

BIRCoFWI Bulletin

A Quarterly Newsletter

Volume 3 Issue 2

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Photo was taken by:
Nicholas R. Tischer / BIRCoFWI Bulletin



Our Goal

Our goal briefly explains why our non-profit was founded and what we intend to do with this organization.

Brain Injury Resource Center of Wisconsin, Inc. is a 501(c)3 non profit organization which was founded by a mother-daughter team (Lois York-Lewis and Bari York). They saw first hand the need to help survivors of brain injury in Wisconsin lead a fulfilling life after brain injury.

Tragedy Brings to light a Need in Wisconsin

This need was realized in 2005 after Bari sustained a severe traumatic brain injury. Once Bari was released from the hospital and re entered daily life she found it to be very difficult.

With the help of her family and their unconditional love they pressed forward. Realizing the challenges a person with a brain injury can sustain and what they face once



they are released from the hospital, gave these two ladies the drive to move forward and develop this organization.

Doctors and nurses are there to help a person when they are in the hospital and a lot of times shortly thereafter, but what do they do after they have recovered to the point where they can re enter daily life? This is where the

Brain Injury Resource Center of Wisconsin, Inc. steps in to help.

There can be a lot of confusion during the "what now" phase of brain injury.

What Now?

Confusion can be a part of the aftermath of brain injury, and the Brain Injury Resource Center of Wisconsin, Inc. wants to help all survivors during this phase and after!

Bringing Brain Injury Survivors Together

Are you a Brain Injury Survivor looking to make a social connection with other Brain Injury Survivors? Gatherings are scheduled to assist the brain injury survivor in building strong, long lasting bridges of trust, respect, understanding, and acceptance.

Be part of our social and skills program today! Download your form from our web store at: www.shop.bircofwi.org

Welcome

Dear Friends,

Do you know that the Brain Injury Resource Center of Wisconsin is dedicated to helping people who are living with the consequences of brain injury? Do you have a loved one, a co-worker, a neighbor, a congregation member, a classmate, a friend, a family member, a _____ (well, you fill in the blank).

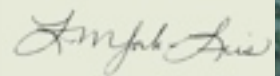
How does this reality make you feel? How do you think it makes the person with the brain injury feel? Could post-traumatic stress disorder (PTSD) be present and you don't even know it?

For the survivor, virtually any trauma that is categorized as a life-threatening event or that in its' severely compromises the emotional well-being of an individual or causes intense fear, may cause PTSD. What is often overlooked is how PTSD can affect the individual who loves and supports the brain injury survivor. PTSD may develop in reaction to events that may not qualify as traumatic to the person but can be devastating life events. Complex post traumatic stress disorder (C-PTSD) usually results from prolonged exposure to a traumatic event or series thereof and is characterized by long-lasting problems with many aspects of emotional and social functioning.

Symptoms of PTSD that tend to be associated with C-PTSD include problems regulating feelings, which can result in suicidal thoughts, explosive anger, or passive aggressive behaviors; a tendency to forget the trauma or feel detached from one's life (dissociation) or body (depersonalization); persistent feelings of helplessness, shame, guilt, or being completely different from others and severe change in those things that give the sufferer meaning, like a loss of spiritual faith or an ongoing sense of helplessness, hopelessness, or despair.

This issue of the BIRCOFWI Bulletin spotlights PTSD because of its' devastating effects. Our Programs and Services were developed to offer assistance to those suffering with and trying to overcome this condition. Our Spiritual Outreach Program and Support Group Meetings are just an example of a resource that is available. It is important to minimize social isolation to begin to overcome the effects of PTSD as well. Joining and being active in our Volunteer Program can also serve to eliminate social isolation. There are many more examples that can be shared that demonstrate just how our Programs and Services work to benefit those affected by brain injury. As we continue to grow as an organization our commitment is further enhanced and driven by the wants and needs expressed by the brain injury community in Wisconsin. It does take a village and we look forward to and welcome the opportunity to hear your thoughts, feelings, and ideas.

Kindest Regards,



Lois York-Lewis
Executive Director

Upcoming events:

Also check our Calendar of Events on
www.bircowfi.org

Support Groups:

Every first Tuesday of the Month at the
BIRCOFWI Headquarters.

