

BRAIN INJURY ASSOCIATION OF AMERICA | Volume 14, Issue 4

# THE CHALLENGE!

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## CELEBRATING

# 40

YEARS



**DECEMBER 2020**

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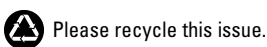
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Publication designed by  
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## FROM MY DESK

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**F**orty years ago, a handful of families and clinicians joined with Marilyn and Marty Spivack to establish the National Head Injury Foundation – known today as the Brain Injury Association of America (BIAA). The Association has grown a lot since 1980, but our roots have remained firmly grounded in our mission to improve the quality of life for all people affected by brain injury. We pursue our mission through several key programs.

What started out as BIAA's Family Helpline (1-800-444-6443) grew into the National Brain Injury Information Center (NBIIIC). Operated in collaboration with chartered state affiliates, NBIIIC answers more than 20,000 individual requests for help each year. BIAA's Academy of Certified Brain Injury Specialists has trained and certified more than 25,000 clinicians in the U.S. and internationally. And our new Brain Injury Fundamentals for family members and direct support professionals has already trained and tested more than 1,500 people. Throughout the year, BIAA provides at least 20 educational webinars for individuals with brain injury, family caregivers, clinicians, researchers, advocates, and more.

2020 marks the second year of BIAA's Brain Injury Research Fund, which was established through a generous bequest to provide seed grants and dissertation awards for those studying chronic brain injury. Please visit our website at [biausa.org/research](http://biausa.org/research) to learn more.

This edition of *THE Challenge!* documents the important changes in the brain injury research community and in terms of state policy. We've also included BIAA's many advocacy achievements at the federal level. *THE Challenge!* readers can take pride in the Association's accomplishments – none of it would have been possible without your help and support.

Last but not least, over the last 40 years BIAA has witnessed the election of seven different U.S. Presidents, eight different House Speakers, and nine different Senate Majority Leaders. However, we've never seen balloting as contentious as Trump vs. Biden. A projected 161 million Americans voted in the presidential election with turnout rates averaging 74% nationwide! BIAA is a nonpartisan organization. We did not back one candidate over another, but we did encourage all of our constituents to vote. So thank you; we're glad you did!

This year, my family and I are giving thanks for the continued successful development of a coronavirus vaccine. I hope you and your families have a safe and happy holiday season.



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



# The Brain Injury Association of America Through the Decades



By Dianna Fahel and Rula Tareq, Communications Staff, Brain Injury Association of America

**T**he National Head Injury Foundation was established Sept. 23, 1980. On that day 40 years ago, Dr. Martin Spivack and his wife, Marilyn Price Spivack, saw the need for change. They invited five family members and professionals into their home to discuss how to improve the lives of individuals with brain injury. By afternoon's end, the group decided to create NHIF – an organization now known as the Brain Injury Association of America (BIAA).

What started as a grassroots effort to improve the care and treatment of millions living with brain injury is now the nation's oldest and largest brain injury advocacy organization. The Association encompasses a network of state affiliates, regional chapters, and local support groups that share in one mission to advance brain injury awareness, research, treatment, and education to improve the quality of life for all people affected by brain injury. Read along as we reflect on the last four decades.

## 1980

In the early years, BIAA worked tirelessly to raise awareness of brain injury and provide services and supports to families. Some milestones include the establishment of a phone line in the Spivack home so people would have a place to call for information and resources; the opening of the first office in Framingham, Massachusetts, with corporate support from Liberty Mutual Insurance Company; the appropriation of \$1.5 million in federal funding to create two new Rehabilitation Research and Training Centers for brain injury; Congressional declaration of October as National Head Injury Awareness Month, and the publication of the first National Directory of Rehabilitation Services, listing 266 facilities and services.

The Association didn't stop there. The second half of the decade saw a landmark ruling by the Social Security Administration, which assured that individuals with head injury would receive proper evaluation when applying for benefits. NHIF also received its first federal grant, a \$300,000 award from the National Institute on Disability and Rehabilitation Research for the Traumatic

Head Injury Awareness Prevention project. The Association created a national toll-free Family Help Line and was awarded a \$65,000 grant from the Pew Charitable Trusts for its enhancement.



BIAA founders Marilyn and Martin Spivack began the Association's strong advocacy record 40 years ago.

# 1990

In 1990, President George H. W. Bush declared that the coming decade would be formally known as the “Decade of the Brain,” fostering a concerted effort on neuroscience research and needed government attention toward treatment and rehabilitation. President Bush also signed the Americans with Disabilities Act later that year, prohibiting discrimination against people with disabilities. BIAA’s advocacy work contributed to other political successes of the decade including the enactment of the Traumatic Brain Injury Act of 1996 and the establishment of the Defense and Veterans Head Injury Program.

In addition to policy advancement, the 1990s saw the change of the Association’s name from the National Head Injury Foundation to the Brain Injury Association of America. BIAA created the “Wear a Helmet” public awareness campaign, published several important educational materials, led the inaugural State Association Leadership Development Annual Conference, established the American Academy for the Certification of Brain Injury Specialists (now known as the Academy of Certified Brain Injury Specialists), and launched its website at [www.biausa.org](http://www.biausa.org).

As the decade came to a close, the Supreme Court issued a landmark decision in the case of *Olmstead v. L.C.*, which paved the way for great expansion of home and community-based services for all individuals with disabilities, including individuals with brain injury.



Advocates gather at an early rally for the TBI Act.



# 2000

With the start of the 21st century, BIAA entered into a cooperative agreement with the Health Care Financing Administration (now Centers for Medicare and Medicaid Services) and others to prepare individuals with brain injuries to advocate for the development and implementation of five-year state Olmstead Plans. The Association worked with the TBI Model Systems National Data Center to increase accessibility to and utilization of TBI Model Systems research. BIAA also collaborated with the Centers for Disease Control and Prevention (CDC) to establish the National Brain Injury Information Center (NBIIC) in an effort to determine the feasibility of a nationwide, one-call center that automatically links callers to local resources, information, and services. The Congressional Brain Injury Task Force was then formed by Reps. Bill Pascrell, Jr. (D-N.J.) and James C. Greenwood (R-PA) to advocate for greater research and services for those who are injured and their families.

In 2008, BIAA launches the Brain Injury Business and Professional Council as catalyst for industry collaboration and growth. Other accomplishments include launching the three-year Living with a Brain Injury campaign to increase public awareness and understanding of brain injury, hosting the inaugural Brain Injury Business Practice College, renaming BIAA’s quarterly publication from *TBI Challenge* to *THE Challenge!*, and designating the *Journal of Head Trauma Rehabilitation* as the Association’s official scholarly journal.



BIAA President/CEO Susan Connors, left, speaks at the Heroes at Home press conference alongside Hillary Clinton in 2007.

(continued on page 7)

**CONGRATULATIONS TO THE BRAIN  
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(continued from page 5)

# 2010

As BIAA celebrated its 30th anniversary, the Association saw the signing of the Patient Protection and Affordable Care Act by President Barack Obama. Because of BIAA's relentless advocacy, the law mandated coverage of rehabilitation within the essential benefits package of all individual and small group health insurance policies. Other political milestones include the securing of millions of dollars in funding from the Senate Appropriations Committee in 2011 to continue public awareness, education, and research efforts; the amendment of the 2012 National Defense Authorization Act to authorize \$1 million for the development of treatment guidelines for post-acute brain injury rehabilitation; the reauthorization of the Traumatic Brain Injury (TBI) Act in 2014; and the signing of the Traumatic Brain Injury (TBI) Reauthorization Act of 2018.



BIAA Staff meet with Congressional Brain Injury Task Force Co-chair Rep. Bill Pascrell, Jr. (D-N.J.), right, at Brain Injury Awareness Day on Capitol Hill in 2013.

