



## INSIDE—

- There is no Background Music
- A Life in Motion
- One-Two Punch

... and More

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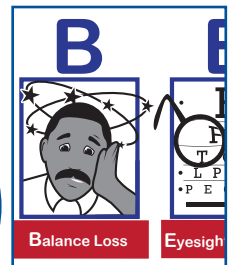
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MINNESOTA  
**Brain Injury  
Alliance**

## MISSION

The mission of the Minnesota Brain Injury Alliance is to raise awareness and enhance the quality of life for all people affected by brain injury.



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**Thank you for your continued support of the Minnesota Brain Injury Alliance.**





Welcome *Mind Matters* readers,

This winter has been odd, with temperatures sitting in the springtime zone for much of January and February. I'm sure by the time you read this, things will have evened out, but for now the fleeting reprieve from our customary chill has offered me a moment of reflection.

Life, as they say, is like the seasons: fairly predictable most of the time but sometimes throwing a spring into the middle of winter. Those impacted by brain injury know that their own cycles of change and adaptation can be thrown

for a loop seemingly out of nowhere. Like we weather the cycles of nature, the challenges our spirits face must also be met with resilience and an eye towards the future.

So, as we look towards our futures, I would like to call attention to the **Brain Injury Support Conference**, a continuation of our longstanding Consumer and Family Conference, slated for March 9, 2024. This free event, starting at noon at New Life Presbyterian Church in Roseville, Minnesota, is a beacon of hope and knowledge for individuals with brain injuries, their families, and loved ones. Here, you will engage in workshops and sessions focusing on the latest in brain injury care, therapy, and rehabilitation.

The day's schedule includes presentations from esteemed speakers like Chris Gilyard, then culminating in a survivor story by Mandi Counters. This event is not just an opportunity to learn but also a chance to connect with others on similar paths, visit vendors and enjoy snacks together. For more information visit [braininjurymn.org](http://braininjurymn.org).

On April 25, we'll be happy to see our professional friends at our **Annual Conference for Professionals in Brain Injury** at the Heritage Center of Brooklyn Center. This year, we've pared the Conference down to one day in order to guarantee attendees the most streamlined confluence of expertise, dedication, and innovation in the field of brain injury. Aimed at professionals, this event promises to be a deep dive into the

latest research, treatment modalities, and collaborative approaches in brain injury care. Registration and more information is available at [braininjurymn.org](http://braininjurymn.org).

March, as we all know, is **Brain Injury Awareness Month**, and we encourage each one of you to participate in at least one activity that elevates the topic of brain injury in your community. Whether it's starting a conversation with someone about brain injury, sharing resources on social media, attending one of our **Brain Injury Basics** classes online, or participating in one of our conferences, your actions and support can spark awareness and foster a more inclusive and understanding environment.

As the season inevitably turns back to the crisp, cold air we Minnesotans know so well, remember that the road to recovery and adaptation can often feel like a shift in seasons – unpredictable, sometimes harsh, but always moving forward towards renewal. The Minnesota Brain Injury Alliance stands as a steadfast partner through these shifts, offering warmth and support in the midst of life's inevitable changes.

Looking forward to seeing you at the annual brain injury conference,

A handwritten signature in black ink, appearing to read 'David King'.

David King  
CEO

# There Is No Background Music with Brain Injury

By Mike Strand

I do not listen to the radio when I am driving. I cannot; I find it too distracting. Its like someone is sitting behind me, tapping on my shoulder and trying to get my attention. It is like they're saying, "Hey! Hey! Heeey!"

When I am driving, I do not talk to anyone else in the car. In fact, it is best if no one else is talking either. If I am going anywhere with any other people, I always let someone else drive, even if we are going to take my vehicle.

Usually, all that happens when I am distracted is, I start driving slower, which is annoying to other drivers, but not necessarily unsafe. It is probably an unconscious adjustment for my reduced reaction time. What can also happen, and this is not infrequent, is that I fail to observe intersections and other traffic in general. This is much more fraught.