Spiritual Outreach:

Every second Wednesday of the Month at the
BIRCOFWI Headquarters.

Friendship Network Gathering:

When: June 2nd from 12:00 p - 3:00 p

Where: Join the Friendship Network today and
receive your exclusive invitation!

Volunteer Meeting:

June 5th, July 8th, August 7th

(check our Calendar of Events for future
meetings)

3rd Annual Rummage Sale and Fundraiser:

When: July 20th from 9:00 a - 3:00 p

Where: BIRCOFWI Headquarters

5129 W. Franklin Drive, Franklin, WI 53132

(262) 770-4882

Education and Awareness Training:

Call (262) 770-4882 For More Information

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Photo was taken by:

Nicholas R. Tischer / BIRCOFWI Bulletin

What Wars Have Taught Us About TBI

By M. Angela Dentice / BIRCOFWI Bulletin

Injuries sustained in the war may be more severe than once thought

Amidst the tragedy of war, one solace that we may seek is the fact that the treatment and care of our wounded soldiers have spurred advancements in the understanding of traumatic brain injury. Armed conflicts such as “the wars in Iraq and Afghanistan, have taught civilian doctors better ways to save lives and treat serious injuries.”²

Blast Injuries Contribute Greatly

Specifically, with the growing use of improvised explosive devices (IEDs) and land mines in global warfare, the resultant increase in traumatic brain injuries (TBIs) has led to new advancements in understanding both the causes and diagnosis of such injuries. Medical treatment and care of soldiers who have sustained blast injuries have contributed greatly to our understanding of TBIs as a whole.

One of the most important points of this understanding is the concept that TBIs from blast injuries may be sustained not only from physical trauma to the head but that such injuries may occur with or without physical impact or even a loss of consciousness. This concept arises from the recognition of four different types of injury resulting from a blast or explosion.²

Injuries from a blast may be primary, secondary, tertiary, or quaternary. The secondary, tertiary, and quaternary injuries all involve physical trauma directly to the head. However, primary blast injury actually results without any apparent outward physical trauma.

Primary Blast Injuries Take The Stage

Primary blast injuries are the result of the air pressure fluctuation caused by an explosion's release of atmospheric pressure.² Doctors have recognized that these primary blast injuries may be capable of “subject[ing] the brain and its blood vessels to the same types of tensile and shear strains that occur after conventional closed head injuries and produce similar types of injuries.”

One former army doctor has described the result of primary blast injuries as a victim experiencing the full blunt force effect of an automobile accident from the blast wave alone.² Therefore, the disruption of atmospheric pressure may impact an individual's brain to the same extent as a physical trauma but without leaving any immediate evidence of harm to the head.

As a result, this absence of physical clues or evidence of their presence sometimes results in absence of treatment. In the aftermath of an explosion, emergency medical personnel will treat and account for the most obvious and dangerous physical injuries on the victims.

When individuals are subject to primary blast injuries, the symptoms may not be apparent and may only resemble a mild concussion-like injury, belying the potential for permanent brain damage. This means that because emergency responder's immediate focus is often on the most apparent outward harm from an explosion such as shrapnel, broken limbs, or even blunt trauma from being thrown against walls or other surfaces by the explosion, and thus they may neglect potential TBIs from primary blast injuries.

Experts Weigh In On The Subject

However, with recent research on blast-related brain injury, such as that conducted by Dr. Kocsis and Dr. Tessler, we are better informed to have emergency medical personnel test and account for the potential of primary blast injuries that may create TBIs. One more recent example of this was after the Boston Marathon bombings.

This has led to increases in testing and treatment for potential victims of TBIs following blast injuries not only from outwardly shown physical injury but also potentially internal or “hidden” brain injuries. Accordingly, this information has helped establish a more thorough and investigative evaluation at the civilian and “day-to-day” standard of medical care.

Doctors now may be more inclined to engage in testing for TBIs where individuals have sustained injuries due to falls, automobile accidents, and other incidents even when there is not apparent outward physical injury. The potential for latent or undetected TBIs resulting not only from blunt impact but also from disturbances in the atmospheric pressure in the brain as the result of sudden violent impacts should put civilian doctors on notice to conduct more thorough inspections and evaluations with any victims of sudden trauma.