In addition to policy achievements, BIAA created the Preferred Attorneys program, an online resource to help families find representation from the nation's best brain injury lawyers; launched the BIAA Career Center for brain injury professionals; and published the fifth edition of the Essential Brain Injury Guide, a 25-chapter text written by more than 60 experts in the field of brain injury rehabilitation. The Association also established its research grant program in 2019 to advance knowledge and understanding of chronic brain injury.

# 2020 and the Next 40 Years



BIAA staff members meet virtually in September 2020.

The year 2020 brought about unprecedented challenges and incredible hardship to communities around the world as a result of the COVID-19 pandemic. In response, BIAA launched a fully accessible resources web page offering essential information about the coronavirus and brain injury, tips to reduce isolation, and ways to take care of overall health. The Association also convened weekly meetings for healthcare providers across the country to help them share best practices for managing COVID-19 in post-acute brain injury rehabilitation, provided free continuing education credits to professionals, and fought for funding for telerehabilitation services in the wake of the pandemic. For these and other services, BIAA received the 2020 Council on Brain Injury Organization Award. As we reach the end of this year, we are astounded by the resilience of our community and look forward to what comes next.

Founded by individuals who wanted better for their family members and patients who had sustained brain injuries, BIAA has dedicated the last four decades to raising awareness and fighting for improved access to care. We have been honored to serve as the Voice of Brain Injury, providing help, hope, and healing to millions of brain injury survivors across the nation. We can only hope to continue that work over the next 40 years.



# What Have We Learned Through Neurotrauma Research in the Last 10 Years?

*By Grace Griesbach, Ph.D., President, National Neurotrauma Society*

**T**he amount of research dedicated to traumatic brain injury (TBI) has notably increased during the last 10 years. This has been reflected in the membership growth of the National Neurotrauma Society (NNS), whose members comprise national and international scientists and clinicians dedicated to advancing neurotrauma research. Recently, NNS sent a survey to its members asking what the main scientific contributions in the field of TBI were during the past decade. The contributions identified through the survey highlight how research from NNS members has broadened our understanding of TBI pathophysiology, its trajectory, and treatment.

Historically, TBI research focused mainly on injuries that were evident by their initial severity. Thanks to this research, we have a better understanding of acute pathophysiology and have seen notable improvements in neurointensive care that have saved many lives. However, during the last few years, focus has shifted to those injuries that are less severe and categorized as moderate and mild. It is now widely accepted that

mild injuries like concussions, with no overt structural damage in humans, result in enduring cognitive deficits. This observation has been confirmed in experimental TBI models. These basic science studies have demonstrated that injuries presenting little tissue degeneration result in measurable behavioral deficits, subsequently allowing for the discovery of some of the mechanisms behind these deficits. Given the high occurrence of concussions, multiple research groups have demonstrated that a history of recurrent concussions is a risk factor for later-life cognitive impairments. This has led to serious discussion on sports-related injuries at all levels and substantial efforts to increase public awareness and make sports safer.

During the past decade, research has made it clear that TBI pathophysiology is a long-lasting dynamic process, as is the brain's ability to adapt – known as brain plasticity – in response to injury. Alterations in molecular markers of plasticity after TBI depend on factors ranging from the proximity to affected tissue to how much time has passed since injury.



Significant strides have been made in understanding chronic changes in brain neuroinflammation and neurodegeneration. We are now aware that TBI can influence normal aging and is likely to have an impact on diseases associated with aging. The realization that there are ongoing changes long after the very early time window has led to substantial research focusing on subacute and chronic changes in neuroinflammation and neurodegeneration, which in turn have allowed for the testing of new targeted therapeutic approaches. Moreover, the use of new bioengineering techniques has increased every year, introducing new therapeutic strategies.

As scientists, we know that neuroplasticity and function within the context of TBI is not only dependent on variables intrinsic to the injury, but also on multiple factors associated with individual lifestyle and environment. Understanding the influence of diet, fitness, sleep, education, and other environmental factors has expanded from the laboratory to the clinical realm. When addressing physical exercise after TBI, for example, we know that factors such as the timing, intensity, quality, and duration of exercise will dictate whether exercise has a beneficial effect on recovery. In cases of concussion or mild TBI, recent evidence indicates that active rehabilitation promotes recovery as long as the timing and intensity of exercise are adapted to each patient's limitations and ability to tolerate exercise. In addition, we have begun to appreciate that TBI is not just a brain disorder, but involves peripheral organs such as the gut and liver, which have been shown to have a bidirectional interaction with the injured brain and ultimately influence the recovery processes. Over the past 10 years, there have been substantial discoveries regarding the influence of other systems, such as endocrine and cardiovascular systems. These systems have been shown to have a significant influence on the recovery trajectory of TBI and provide exciting new therapeutic avenues. As rehabilitation is currently the predominant post-acute treatment for TBI, increased research will help us create new rehabilitative strategies.

Importantly, research over the past years has better informed clinicians of the challenges when investigating and treating TBI. In the past, TBI researchers were aware that age had to be

considered, given that a TBI endured at a developmental stage differed greatly from an adult TBI. As research has progressed, epidemiological considerations have greatly expanded. Whereas during the past decade, most basic science studies were limited to males, it is now a requirement that these studies include females. In addition, the extended involvement of our military in conflict zones has also increased our awareness that brain injury suffered by military personnel differs significantly from injuries encountered by civilians.

It has become evident that a better understanding of individual characteristics is necessary in unwinding the complexity of TBI. In order to tackle TBI heterogeneity and improve the success of clinical trials, collaborations and consortiums across multiple national and international sites have been formed to gather data on individuals with brain injury. These efforts have resulted in multiple collaborative projects that are advancing clinical research in biomarkers, analytics, and imaging. Noteworthy examples of these are the Transforming Research and Clinical Knowledge (TRACK-TBI) and International Initiative for Brain Injury Research (InTBIR) projects. These collaborative projects have taken advantage of leading-edge technological advances in the fields of imaging, genotyping, and machine learning. As a result of these efforts, notable achievements have recently been made in diagnostics. Imaging such as OsiriX CDE and fluid-based biomarkers such as Banyan Brain Trauma have recently been approved by the FDA as diagnostic tools for TBI. The benefits of these brain injury monitoring tools have already been appreciated, especially in the mild TBI and concussion populations.

These collaborative efforts have motivated the TBI research community to increase efforts in data sharing utilizing systems such as the Federal Interagency Traumatic Brain Injury Research Informatics System. The collaborative efforts across the entire TBI research community will continue to accelerate research progress. Along with these successes, we should also acknowledge the dedication and efforts of TBI researchers within the general community, as many more are aware of the impact of TBI. There is still a strong need for advocacy of TBI research. With increased advocacy and proper research support, the 2020s will bring greater advances in the understanding, management, and treatment of TBI. ●

# Brain Injury Treatment Has Come A Long Way in 40 Years.

## When Will the Healthcare System Catch Up?



*Eric Spier, M.D., CBIS, Brain Injury Program Medical Director, Craig Hospital*

The long road patients and families embark on after acute hospitalization from brain injury, in many ways, begins in rehab. This is where the work of rebirth happens. A complex web of emerging medical complications intertwines with the habilitation offered with that rebirth. This job of confronting ambiguous loss and discovering hope for the future happens simultaneously with countless overlying medical complications. The modern rehab setting can weave the treatment of both together: practitioners who can thin-slice the beginnings of hydrocephalus or seizures for early effective treatment, therapists who are skilled in performing the revised coma recovery scale on a patient with a disorder of consciousness, and nursing staff who can help shape behaviors in emerging patients without slowing the process with medications.

All these roles contribute to the simultaneous symphony of physical and spiritual support and medical treatment unique to this environment.

It is in rehab that patients with similar diagnoses benefit not just from this adapted setting, but also from a community of people who share a trauma from which they can learn and empower each other. In the setting of modern health care, this complex milieu is under constant sociopolitical and financial strain. This barrier persists in spite of a modern renaissance in the field of brain injury medicine.

