at 7:00 p.m. at St. Matthew's United Methodist Church in Madison, MS. Please join us. Call me at 601-856-6678. ———Jeanne Halliwell

The Brain Injury Association Newsletter will now feature a Caregiver's Corner. We would love to hear your story as a "Caregiver." If you would be interested in sharing your story or experience with us, please call Dana Pierce at the Brain Injury Association office at 601-981-1021 or email me at biaofms@aol.com.



The Honorab



Dr. Howard T. Katz.

A new art/activity program for TBI survivors has formed in Madison. We will be using different medium—collage, clay, painting, etc. Other activities will include games and community outings from time to time. You do not have to be artistic to be a part of this group. You just have to be a survivor who is interested in connecting with other survivors. You will make new friends, find your creative side, and do something new every week and have fun. If interested, call Jeanne Halliwell at 601-856-6678 or email at caregivertbi@aol.com.

Blast Injuries

Providing Care for Soldiers and Veterans with Traumatic Brain Injury

America's armed forces are sustaining attacks by rocket-propelled grenades, improvised explosive devices, and land mines almost daily in Iraq and Afghanistan. These injured soldiers required specialized care from providers experienced in traumatic brain injury (TBI).

"Blast Injuries" are injuries that result from the complex pressure wave generated by an explosion. The explosion causes an instantaneous rise in pressure over atmospheric pressure that creates a blast over pressurization wave. Primary blast injury occurs from an interaction of the over pressurization wave and the body with differences occurring from one organ system to another. Air-filled organs such as the ear, lung, and gastrointestinal tract and organs surrounded by fluid-filled cavities such as the brain and spinal are especially susceptible to primary blast injury. The over pressurization wave dissipates quickly, causing the greatest risk of injury to those closest to the explosion. In a blast, brain injuries can also occur by other means such as impact from blast-energized debris, the individual being physically thrown, burns, and/or inhalation of gases and vapors.

Blast injuries have become common in civilian disasters and military conflicts. It has been suggested that over 50% of injuries sustained in combat are the result of explosive munitions including bombs, grenades, land mines, missiles and mortar/artillery shells.

Difficulties experienced as a result of a closed-head injury include post concussion complaints such as decreased memory and attention/concentration, headaches, slower thinking, irritability, and/or depression.

The data on blast injury induced brain injuries are very limited. Statistics from the October 23, 1983 terrorist bombing of the US Marine barracks indicated that the largest explosion resulted in 234 immediate deaths and at least 122 injured survivors. Of the immediate deaths, 167 demonstrated evidence of head injuries. There was a 59% rate of head injury and 70% fatality rate from head injury.

The Defense and Veterans Brain Injury Center (DVBIC) at Walter Reed Army Medical Center evaluated and treated 437 soldiers with brain injury between January 2003 and January 2005 and approximately 100 additional soldiers between January and June 2005. And as the war casualties continue to rise and the focus on proper identification of TBI remains in the forefront, more soldiers with TBI will be evaluated and treated. The DVBIC works to identify all soldiers who have sustained a closed head injury during combat operations and to ensure that they received the best care available. For example, at the Walter Reed Army Medical Center, DVBIC reviews all incoming casualty reports and screens all patients who may have sustained a brain injury including those injured in blasts, motor vehicle crashes, falls, and gunshot wounds to the head. Brain Injury Specialists evaluate patients who are identified with a brain injury. Recommendations are then made for treatment and duty status.

For more information on Blast Injuries in the military or on DVBIC, please contact your local Brain Injury Association at 601-981-1021 or toll free at 1-800-641-6442.



Freda explains to volunteers how to fit helmets.



"Ribbon Cutting"



Space Jump for the kids.



Thank you to the volunteers who did the face painting!



Public Official takes a DUNK!!



Brain Injury Informational Booth



Volunteers take a break enjoying hot dogs and lemonade.



Thank you to Tina Foley for the Dunkin' Booth.



Erica

ne in.



These volunteers are having fun!!!

Vicksburg Health and Safety Fair 2006
Thanks to all the exhibitors, volunteers, and guests.