Brain Injury Education

This information also hints towards the concept that while there is a plethora of medical information and research available to medical professionals, there is still much about the human

brain we do not understand. The information from the research and treatment studies of these injuries is absolutely essential to continue improving the quality of detection and diagnosis of potential TBIs.

Quality Of Care

This information will enable these individuals to receive prompt treatment. Therefore, while it is always a tragedy that anyone suffers from such an injury, through continued study of the origin and cause of blast-caused traumatic brain injury, their sacrifices will not be in vain and could prove invaluable to diagnosing and treating such injuries in the future.

The author expresses her appreciation to **Ryan M. Session**, Law Student at Marquette University Law School, for his contribution to this article.



Ms. Dentice represents adults and children who have sustained brain injuries as a result of the negligence of others. In 2010, she received the Trial Lawyer of the Year Award from the Wisconsin Associate of Justice. Before attending law school, she taught handicapped children.

Liz Szabo, Gregg Zoroya and Elizabeth Weise, *Blast Injuries like those in Boston Difficult to treat*, USA TODAY (Apr. 16, 2013) <http://www.usatoday.com/story/news/nation/2013/04/15/blast-injuries-some-of-most-difficult-to-treat-doctors-say/2086249/>

Blast Injury and Traumatic Brain Injury, Brain Injury Association of New York, <http://bianys.org/veterans-blast-injury.htm>

Jeffery D. Kocsis & Alan Tessler, *Pathology of Blast-Related Brain Injury*, Journal of Rehabilitation Research and Development, 2009.

Liz Szabo, Gregg Zoroya and Elizabeth Weise, *Blast Injuries like those in Boston Difficult to treat*, USA TODAY (Apr. 16, 2013) <http://www.usatoday.com/story/news/nation/2013/04/15/blast-injuries-some-of-most-difficult-to-treat-doctors-say/2086249/>



Linda Lay (BS, PSY)
Peer Mentor Coordinator, Resource Facilitator and Counselor



The Friendship Network



Robert Erdmann (Volunteer and Retired Staff Minister)
Siting by his concussion display

Programs and Services

Resource Facilitation and Related Programs

A downloadable form is available on our website, www.bircofwi.org, visit the "Programs and Services" webpage and the form is under the "Resource Facilitation and Related Programs." For a complete description of these programs visit our website and follow the steps listed above.

Resource Facilitation:

If you are unable to find the answers you seek on our website, please be sure to take advantage of our personalized Resource Facilitation Service. This service is an extension of our website and other programs and services you may already be using or have been using after a brain injury has occurred. It touches the minute to minute, day to day way of life post-brain injury.

Peer Mentor:

Support is one-on-one between an individual new to brain injury (peer) who is connected with another individual (mentor) who has been living with brain injury, is a family member of the person who sustained a brain injury, or a support person of someone living with a brain injury.

Return to Work Program:

Starting or going back to part-time or full-time employment is not appropriate for everybody after a brain injury and it is important to have an enjoyable, healthy and balanced life in whatever way is most suitable for you.

Social and Skill Building Programs

A downloadable form is available on our website, www.bircofwi.org, visit the "Programs and Services" webpage and the form is under the "Social and Skill Building Programs." For a complete description of these programs visit our website and follow the steps listed above.

Friendship Network:

These Social Gatherings are scheduled in various counties throughout Wisconsin to assist the brain injury survivors in building strong, long lasting bridges of trust, respect, understanding, and acceptance.

Pen Pal Program:

With the onset of social media, texting and emailing the art of writing a letter or sending a note has fallen to the way-side. Our Pen Pal Program offers the participants not only the opportunity to converse with others that have similar interests, but to hone their written and social expression skills.

Spiritual Outreach Program:

This program takes place every second Wed. of the month and focuses on concerns for the dignity of people, provides a steady course through turbulent times, and is respectful to the spiritual beliefs and needs of everyone.

Support Groups:

We host support group meetings every first Tues. throughout our office. Check our webpage>programs and services>support groups>Franklin, WI to find out the various focuses. In addition, in the same location, you can find other support groups throughout Wisconsin.

Education, Awareness, Prevention, Assistance, Other

For a complete description of these programs visit www.bircofwi.org, visit the "Programs and Services" webpage and click education, awareness, prevention, assistance.