Before 1980, most neuroanatomical correlation was a guessing game, and it wasn't until the advent of advanced imaging like MRI and SPECT that visualizing the brain to plan treatment was possible. Our technology has evolved to the point that we can see brain activity in real time, as an activity is occurring, and have a conversation with someone who is unable to communicate by reading their thoughts with a functional MRI machine. We are even using magnetic energy to treat depression and perform constraint-induced therapy.

The TBI Model Systems of Care program for the treatment of brain injury, established in 1987, has focused on developing best practices and streamlining team-based approaches to caring for patients. This advancement was a follow-up to Howard Rusk's "A World to Care For" and John Young's vision of an interdisciplinary team approach to caring for patients. The following decade, the Brain Injury Association of America's (BIAA) American Academy for the Certification of Brain Injury Specialists, now the Academy of Certified Brain Injury Specialists (ACBIS), was established – in 1996, the same year the Traumatic Brain Injury Act was signed into law. To this day, a fight for disability rights continues in the halls of Congress and in rehabilitation hospitals around the world. Advocates continue to fight for the rights of people with brain injury, supporting policy guidelines that will ensure they can return to work and live independently provided they have access to appropriate care.

In spite of prodigious efforts, the average length of stay in inpatient rehab has plummeted to a fraction of where it was two decades ago. This population is discharged from acute care faster and sicker today, despite evidence that shows that patients die at higher rates when discharged to skilled nursing facilities (SNFs) rather than inpatient rehabilitation. Even when patients sent to SNFs are appropriate for transfer to inpatient rehab, this rarely occurs. We have better treatments and can better identify when and who to treat as well as in what environments they are most likely to recover, but we have less capacity to follow through on our newfound knowledge. Short-term financial savings at the expense of human life is still all too common.

Medical advances have continued through the inspiration of researchers, providers, and political activists. Brain injury medicine emerged as a subspecialty of care for physicians in 2014. New research guiding decisions for treatment have improved options for care of sleep, post-traumatic epilepsy, hydrocephalus, spasticity management, and alterations in mood and personality. Treatment options include deep brain stimulators, shunts, pumps, and neurohormonal and pharmacological treatments. However, there is still no treatment for brain injury as potent as the teams of people who dedicate their lives to patient care.

In the last 15 years, a confluence of knowledge between different fields of science has begun to link our understanding of consciousness. Antonio Damasio, Joseph Finn, and others write about the emergence of self and how this is reflected in our neuroanatomy. Additional advances around sleep behavior and mental states like mindfulness are shaping into a unifying theory for the care of complex patients. These concepts are helping to improve the conversation between the scientific community, patients, and families recovering from brain injury.

Individuals with brain injury are currently in limbo around the country because of insurance glitches, medical issues, and complex care needs, despite advances within brain injury medicine. Model care can still be hard to find and is difficult to deliver. Yet brain injuries from both cerebrovascular accidents and traumatic injuries cause more morbidity – by at least double as compared to the next competitors: cancer and heart disease. The evolution of care for those suffering has changed profoundly over the last 40 years. Much of this progress has happened through advocacy with organizations like BIAA; however, there is still a lack of access to good care and a lack of empowerment for brain injury specialists.

Anyone who works in this field understands the uniqueness of each injury and the importance of the team that individualizes care for each patient. Perhaps, in the future, care for individuals with brain injury will be supported by investor-driven innovation working to improve quality of life and lobbyists fighting for access to care. Maybe patients will be treated by a neurorehabilitation team of collaborators – including behaviorists, yoga therapists, music therapists, integrative and recreational therapists, and other team members – who contribute to an individual's care based on his or her needs. BIAA has worked for decades to support the families and professionals who make this difficult work successful. Here's to the continued fight for the tools needed to make these model systems a possibility.

Eric Spier, M.D., is the Brain Injury Program Medical Director at Craig Hospital in Colorado and Volunteer Medical Advisor to the ACBIS Board of Governors. He has worked in both acute rehabilitation and in the post-acute industry during his career. Much of his interest has been in advocacy, most recently with health policy and legislation. ●



# Has traumatic brain injury changed what's inside you or a loved one?

Please visit  
[www.TBIbehaviorstudy.com](http://www.TBIbehaviorstudy.com).

If you or someone you care about has experienced traumatic brain injury (TBI) and is showing symptoms of **aggression, agitation, and irritability**, learn more about this research study of an investigational drug for behavioral problems due to TBI.

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- Be between 18 and 75 years old
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- Have a reliable participant study partner who interacts with the participant at least 2 hours a day for at least 3 days a week

Additional criteria will be assessed by the study doctor.

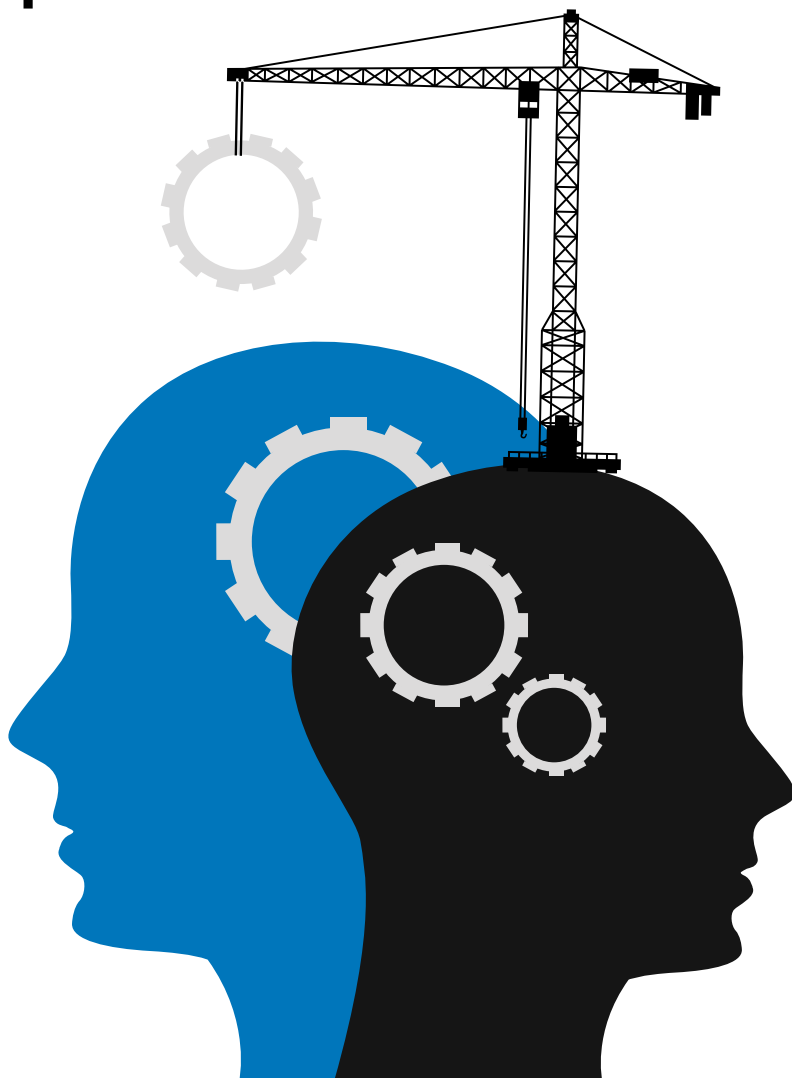
All study-related visits, tests, and drugs will be provided at no cost. In addition, reimbursement for study-related travel may be provided.