Education and Awareness Training:

Various education and awareness training events and classes are available. To view these offerings please visit our website>programs and services>Education, Awareness, and Prevention>Find Out More.

Assistance to Professionals:

Professionals can have confidence knowing that the statewide support services the Brain Injury Resource Center of Wisconsin offers to individuals affected by brain injury will help to provide a continuum of care for their clients.

Advocacy:

Please follow the steps listed above to see a complete description of this program.

Helping Hands Program:



Speakers Bureau and Volunteers:

Send an email to admin@bircofwi.org and let us know if you would like to be part of our Speakers Bureau or become a Volunteer.



Market Place

Open Monday - Friday from 10:00 a.m. until 4:00 p.m., call before coming in to ensure someone is here since we are mostly a volunteer organization.

5129 W. Franklin Dr. Franklin, WI 53132 (262) 770-4882



Drop by and browse our Market Place, where you are sure to find the gift just right for the occasion.

All of the items in the Market Place are items hand-crafted by brain injury survivors, their support persons, and donated by individuals who understand the importance of our mission.



Past Event Recap

By Lois York-Lewis / BIRCoFWI Bulletin

Fun For All!



This years Salute to Brain Injury Survivors Fashion Show and Silent Auction focused on life after brain injury.

Each models portrayed a "theme" that was created by brain injury Survivor Larry Strait.

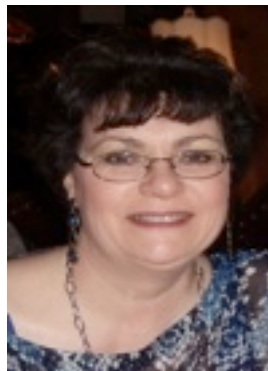
Larry was also instrumental in assisting the models with choosing outfits that reflected each theme.

Our accessory model wore items that are for sale in our Market Place and were hand-made by brain injury survivors and/or their support persons.

The Shutter Booth added a bit of fun as everyone was able to take a humorous photo to remember this moment in time.

Get a copy of our Souvenir Programs, order yours from our webstore today! (www.shop.bircofwi.org)

We want to thank all the volunteers whose hard work and dedication helped make this event a success.



Lois York-Lewis is the Executive Director of the Brain Injury Resource Center of Wisconsin and mother to Bari L. York (TBI Survivor).



We want to thank all the individuals who were involved in the first annual Walk, Roll, and Run for brain injury.

Close to 100 individuals registered and attended the event. We raised close to \$3500.00 to support our mission, programs and services, education and awareness training, as well as other initiatives that are in process for brain injury survivors.

Three Team Captain raffles (TWC Gift Basket, SwimTastic Gift Basket, Various Gift Certificate Basket) and fifteen general raffles were drawn at 2:00 p.m. The general raffle included items such as various restraint Gift Certificates, Car Wash/Oil Change Certificates, Purses, Jewelry, State Fair Vouchers, Salon and Nail Certificates, Athletic Certificates, and even Dog Friendly Happy Meals!

Participants who given prizes for raising the most donations through sponsoring were as follows:

Top Prize: Four Tickets to the EAA Air Venture Museum and Speedway Gift Card - Tony Fromader

Second Prize: Wal-Mart Gift Card - Mari Fedie

Third Prize: Rosati Gift Certificate: Harold Davitz

Fourth Prize: Rosati Gift Certificate: Mary Davitz

and a special **THANK YOU** to all those who did their best to raise donations through Sponsoring!

We want to thank all the volunteer whose hard work (back breaking at times) helped make this event a success.

See you next year!

(Pictures can be viewed from our "gallery of events" at www.bircofwi.org)



Here are our models featuring their different Day in the Life themes:
(left to right, back row first)

James Hermes (Return to Work), Andy Czajka (Leisure), Tony Fromader (Communication), Katie Marshall (Gardening and Lawn Care) Larry Strait (Responding and Reacting to Others), Eric Johnson (Returning to School)

Linda Scherwinski (Survival Kit), Dawn Cieszynski (Dating), Micki Scherwinski (Fitness and Health), Renee Erickson (Relaxation), Bari York (Driving), Nicholas Tischer (Brain Injury 101)

PTSD can effect anyone, anywhere and at anytime

By Donna Schrack / BIRCoWI Bulletin

A Mother's Story

Numb to the Pain

When the call comes about your child being near death from a trauma, you immediately become numb as you react to the event that has been thrust upon you without warning or preparation. That phone ringing will from that point forward put a pit in your stomach, every time it rings.

I can imagine that each person deals with personal trauma in their own unique way, coping mechanisms that have never been called upon before are now front and center. Fortunately, our family team had a natural communicator in my daughter, who kept family and friends updated when they called, came to the hospital or communicated using the Internet.

Coping with Tragedy

That was perfect for me, because I had no interest in dealing with all the concerned and thoughtful people who were kind enough to visit and call. Sounds harsh, but I found that aspect repetitive and draining and my energies were laser focused on my patient.

As it turned out, that probably defined my personal method of dealing with the stress of the situation. All that mattered was listening, learning and acting on what I felt would contribute to the best outcome for my patient.

Our family was fortunate, in that we owned our own business and had very capable staff that could indeed, run the business in our absence with very little input. This allowed 2 parents and a sibling (off school in the summer) to spend 2

months living at the hospital and observing and questioning everything.

To have to keep focused on a job and a seriously ill patient at the same time would be a nightmare, and we are tremendously thankful to not have been in that position. There are enough constant, mind numbing details to deal with, anyway.

Too Many Details

Insurance documentation, patient bills and banking, education situation and housing are all going to take time away from the patient and be more annoying than they inherently already are, particularly when the patient is technically an adult but physically incapable. "I'm sorry, you aren't authorized...."

Personally, with a background as a scientist, I felt I could contribute the most to the recovery of my patient by calling up dusty skills to research what may play a role in TBI rehabilitation and securing it for my patient. Essentially, that meant managing a young adult like a 4 year old.

I called it "raising my son again."

Early on, in the ICU, it was a constant feed of his iPod music, touching, talking, and very importantly, laughing over the bed. I fed him whole eggs because the cell wall of every cell in the body contains cholesterol, so we were going to need a good supply to repair the physical damage to the brain.

Making the Plan Work

I pulled him from the well-respected Rehabilitation Institute of Chicago physical, occupational and speech therapy and moved him to a specific Neuro rehabilitation clinic at the University of Chicago because they didn't put him in a plan, but made a plan for him. No time to waste in the early recovery days.

We focused on exercising the healing brain. He was enrolled in community college classes before he could consistently operate a cell phone or find his way around campus.

We learned about neuro-plasticity and then spent hours in a brain lab getting the thetas and betas (brain waves) in order. The YMCA was used to provide a place to get sweaty and increase the profusion to the brain by getting the heart rate up.

Constant challenges were introduced, just before he was ready to succeed at it to stretch the brain to try to reach beyond where it should. And when the body needed a nap, it didn't matter if it was a 14-hour nap.

And laughter. Frequent laughter.

Possibly dealing with post traumatic stress means overcompensating to protect yourself from the feeling that you didn't do enough with your situation. Possibly it means pushing each day because you came so close to not having another day.

But no "woe is me." Laughter, healing laughter.

PTSD can effect Anyone, Anywhere and at Anytime

Story of Carlos R. Escobar Written By Bari L. York / BIRCoWI Bulletin

A Soldiers Story

Numb to the Pain

Carlos R. Escobar still remembers the day when his world would change forever or at least the world as how he knew it. In 2005 he was riding in a Humvee overseas doing his usual work when all of a sudden an explosion happened.

This explosion was caused from a bomb that detonated right underneath his seat. This was what destroyed the entire vehicle, Escobar relayed to me.

He continues with descriptions of this bomb, which are that the explosion was caused by a 155 mm IED. In the book *Living with Blast Injuries, PTSD and TBI*, published by Lash and Associates Publishing/ Training Inc., Marilyn Lash (M.S.W) has written in the chapter titled "Blast Injury, TBI, PTSD; What's the Difference," that an IED is the acronym for improvised explosive device (2012, p.3).

According to the website globalsecurity.org, "an IED can be almost anything with any type of material and initiator." Further the website reads that this is a "homemade device that is designed to cause death or injury by using explosives" and is mixed sometimes with the use of toxic chemical, biological toxins, or radiological material (2013).