# Closing the Gap Between Surviving and Thriving After Brain Injury: A 56-Year Perspective

By Mark Palmer, Brain Injury Survivor

In December of 1964, I was in a car that was broadsided by a Detroit city bus. I suffered a depressed skull fracture and was in the hospital for three days before a neurosurgeon could remove the skull fragments that were embedded into my brain. Following the surgery, I remained in a coma and was surrounded by private, around-the-clock nurses and family praying for my survival. I woke several weeks later with far more function than my doctors had anticipated. The extent of my rehabilitation consisted of me dragging my left leg along as I held onto an IV pole. Once I was able to feed myself and navigate to the restroom, I was discharged. My parents' prayers had been answered: I survived. The ordeal was over, and life was to return to our pre-accident routine. In reality, my life had simply moved from the confinement of the four walls of my shared hospital room to the four walls of my bedroom. My family was happy, but the plan to move beyond survival and learn how to thrive was up to me – the person who had unknowingly lost memory as well as physical, emotional, and cognitive function. The only “help” I received was in the form of occasional 15-minute visits with my family doctor, whose best advice was to use my own judgement.

I am happy to say that, today, I am thriving thanks to help found some 25-years post injury. A physician and now trusted friend said, “if you are willing to make the effort, we can compensate for the challenges of your brain injury. That single comment encouraged me to seek out organizations like the Brain Injury Association of America (BIAA), begin to learn about the complexities of my injury, and discover the resources available to assist me on the road to healing.



Fifty years later, in September 2016, my wife had a fall that resulted in a serious brain bleed. Her condition was quickly assessed. She was admitted to the Neuro ICU and subsequently evaluated by physical, occupational, and speech therapists. She was discharged to a rehabilitation facility for aggressive therapy to learn how to regain function. The caregivers provided her with the tools to begin the transition from surviving to thriving.

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The day she was discharged from Neuro ICU, I made a call to BIAA to inquire about additional resources and look for confirmation that I had made the best healthcare decisions for my wife. The combination of prayers, rehabilitation, and trusted information enabled a very willing survivor to begin her path to thriving once again. In a short period of two years, my wife integrated the challenges and changes from her injury into a very positive and fulfilling lifestyle. Comparing my own experience with that of my wife, I can see that the changes in the treatment and understanding of brain injury have shortened the path from injury to thriving from 25 years to two years.

While the progress has been substantial and the gap has certainly narrowed, there is much more to be done. Over the past ten years, I have devoted time to helping others learn how to live with their brain injuries. I have learned that living with a brain injury is far more involved than just treating the injury and following up with rehabilitation. More recent research reveals that

those suffering from brain injuries and their families are at higher risk for homelessness, incarceration, drug addiction, divorce, or suicide. As survivors, caregivers, and physicians, our next challenge is to find ways to support our community beyond the injury itself in order to reduce these risks.

My wife and I are fortunate – we’ve both found a way to live a happy and fulfilling life while integrating and compensating for the limitations our injuries have caused. Thanks to increased awareness and guidance from others, we were able to find resources to help us thrive. Many are not so lucky, which is why it’s important to educate others about brain injuries and share available resources to help those who need them. I’m grateful to BIAA for the significant contribution it has made in advancing research and understanding and the positive impact it has had on individuals with brain injuries and their families. I hope this work continues – and that the gap between surviving and thriving narrows even further.



# Building State Service Delivery Systems for Individuals with Brain Injury and Their Families

*By Susan L. Vaughn, M.Ed., BIAA State Policy Consultant, Director of Public Policy, National Association of State Head Injury Administrators*

**T**he year 2020 marks many historical moments – the 100th anniversary of women's constitutional right to vote, 100th anniversary of the federal Vocational Rehabilitation Program, and the 30th anniversary of the Americans with Disabilities Act – all of which are major achievements that reflect many years of work.

Since the formation of the Brain Injury Association of America (BIAA) 40 years ago, Americans have also witnessed major events impacting services and issues relating to brain injury. One notable achievement, of course, is the emergence of the World Wide Web, which has changed how people communicate, socialize, learn, and conduct politics. The attacks on the United States on September 11, 2001, is another significant event as it led to the Global War on Terror, resulting in an increased number of veterans and servicemembers with traumatic brain injuries (TBI) who returned to their homes and communities in need of supports and services.

More recently, as the result of the COVID-19 pandemic, services and the delivery of such services has changed with social distancing and stay-at-home orders. The internet has been critical for students to participate in distance learning and for providers to connect with individuals with brain injury to help assess needs, provide care, obtain supports, and monitor their well-being.

While national in scope, these events influence state policies and laws that are usually initiated by BIAA and

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**“Real change, enduring change, happens one step at a time.”**

– Justice Ruth Bader Ginsberg

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state associations to ensure that the needs of individuals with brain injury and their families are met, regardless of cause or the age of the individual. These efforts may start small and expand as the number of individuals increase, as needs change, and other factors influence roads taken. The chronology below are highlights over the last 40 years and where we are today.

**In 1984**, New York was the first to pass seat belt legislation to prevent fatalities and injuries. Today, all 50 states, the District of Columbia, Guam, the Northern Mariana Islands and the Virgin Islands require child safety seats for infants and children. Thirty-one states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands have primary seat belt laws; 18 states have secondary laws. Only New Hampshire has failed to enact either a primary or secondary seat belt law for adults, although the state does have a primary child passenger safety law that covers children under 18.

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**In 1984**, Virginia established a central registry requiring hospitals to report information to the Department of Rehabilitative Services to facilitate appropriate service delivery. The Georgia legislature added TBI to its Central Registry for Spinal Cord Injuries in 1985, and in 2004, legislation transferred administrative management to the Brain and Spinal Injury Trust Fund Commission to expand capacity to capture all brain and spinal cord injuries. Today, less than twenty states administer registries, some of which were established for surveillance to determine incidence, others for purposes of linking individuals to resources and services, while a few state administer registries which do both.

**In 1985**, Connecticut, Missouri and Massachusetts received state appropriations for rehabilitation and services, as well as advisory councils to oversee the funds and to plan for ongoing needs. Today, a few more states have received state appropriations for service coordination and other services. Both Missouri and Massachusetts have expanded their program through additional state funding and other funding streams, including trust fund or dedicated funding and Medicaid.

**In 1985**, Pennsylvania lawmakers enacted the Catastrophic Medical and Rehabilitation Fund, which was the first such fund to be established, paving the way for other states to enact what is referred to as trust fund laws. These laws designate a fine or surcharge to generate a funding source to pay for an array of programs and services. Today, half of the states have enacted trust fund legislation, which varies in revenue and purpose from state to state.

**In 1987**, the Kansas State Department of Education funded a TBI training project for educators and related services personnel, undergraduate and graduate students, as well as materials and consulting teams to assist local school districts with assessment and subsequent accommodations for students with brain injury. Today, other states have replicated this model, including Colorado, Oregon and Pennsylvania. The 1990 Individuals with Education Act (IDEA) added TBI as a disability eligible for special education and related service, which required all local school districts to address the educational needs of students with TBI who meet special education requirements.





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**In 1991**, Kansas implemented the first Medicaid TBI Home and Community-Based (HCBS) Model Waiver and submitted a regular Medicaid TBI 1915(c) HCBS Waiver in 2004. Last year, Kansas expanded the HCBS waiver to include individuals with acquired brain and also to include children. Since then, almost half of the states have implemented Medicaid 1915(c) HCBS Waiver programs, with a few states administering more than one. This means that individuals who would otherwise be eligible for or receiving institutional or nursing facility level of care may receive an array of home and community-based services, such as therapies, personal care, in-home care, durable medical equipment, and case management, in order to live in the community.

**In 2009**, Washington lawmakers enacted the Zackery Lystedt Law to prohibit young athletes who were suspected of sustaining a concussion from returning to the game without the approval of a licensed healthcare provider. Today, all states have enacted similar legislation, commonly referred to as “return to play” laws. At least twelve states have expanded their laws to address “return to learn” to address academic issues after students sustain a concussion.