From this explosion he said that he sustained "a bilateral forearms open fracture with loss of bone and nerves, loss of portion of the right deltoid muscle, right tibia fracture, spine and neck injuries." The worst part about this is that Escobar said that he "remembers vividly how the explosion happened and his reaction during this event (which, had to have been utter shock and terror), however, he lost consciousness in several occasions."

Having experienced this event, which was very horrific and terrifying, one can only conclude that the aftermath would be suffering from PTSD. Escobar said that PTSD became involved as an after effect of the blast incident, which happened in 2005.

Coping with Tragedy

Escobar then continued by saying "PTSD, his personal perspective, is like a roller coaster ride, there are moments when everything was great (peak) and there are times when life is all dark (valley). He says that he used to be a very happy person, he would love to play pranks and joke around with others, but now he considers himself (for the most part) serious and very indifferent about things that used to make him happy.

Nadia Webb, Psy.D., ABPdN has written in the book, *Living with Blast Injuries, PTSD, and TBI*, published by Lash and Associates Publishing and

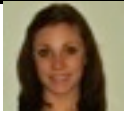
Training LLC. in the chapter titled Post-Traumatic Stress Disorder starting on p. 27, that the diagnose is given to individuals with specific psychological symptoms after a traumatic event. From what I gathered it appears as though Escobar is suffering from some of the symptoms, which are:

- Intrusive thoughts and memories of the traumatic event (flashbacks)
- emotional numbness
- avoiding reminders of the trauma, and
- hyper vigilance (overly alert) to possible dangers

The PTSD that he was experiencing was so severe that it almost ended his life and marriage.

According to the United States Department of Veterans Affairs, PTSD has been described as occurring after a person has been through a traumatic event. They go on to further describe by stating that a traumatic event is "something terrible and scary that a person sees, hears about, or when something terrible and scary happens to a person."

The BIRCoWI Bulletin and Bari L. York want to thank Carlos Escobar for participating in the interview and for being very honest with his



Bari L. York

Director of Public Relations and Marketing

Sharing Stories in the Cozy Corner A Warrior Shares His "Time of Terror"

By Bari L. York / BIRCoFWI Bulletin

A simple ride through town almost turns deadly

Being in the military comes with its rewards, but also some great and potentially some life threatening consequences. Army Staff Sgt. Victor Medina knows this all too well.

Being in the military for 18 years, eight of those years were spent in the military reserves and 10 were spent on active duty. It was during active duty that the next set of events would happen.

Medina then relays this time of terror, of when his "new life" started. It was June 29, 2009 and his missions were to escort supplies and investigate the route from a main contingency operating base (COB) to a join security station (JSS).

The entire route was supposed to take only three hours, as they navigated through ones of the largest cities in Iraq. They were just about to leave the city limits when all of a sudden a missile impacted their vehicle.

Medina has said "this event has changed my life forever."

To this day the 48-plus hours that would follow the blast are still are not clear. This phenomenon is known as post-traumatic amnesia.

According to Linda Lay, BS Psychology, post-traumatic amnesia is when memory loss occurs after a traumatic event. A traumatic brain injury can be, although not in every case, a result from a traumatic event.

Following this event Medina said he remembers the smoke and the confusion he felt following the accident. He also remembers waking up in an aid station feeling very confused and overwhelmed.

He sustained many injuries, with the most impacting being the moderate traumatic

brain injury. In addition, he has difficulties with his vision, hearing, balance, headaches, speech, and he still struggles with some cognitive impairments as well.

Even though he has those struggles, he has found some way to compensate for his loss. A few examples of how he compensates for what he has lost is, wearing hearing aids and using glasses with prisms.

Medina admits that he has tried to be "how he used to be," but that trying to be how he used to be has not worked. Trying to be who a person used to be can be difficult if not impossible, but instead of consistently trying to be who he used to be, Medina has embraced his "new normal."

Rather than fall back on feeling sorry for himself, Medina has chosen a different path to go down. This path is one that encourages others to push forward and persevere.

Medina has created a website that helps to accomplish the goal listed above, www.tbwarrior.com for more information. In addition to this website he has a presence on various social media websites; including Facebook, Linked-in and Twitter, blogs, YouTube, and has been interviewed countless times for his heroic work.

In addition he has given many speeches and talks about this experience and has joined our Speaker's Bureau. Welcome aboard!