**In 2019**, North Dakota legislature approved funding for the state Medicaid agency to submit a 1915(i) HCBS State Plan amendment to allow North Dakota Medicaid to pay for home and community-based services for individuals needing behavioral health services and for individuals with brain injury needing HCBS. North Dakota is the only state to include individuals with brain injury in a 1915(i) HCBS State Plan – leading the way for other states to consider doing the same. Unlike waiver programs, states do not need to demonstrate cost neutrality, meaning costs for community services need not be equal or less than what is offered in an institutional setting, nor do individuals need to meet institutional level of care to be eligible for HCBS under this provision.

Over the past forty years, BIAA, state affiliates, and other advocates have brought attention, awareness and expertise to the public sector in order to build service delivery – often one step at a time. These efforts have resulted in resources and services to assist individuals to reintegrate into the community in order to live as independently as possible. ●



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# HELP. HOPE. HEALING. FOR 40 YEARS.

This year, the Brain Injury Association of America is celebrating 40 years of service to the brain injury community. Between patients and partners like us, the organization's impact has been felt by many people. From all of us at Hope Network Neuro Rehabilitation, thank you, Brain Injury Association of America—for being a voice, for telling stories that matter, and for bringing more hope into people's lives.

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# D.C. Attorneys Make Lead Gift Supporting Brain Injury Research

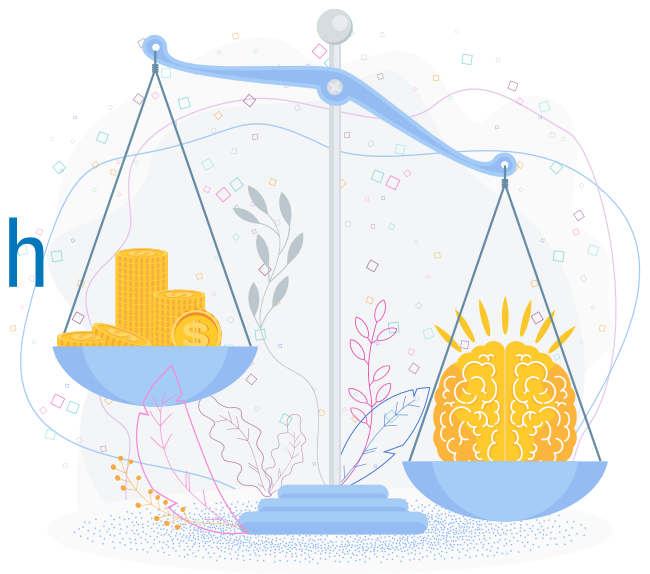
By Robbie Baker, Vice President & Chief Development Officer,  
Brain Injury Association of America

Ira Sherman is no stranger to recognizing a need and doing something about it. During childhood, he was first introduced to a community of developmentally disabled adults while helping his aunt and uncle host Saturday night socials at the local YMCA. After starting his career as a trial lawyer, he gravitated toward a focus on individuals impacted by developmental disabilities and traumatic brain injury (TBI).

Mr. Sherman and his law partners have been making a positive impact on the brain injury community for more than 25 years. With the firm's focus being on people



Ira Sherman, partner at Chaikin, Sherman, Cammarata & Siegel, P.C



with developmental disabilities and TBI, Chaikin, Sherman, Cammarata & Siegel, P.C. has touched thousands of lives in service of their clients while investing time as volunteer leaders at both BIAA and the Brain Injury Associations of Washington, D.C. and Virginia. Mr. Sherman served on the BIAA Board of Directors for seven years and as the organization's treasurer for two of those years. Mr. Sherman and Joe Cammarata founded the BIA of Washington, D.C., and Mr. Cammarata currently serves as its president.

This fall, the firm announced plans to make a \$25,000 gift to the Brain Injury Research Fund, which recently completed its first year supporting researchers who are seeking cures for chronic brain injury. The fund makes seed grants of up to \$25,000 to researchers and grants of \$5,000 to support young scientists completing their doctoral work. The benefits of the fund are twofold: investing in the most promising science to increase discovery, and recruiting the best and brightest investigators to specialize in brain injury. Mr. Sherman and his partners hope that this gift inspires others to make a contribution to the fund. "Every grant made by the Fund has the potential to turn on an engine that will ultimately take us down a road to provide relief from symptoms associated with having sustained a TBI," says Mr. Sherman.

The concept of giving back is at the firm's core who routine asking themselves, "Are you making a difference in the community in which you live and work?" To that end, the partners have supported causes that have meaning to their clients and to them

both professionally and personally, including awarding college scholarships, aiding victims of domestic violence, pursuing efforts to combat the COVID-19 pandemic, and supporting the brain injury community.

“We know the impact that TBI has on the individual and know the necessity to provide support to organizations who are often the bedrock that the individual with TBI turns to for help. Reliable, trustworthy support – that’s what BIAA provides,” explains Mr. Sherman. For these reasons, Sherman and his partners were compelled to do more. “It is a source of pride for us,” says Mr. Sherman, “BIAA supports individuals along the entire spectrum of brain injury. No one with a brain injury will feel diminished because the impacts on them are significant but may not be demonstrable to others. All with brain injury are served the same way with resources, advocacy, and now research.”

Sherman and others on the BIAA Board of Directors identified an unmet need when making a commitment in 2019 to establish the Brain Injury Research Fund. For 40 years, BIAA has advocated for appropriations to fund

brain injury research. In doing so, the organization is well-suited to directly fund projects. Mr. Sherman wants others to know that the Brain Injury Research Fund creates “fertile ground for people who want to recognize the need” for research and that monetary contributions can make a measurable difference.

The commitment made by Chaikin, Sherman, Cammarata & Siegel, P.C. goes well beyond their giving of time and energy, notes BIAA President/CEO Susan Connors. “We are deeply grateful to Ira, Joe, Allan, and the entire firm for this very generous gift and for their ongoing leadership at BIAA and in their local state associations,” says Susan Connors. “Their unflinching commitment to individuals with brain injury and their families is remarkable and truly appreciated.”

For more information about the Brain Injury Research Fund or becoming a Research Champion, please contact Robbie Baker, Vice President and Chief Development Officer, at (703) 761-0750 ext. 648 or rbaker@biausa.org. You can also download our research brochure at [biausa.org/supportresearch](http://biausa.org/supportresearch). ●



**The only thing preventing discovery of brain injury cures is a lack of funding.**

Imagine a world where we learn how to heal the brain, where people do not live with the lifelong effects of brain injury, and where, rather than accelerating a disease, we can stop it in its tracks.

**BIAA is working to better understand brain injury through its Brain Injury Research Fund. Learn more at [biausa.org/research](http://biausa.org/research).**

 **BRAIN INJURY RESEARCH FUND**  
A program of the Brain Injury Association of America

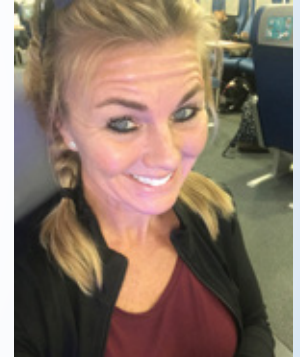
Thank you to these wonderful friends of the BIAA who helped raise more than \$15,000 in celebration of our 40th anniversary in September. The BIAA Board of Directors has matched these fundraising efforts for a grand total of \$30,000 to support programs and services!



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BIAA Inaugural National Medical Director (1996-2010)

Medical and Director Emeritus (2010-present)

*and*



*wish a*

**Happy 40th Birthday  
to the Brain Injury  
Association of America!**

Find out more at [CNS-VA.org](http://CNS-VA.org)

# BIAA Celebrates 40 Years of Advocacy Success

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

**T**he Brain Injury Association of America (BIAA) has a 40-year track record of public policy achievement on behalf of civilian and military communities in the U.S. Congress and among multiple federal agencies.

BIAA's policy wins include the 1987 establishment of the TBI Model Systems of Care and the 1990 amendments to the Individuals with Disabilities Education Act. BIAA lobbied for the creation of the Defense and Veterans Head Injury Program (later Defense and Veterans Brain Injury Center) and inclusion of key provisions for service members with TBI in the 2008 National Defense Authorization Act. Perhaps the two most important legislative victories for BIAA were the 1996 Traumatic Brain Injury Act and the landmark Patient Protection and Affordable Care Act of 2010.

## TRAUMATIC BRAIN INJURY (TBI) ACT

President Bill Clinton signed BIAA's signature legislation, the Traumatic Brain Injury (TBI) Act of 1996 (P.L. 104-166), into law on July 29, 1996. Sen. Edward Kennedy (D-Mass.) and Orrin Hatch (R-Utah) were the original sponsors. At the time, the TBI Act was the only federal legislation that specifically addressed issues of concern to the civilian brain injury community. The law defined TBI and authorized the National Institutes of Health (NIH) to award grants or contracts for basic and applied research on TBI. It also authorized NIH to conduct a national consensus conference on the rehabilitation of persons with TBI.

The law authorized the Centers for Disease Control and Prevention (CDC) to award grants or contracts for public education. It authorized the Health Resources and Services Administration (HRSA) to make grants to states to improve access to health and other services. Years later, HRSA was authorized to make grants to state Protection & Advocacy organizations. In 2014, the grant programs were moved to the Administration on Community Living (ACL).



In recognition of Sen. Hatch's retirement, the TBI Act was reauthorized in December 2018 with Sen. Bob Casey (D-Pa.) serving as the senate Democratic co-sponsor and Reps. Bill Pascrell, Jr. (D-N.J.) and Tom Rooney (R-Fla.) as the sponsors in the house. In addition to periodic amendments and reauthorizations of the TBI Act, BIAA and its partners have secured funding for the programs through annual appropriations bills.

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## PATIENT PROTECTION AND AFFORDABLE CARE ACT

President Barack Obama signed into law the Patient Protection and Affordable Care Act (Public Law 111-148) on March 23, 2010. One week later, he signed the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152). Often referred to as Obamacare, these laws sought to make health insurance more affordable and health care more acceptable while slowing growth in the costs of care.

The Affordable Care Act (ACA) makes it easier for individuals to get or keep health insurance, prohibits discrimination in enrollment, bans care denials based on pre-existing conditions, and requires insurers to have an effective appeals process when claims are denied. The law provides tax credits to individuals with limited incomes to make insurance premiums, deductibles, and co-pays more affordable.

The ACA encourages, but does not require, states to voluntarily expand their Medicaid programs to all legal residents under age 65 who have low incomes. To date,

38 states and the District of Columbia have adopted the Medicaid expansion and 12 states have not adopted the expansion, according to the Kaiser Family Foundation.

State insurance commissions have broad latitude to regulate health insurance companies; however, the ACA requires states to adopt coverage standards and consumer protections. For example, all individual and small group health plans are required to meet or exceed an Essential Benefits Package that includes the following key categories of health services:

- Hospitalization, emergency services, ambulatory (i.e., outpatient) service
- Maternity and newborn care
- Prescription drugs and laboratory services
- Rehabilitative and habilitative services and devices
- Mental health and substance abuse disorder services including behavioral health treatment
- Preventative and wellness services and chronic disease management
- Pediatric services including dental and vision care

*(continued on page 28)*

(continued from page 27)

BIAA was instrumental in the adoption of the essential benefit pertaining to rehabilitation and habilitation and in setting definitions for those services and devices.

The ACA also included several new taxes and spending cuts to existing programs to bend the cost curve. According to the Congressional Budget Office, the U.S. was set to achieve a net savings of \$143 billion from 2010 to 2019, while simultaneously providing more available, affordable, and acceptable care. However, a lot changed when President Obama left office. The Trump Administration has attempted to weaken and ultimately dismantle the law. In the coming weeks, the Supreme Court will determine the fate of the Affordable Care Act.

Several factors contributed to BIAA's legislative success. They include the Congressional Brain Injury Task Force, coalition partners, and volunteer engagement.

## CONGRESSIONAL BRAIN INJURY TASK FORCE

The primary champions for the brain injury community are Reps. Bill Pascrell, Jr. (D-N.J.) and Don Bacon (R-Neb.), the current co-chairs of the Congressional Brain Injury Task Force. Founded in 2001, the mission of the Task Force is to further education and awareness of brain injury and to support funding for basic and applied research, brain injury rehabilitation, and development of a cure. More than 100 members of Congress, including some senators, have joined the task force.

The Task Force is a key component in BIAA's public policy strategy. Task Force members introduce legislation, circulate Dear Colleague letters in support of appropriations and other measures, and host briefings for congressional staff. The Task Force also hosts Brain Injury Awareness Day on Capitol Hill each March.

## COALITIONS AND PARTNERS

BIAA actively participates in multiple coalitions to keep brain injury at the table during crucial federal policy conversations. BIAA staff serve in leadership roles for several of the coalitions.

### Consortium for Citizens with Disabilities (CCD) – Co-Chair of the Health Task Force

The CCD includes approximately 100 national disability organizations advocating for public policies that ensure

the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. BIAA is a member of the CCD Health Task Force, Long Term Services and Supports Task Force, Education Task Force, and Veterans and Military Families Task Force.

### Coalition to Preserve Rehabilitation (CPR) – Steering Committee Member

The CPR comprises consumer, clinician, and membership organizations that advocate for policies to ensure access to rehabilitative care so that individuals with disabilities, injuries, or chronic conditions may regain and/or maintain their maximum level of independent function.

### Disability and Rehabilitation Research Coalition (DRRC) – Steering Committee Member

The DRRC is composed of national non-profit organizations committed to increasing federal resources devoted to disability and rehabilitation research.

### Habilitation Benefits (HAB) Coalition

The HAB Coalition advocates for habilitation benefits in individual and small group health plans and in the Medicaid program.

### Independence through the Enhancement of Medicare and Medicaid (ITEM) Coalition

The ITEM Coalition is diverse set of aging and disability organizations dedicated to raising awareness and building support for policies that enhance access to assistive devices, technologies, and related services

### Injury and Violence Prevention Network (IVPN)

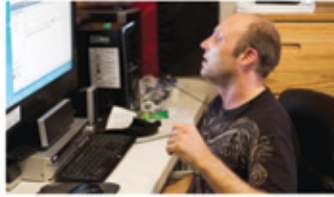
The IVPN is group of national organizations that advocate for federal funding for injury and violence prevention.

### National Collaborative on Children with Brain Injury (NCCBI)

The NCCBI identifies critical gaps in educational services for children with brain injury, makes policy and research recommendations, and shares information, tools, supports and services for children with TBI in a school setting.



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.



#### NeuroRehab Outpatient Therapies

- NeuroPsychological Evaluations
- NeuroFunctional Evaluations
- Cognitive Rehabilitation
- Speech & Language Therapy
- Occupational Therapy
- Physical Therapy

#### Supported Living Services

- Community Residences
- Community Apartments
- Life Skills Training
- Recreation Therapy
- Care Coordination
- InSPIRE Structured Day Services

#### Life & Health Management Services

- On-site Medical and Rehab Nursing
- Clinical Case Management
- Dietician & Nutrition
- Neurology
- Brain Injury Physiatry
- NeuroPsychiatry

#### Vocational Services

- Supported Employment
- Brain Injury Clubhouse
- NeuroVocational Evaluations
- BeechTree Enterprises



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**Admissions:** 800-782-3299 | 215-750-4245  
**Program Development:** 215-750-4299  
**Website:** BNRadmissions@woods.org

Beechwood NeuroRehab's policies, procedures, and practices regarding staffing, client admission, provision of services, and referrals, prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

### National Association of State Head Injury Administrators (NASHA)

BIAA closely collaborates with NASHA, the organization of state government employees who are responsible for administering brain injury policies, programs, and services at the state level. NASHA is a key partner for BIAA in maintaining the TBI Act, securing TBI-related appropriations, and working with the Congressional Brain Injury Task Force.