Medina has said that "TBI is not the end; it can be a new beginning. The effects may not go away, but it will get better."

The BIRCoFWI Bulletin and Bari L. York want to thank Victor Medina for participating in the interview and for being very honest with his answers.

Friendship Network "Just Like Me"

The Friendship Network "Just Like Me" gatherings are currently being conducted in Milwaukee, Waukesha and Winnebago Counties. These gatherings can take place either quarterly or monthly. Do not mistake these gatherings for support groups, because they take on an entirely different feel. The location of these gatherings is in a non-medical setting, rather we get together at each others houses, go to comedy sportz and even a Brewer game! We are there for anyone, and as our tag line goes, *Our headquarters may be in southeastern Wisconsin, but our hearts, hands and help are statewide.*



Medina with wife Roxana Delgado at the Purple Heart Ceremony on August 10, 2011



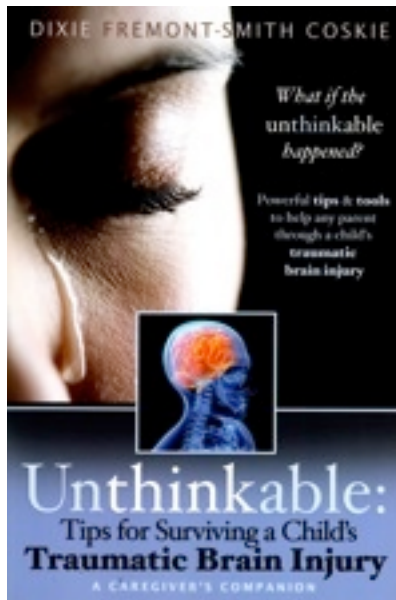
Medina with Generals from FORSCOM, SPECOPS, and Medical at the Purple Heart Ceremony on August 10, 2011



Medina with General Chiarelli at the Purple Heart Ceremony on August 10, 2011

Excerpt from: *Unthinkable*
Tips for Surviving a Child's Traumatic Brain Injury
By Dixie Fremont-Smith Coskie

Be Prepared



Be Prepared Before an Accident Happens

- Have a “values” history---a statement of personal values regarding your health care wishes in the event of a life-threatening illness or accident. For example, would you want to be resuscitated or not?
- Have a living will, i.e., a simple statement regarding your wishes on whether you want heroic medical care or measures to be taken or not if you become terminally ill.
- Choose a proxy. Designate a person who will make life-or-death decisions for you in case of emergency or if you cannot speak for yourself for any reason (also known as a durable power of attorney for a health care proxy).
- Discuss and have in writing the wishes of all family members regarding whether they want to be an organ donor.
- Make a will and keep it up-to-date.
- Keep two stocked emergency kits, one in your kitchen and one in your car. An ideal first-aid kit should include the following materials:
 - A first aid book
 - Bandaging materials, including: band-aids, antiseptic solution, alcohol pads, soap or other cleansing agent, a lubricant (e.g., petroleum jelly), sterile adhesive bandages in different sizes, nonstick sterile pads, cotton balls, instant cold compresses, a pair of metal scissors, and sterile rubber gloves (2 pairs).
 - A thermometer and a warm blanket.
 - Medications, both non-prescriptions drugs (e.g., aspirin, acetaminophen for pain relief), and, if possible, certain prescription drugs (e.g., insulin or an asthma inhaler).
 - A flash light and radio, both with extra batteries.
- Keep lists of all emergency numbers handy: police, fire department, poison control, doctors, hospitals, lawyers; also keep your health insurance and social security numbers and cards handy.
- Make sure the following phone numbers are in the contact list of your home and cell phones: family members, neighbors, doctor's office, drug store, and school contacts.
- Carry a cell phone and make it a habit to keep it charged.
- Keep a list of all medications that any of your children or you are currently taking written down in a convenient place, such as your wallet.
- Keep physicals of all family members up to date.
- Keep medical records of all family members in a safe and convenient place.



The Milwaukee Center for Independence brain injury recovery program offers a personalized approach to meet individual needs and assist people who are:

- Recovering from brain injuries or stroke
- Living with neurological impairments
- In need of help to return to work
- In need of short-term outpatient therapies

For more information about the MCFI team, therapies and vocational rehabilitation services, call 414-431-5422 or go to:

www.mcfi.net/brain.htm

MCFI's brain injury recovery program is located in our newly renovated Bay View Campus:
333 S. Howell Ave.