### Federal Agency Partners

BIAA is also fortunate to maintain strong relationships with federal agency staff in ACL, CDC, NIH, and the National Institute on Disabilities, Independent Living, and Rehabilitation Research. These inside "advocates" are instrumental to advancing favorable policies within federal programs that serve individuals with brain injury and their families.

### Volunteer Engagement

Over the years, individuals and teams of volunteers have authored several important position papers adopted and disseminated by the Association. These papers include Non-Lethal Opioid Overdose and Acquired Brain Injury

(2018), Brain Injury Rehabilitation Outcomes (2016), One Voice Consensus Statement (2013), Maximizing Rehabilitation Outcomes and Cost Efficiency Following Traumatic Brain Injury (2010), Conceptualizing Brain Injury As A Chronic Disease (2009), Early vs. Late Treatment (2009), TBI in the U.S.: A Call for Public/Private Partnerships (2007), and Cognitive Rehabilitation: The Evidence, Funding and Case for Advocacy in Brain Injury (2006). All of the papers are available on BIAA's website.

Last, but definitely not least, grassroots advocates have been critical to the Association's success over the last 40 years. Nearly 5,000 individuals subscribe to BIAA's Policy Corner. This free e-newsletter, which is published each week that Congress is in session, keeps advocates abreast of happenings on Capitol Hill. From time-to-time, action alerts are circulated to subscribers urging calls to their Congressional representatives. Similarly, each March, BIAA publishes legislative issue briefs for use by grassroots advocates in calls and meetings with their members of Congress. The ongoing engagement of grassroots advocates deserves much of the credit for BIAA's 40-year record of success.



# STATE AFFILIATE NEWS

## INDIANA

The Brain Injury Association of Indiana (BIAI) has been very busy these past couple of months! We have hosted many brain injury support groups across the state using the Zoom platform and have helped other support group leaders to better facilitate their meetings. Switching to a virtual format has allowed people residing anywhere in Indiana to attend our groups!

In October, BIAI hosted our first collaborative Art Therapy Experiential with the Indiana University Health Neuroscience Center Creative Arts Therapy Program. We were so thankful to have Art Therapist Jessie Swihart, M.A., and Art Therapy Intern Barbara van der Vossen lead the attendees in a directed art-making experience followed by a time of sharing.

BIAI continues to expand our webpage [www.biaindiana.org](http://www.biaindiana.org). Look out for an exciting announcement from BIAI in the next month!

## KANSAS

The Brain Injury Association of Kansas and Greater Kansas City (BIAKS-GKC), like so many other organizations, swiftly pivoted operations from an in-person environment to a virtual one due to COVID-19. Immediately affected were our two largest special events: our 12th Annual Beyond Rehab: Succeeding at Life Conference on Brain Injury and our 33rd Annual Memorial Day Run for Brain Injury.

The Run, a beloved Kansas City Memorial Day tradition, is BIAKS' largest source of revenue. This year, the Run was held virtually during Labor Day weekend and included participants from around the country – and Canada! Virtual runners received a colorful tech T-shirt, medal, and bib to commemorate their participation. The 12th Annual Beyond Rehab: Succeeding at Life Conference was also held virtually in September. The conference was very well-received, and attendees were glad to be able to learn from the comfort of their own homes. We're grateful to our event sponsors for their support during these challenging times.

## KENTUCKY

The Brain Injury Association of America – Kentucky Chapter (BIAA-KY) has had a busy year. In addition to continuing its invaluable work with Kentucky veterans, BIAA-KY has partnered with BIAA and the American Academy of Physical Medicine and Rehabilitation to discourage the current recommendation to allow non-physician practitioners to provide services and documentation for rehabilitation programs. We have drafted recommended changes to the state waivers and scheduled meetings for review.

Board members have also been developing a plan to update our chapter website to best serve survivors and caregivers in our communities. Some updates may include providing access to virtual support groups, volunteer work, and resource facilitation. We intend to continue this work for the remainder of 2020, and look forward to the support it will provide for those affected by brain injury in coming years.

## LOUISIANA

The Brain Injury Association of Louisiana (BIALA) supported emergency preparedness around the state as we have been the target of seven hurricanes this season. Through a national partnership, BIALA distributed emergency preparedness backpacks filled with useful information on how to navigate an emergency while



A glimpse of contents in our emergency preparedness backpacks being distributed to our members.

living with a disability. Thanks to additional funding, we have been able to continue our Ready, Relax, Eat program, giving caregivers respite from meal preparation. These meals have been well received with many grateful caregivers appreciative of our efforts.

*(continued on page 32)*

# Proven Experience, Exceptional Care

Tree of Life Services has been helping people with acquired brain injury optimize their functional outcomes for over 20 years under the leadership of Nathan D. Zasler, MD, an internationally recognized brain injury neurorehabilitation physician. We provide transitional rehabilitation and long-term supported living services in our community.

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## MASSACHUSETTS

The Brain Injury Association of Massachusetts (BIA-MA) and BIAA collaborated with the Massachusetts Health Policy Forum at Brandeis University to conduct an analysis of studies exploring outcomes and cost-effectiveness of post-acute rehabilitation after an acquired brain injury. The analysis concluded that increased access to intensive, multi-disciplinary rehabilitation services, including cognitive rehabilitation therapy, at any time after a brain injury leads to significant health improvements and cost savings.

The eight studies reviewed showed that savings for people with severe injuries ranged from \$1.28 to \$2.29 million. Rehabilitation savings were shown to average \$1.67 million per person over a lifetime! The report's key recommendation was to increase access to post-acute rehabilitation within 3 to 12 months of a severe brain injury. BIA-MA will use the report to advocate for a state bill mandating commercial health insurance to cover cognitive rehabilitation for brain injury survivors. BIA-MA received the BIAA Award of Excellence on Collaboration for this report.

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## MAINE

In October, the Brain Injury Association of America – Maine Chapter (BIAA-ME) held its 11th Annual Conference, “Defining Moments in Brain Injury,” as a virtual conference. Robert L. Karol, Ph.D., gave his keynote titled “Invisible Disability,” and former local WGME TV news anchor Kim Block gave the Beverly Bryant Memorial Lecture. Presentations covered research, treatment, services, and survivor and family supports in Maine.

BIAA-ME continues to focus on increasing awareness and resources around the intersection of brain injury and substance use disorder through a TBI Partnership Grant from the Administration for Community Living. BIAA-ME continues to expand access to core brain injury resources and supports for Maine brain injury survivors and families through a contract with the Maine Department of Health & Human Services.

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## MICHIGAN

Over the last year, the Brain Injury Association of Michigan (BIAMI) has narrowed the scope of its agenda and brought survivor needs to the forefront.

In March, BIAMI launched the Carol Green Survivor Assistance Program to help meet the basic needs of brain injury survivors and their families. Alongside the survivor assistance program, BIAMI has added a new initiative, BIAMI Connects, to engage survivors through recreational activities, socialization, and giving back to the community. In mid-September, the Association held its first-ever virtual conference. The conference offered 36 sessions, continuing education credits, and a virtual exhibit hall. It attracted approximately 600 attendees and 46 exhibitors and gave the brain injury community in Michigan a chance to network, albeit virtually. For more information about BIAMI, visit [biami.org](http://biami.org).

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## MISSOURI

In October, the Brain Injury Association of Missouri (BIA-MO) Annual Statewide Professional Conference was presented virtually. Nearly 130 attendees learned about topics like telerehabilitation, post-traumatic pediatric seizures, visual deficits, and resiliency training. Dr. Terrie Price presented a special Survivor and Family Educational Session on aging later in the month. BIA-MO also held a virtual awards ceremony, where Susan Orton received the BIA-MO Lifetime Achievement Award for her exceptional impact as a voice of brain injury.

In partnership with the Missouri Department of Health and Senior Services, BIA-MO has begun planning for Sports Concussions: Facts, Fallacies and New Frontiers seminars. These seminars will be held online in spring 2021. To learn more, visit [biamo.org](http://biamo.org)

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## NEW HAMPSHIRE

In August, Brain Injury Association of New Hampshire (BIANH) held its 37th Annual Golf Tournament in person at Stonebridge Country Club and Golf Course. Many veteran and amateur golfers were anxious to get out and hit the course after such a strange and stressful year. We want to thank both Northeast Rehabilitation Hospital Network and Robin Hill Farm, who were essential to the event's success.

Earlier this year, New Hampshire resident Eryn Martin experienced a brain bleed. In the aftermath of her injury, Eryn decided to take the experience and do something positive with it. “Rather than dwell on the negative,” Eryn said, “I’ve chosen to say ‘DUCK’ IT!” Through her



“DUCK 2020” campaign, Eryn is raising awareness of brain injury and raising funds to help support other brain injury survivors through BIANH’s Brain Injury Community Support Program and COVID-19 Financial Assistance Program. Both programs provide direct financial support to individuals living with brain injuries in New Hampshire. Eryn has raised more than \$2,500 to support BIANH. Thank you, Eryn!

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## PENNSYLVANIA

The Brain Injury Association of Pennsylvania (BIAPA) is holding its annual conference as a virtual education series over six months – from November 5, 2020 through April 22, 2021. It is our hope that presenting this year’s conference virtually will make it available to even more people, including rehabilitation professionals, family members, and individuals with brain injury. We welcome attendees from all states! Presentations will focus on cognitive functioning, neurobehavioral treatment, memory, fatigue, employment, intimacy, sleep, fitness, domestic violence, quality of life, and caregiver issues. Webinar sessions can be accessed live or on demand, and continuing education credits will be awarded. For more information, visit [biapa.org/annual-conference](http://biapa.org/annual-conference).

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## RHODE ISLAND

At the Brain Injury Association of Rhode Island (BIARI), we have been working to provide as many supports and resources as possible, even if our delivery has been modified. In the absence of “normal” programming, we have invested aggressively in outreach using virtual technology, including virtual support groups, interactive webinars, and Zoom meetings.

Our in-person educational conference changed to a virtual format. This year’s theme, “Neurological Diseases: Living with Chronic Brain Injury,” focused on brain diseases and how they relate to brain injury. We are planning to expand our 2021 conference into a series of online seminars delivered throughout the year. In partnership with the Rhode Island Department of Health, BIARI will offer concussion education to school nurses, coaches, athletic directors, and guidance counselors. For information about BIARI education and events, visit [biari.org](http://biari.org).

## VIRGINIA

The Brain Injury Association of Virginia (BIAV) kicked off a new quarter with exciting news. Our executive director, Anne McDonnell, was honored with the William A.B. Ditto Excellence in Public Policy Award at the National Association of State Head Injury Administrators annual conference in September. This award is a direct reflection of Anne’s unwavering passion for serving the brain injury community and why someone once said of Anne, “if you weren’t a brain injury advocate before you met her, you will be after!”



BIAV Executive Director Anne McDonnell holds the William A.B. Ditto Excellence in Public Policy Award.

BIAV received a new year-long grant from the Virginia Department of Health to fund a project focusing on the intersection of brain injury and domestic violence. We also welcomed Amanda, our new engagement coordinator, to the BIAV team. Finally, we wrapped up our 16th Annual Charity Golf Classic – our first in-person event since November 2019! Thanks to our golfers, sponsors, donors, and volunteers, we had a fun (and safe) tournament raising money for our services. To learn more about our upcoming events, visit [biav.net/events](http://biav.net/events).

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## VERMONT

Like many organizations, the Brain Injury Association of Vermont (BIAVT) held its annual conference in a virtual setting. This year’s keynote speaker was Vermonter, snowboarder, Love Your Brain co-founder, and survivor Kevin Pearce. Other sessions included neuropsychological evaluations, zero suicides training, tai chi, and many more. Excitingly, session recordings are available for purchase for \$35. Email [programs@biavt.org](mailto:programs@biavt.org) for instructions, links, and the conference packet.

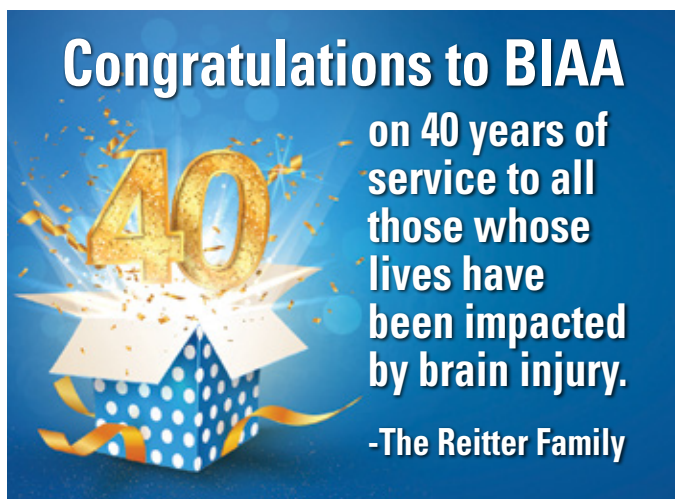
In the coming months, BIAVT will continue to offer both free and paid webinars, and we hope you can join us. As always, our help line is open Monday to Friday 9 a.m. to 4 p.m. (EST) for information and referrals. For more information, visit [biavt.org](http://biavt.org).

# NEWS & NOTES

## Study Monitors Neurological Complications of COVID-19

NYU Langone Health has established a NeuroCOVID Project to study the neurological complications of the 2019 coronavirus disease. The Project is funded by the National Institute of Neurological Disorders and Stroke at NIH. It encompasses a NeuroDatabank to receive and store information on patients who have COVID-19, and a biorepository, the NeuroBioBank, to receive, track, store, and distribute biosamples from patients who have COVID-19. The NeuroDatabank will collect de-identified information on adults, children, and neonates with confirmed COVID-19 infection.

The Project will assess new neurological complications of COVID-19 as well as potential exacerbation of pre-existing neurological conditions. It will also assess pregnancy outcomes among pregnant women and their babies as well as symptoms, conditions, and outcomes among children and adults. The NeuroBioBank will collect a wide variety of biosamples, including blood, plasma, cerebrospinal fluid, and tissue, from patients who have COVID-19 and experience neurological complications. The majority of these specimens will be pre-existing, avoiding the need for additional collection. The Project will also be able to track the location of biosamples that may have been submitted to other repositories for inventory management. BIAA will monitor the progress of the Project and keep *THE Challenge!* readers informed.



# UPCOMING WEBINARS

## Business of Brain Injury Webinar – Minimum Competency Recommendations for Programs That Provide Rehabilitation Services for Persons with Disorders of Consciousness

January 13, 2021, 3 p.m. ET/12 p.m. PT  
*Flora Hammond, M.D., FACRM, FAAPMR, and Alan Weintraub, M.D., FACRM*

## Robert Sbordone Memorial mTBI/Concussion Webinar – Return-to-Learn: Identifying Challenges and Implementing Strategies with BrainSTEPS

January 21, 2021, 3 p.m. ET/12 p.m. PT  
*Brenda Eagan-Johnson, Ed.D., CBIST*

## Mitchell Rosenthal Memorial Research Webinar – Why Understanding Partner-Related Brain Injuries Is More Critical Than Ever: COVID-19 And Its Mitigation Strategies

January 27, 2021, 3 p.m. ET/12 p.m. PT  
*Eve M. Valera, Ph.D.*

To register, please visit [shop.biausa.org/livewebinars](http://shop.biausa.org/livewebinars).

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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](http://www.biausa.org) or contact Carrie Mosher at 703-761-0750, ext. 640 or [cmosher@biausa.org](mailto:cmosher@biausa.org).