Unthinkable can be purchased from our web store at:
www.bircofwi.org



Why Should You DONATE Today?

It's Simple - We are not a membership based organization, government grants and foundation funds are in short supply, and brain injury survivors in Wisconsin are counting on you!

Need a Tax Deduction?

Out of respect for privacy, donor names will not be published on our website or listed in our annual report unless otherwise authorized

We are a 501(c)(3) organization

Donating as little as \$1.00 per family member goes a long way!

If your personal budget is feeling the pinch, why not ask your employer to host a green and purple day, chili cook-off, bake sale, or any easy to run event that does not interfere with the work day.

Contact us today and we will send information about our organization to share at any work-place fundraiser event.

Brain Injury Resource Center of Wisconsin, Inc.
Headquarters: 5129 W. Franklin Dr, Franklin, WI 53132
Phone: (262) 770-4882 / Fax: (262) 436-1747

admin@bircofwi.org
www.bircofwi.org
www.shop.bircofwi.org

Summer Business Hours
Monday through Friday
10:00 a.m. until 4:00 p.m.

Where DOES the Money Go?

We use our dollars wisely to promote prevention, create an environment where awareness and education is available at every event, function, fundraiser, or meeting that our staff and/or volunteers participate in. Of course there are also operational costs associated with running every organization (everything from paper for the printer, to postage for the mailings.) We try to keep our expenses as low as possible to ensure all monies received are used for their intended purpose.

We focus on our goals and objectives knowing that brain injury survivors are the inspiration for our continued efforts:

1. The primary objective of our organization is to support brain injury survivors and families during the recovery process and beyond:
 - Resource Facilitation Service
 - Peer-Mentor Program
 - Spiritual Outreach Program
 - Pen-Pal Program
 - Support Group Program

Ψ GLASSMAN & STANIK, LLC

CONSULTING PSYCHOLOGISTS

2448 South 102nd Street, Suite 270
West Allis, WI 53227 414-444-9811

Glassman & Stanik LLC specializes in psychological and neuropsychological evaluation of persons with brain injury or neurological disease, along with appropriate therapies and community reintegration.


2. The second objective is to educate, inform, and enhance awareness of the challenges faced by brain injury survivors
 - Return to Work - Employer Awareness and Employee Guidance
 - Assistance to Professionals
 - Education and "Awareness" Training
 - Prevention
3. The third objective is to allow the community to participate in taking care of its own and dismiss the assumptions and misguided thinking about brain injury and recovery
 - Friendship Network Gatherings (monthly or quarterly)
 - Brain Injury Picnics (annual)
 - Salute to Brain Injury Survivors Fashion Show (Annual)
 - Volunteer Program
 - Speaker and Presenter Bureau
 - Meet and Greet Sessions
 - Tote Bag Program

Contact us TODAY!

Find out about our great advertising deals
by contacting Bari L. York
(Director of Public Relations and Marketing)
and request a media kit!

bari@bircofwi.org
(262) 770-4882

**WISCONSIN'S LEADING
TBI ATTORNEY**



M. ANGELA DENTICE

M. Angela Dentice represents individuals throughout Wisconsin who have sustained a brain injury, including a traumatic brain injury, post-traumatic concussion or birth injury.

Ms. Dentice and her staff have worked with some of the leading experts in the area of TBI. These include neurologists, neuropsychologists, life care planners and vocational counselors from around the U.S.

Before attending law school, Ms. Dentice was a teacher of handicapped students.

Because each person's injuries are unique, Ms. Dentice handles each client in a personal manner. She can give you the personal attention you deserve.

CONTACT MS. DENTICE TODAY 414-259-1000

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Want More Information?

If you would like a copy of this Bulletin or more information about any of these articles within, please contact the Brain Injury Resource Center of Wisconsin at admin@bircofwi.org, or visit our website at www.bircofwi.org

Thank you for reading and make sure to look for the next bulletin!

We are here to help!

Look for our next issue coming out
September 2013

*"Don't be concerned with the bridge you can't cross,
instead build upon the one which you are destined to!"*

Quote provided by Jay Baukin (Brain Injury Survivor)