This inability to filter non-essential information also affects other areas of my life. I find myself greatly fatigued by large groups of people, from a few friends, to crowds at the State Fair. Even though I am not trying to hear what everyone is saying, I can not stop my brain from trying to hear what each and every one of them is saying. This is exhausting.

Those who work in an office environment know that it is important to get up and walk around for a while; to clear their minds so that they can come back refreshed. It is like that with brain injury, except the recovery period can be longer, and it is rare that one can conveniently walk away from ALL noise.

At home I have a quiet space. I have my den (where I am writing this right now) that I try to make my oasis, my haven. This works if I come home and I am alone. However, I do not live alone, and others in my house cannot be asked to shut off the stereo and TV all the time. I mean, I could ask them to turn things off, and there are some times when I do ask, but I try to be respectful of their needs as well.

And then there is light, in addition to sound, there is light that demands my attention. My wife and I travel quite often, and it is exceedingly difficult for me to sightsee for any length of time. I cannot just look at some scenery. Again, that is all I am trying to do, but my brain is trying to sort and define, measure and resolve all the imagery, and it is very taxing. I must take frequent breaks where I just watch where I am walking while my wife takes in all the sights. Fortunately, she is an avid and excellent photographer. This lets me see things later at a more relaxed pace, plus I am not bothered with depth perspective from a 2D image.

Back in my den, I draw the shades. I do not want absolute darkness, that is as bad as too much light and my eyes strain to see in the inky blackness. Soft light, and quiet, is best.



*It is rare that  
one can conveniently  
walk away  
from ALL noise.*



# A LIFE IN MOTION

By Phil Gonzales, Public Awareness Associate



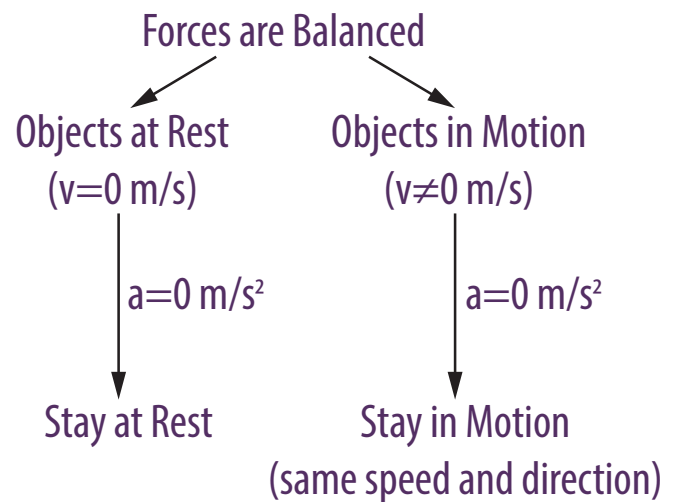
Anya was born to Colleen Kelly and Jeffrey Magnuson. Colleen, a Content Strategist, and Jeff, now a retired school teacher, recognized in Anya a drive to achieve greatness in whatever stood before her as long as it was on her terms, on her timeline, and as Jeff says, “to her own rhythm.” She was a National Merit Scholar, a talented writer, and a blossoming photographer who trained her camera on the people around her, taking as equal an interest in the achievements and accomplishments of others as in her own artistic vision. Active in volleyball and mock trial competitions, Anya showcased her dynamic abilities from an early age.

1. Newton’s first law of motion, which is often referred to as the law of inertia, states that an object in motion will stay in motion at the same speed and in the same direction, unless it is acted upon by an unbalanced force.

I didn’t do very well in school, particularly in science. I’m smart, but my brain didn’t work like the other students’ brains. So, I was incapable of paying attention in class, which meant I never made it to Physics. I am however roughly familiar with Newton’s three laws of motion which concern momentum, force, inertia, action, and reaction.

What does this have to do with brain injury?

Anya Magnuson is very much a force of action, reaction, momentum and inertia. She is a prime example of these three laws and how they apply to a human being dealing with, coping with, and transcending the limitations set upon her by her own body. She is also very easy to get talking. One minute into the conversation, I’d heard how she learned Spanish by living in Ecuador and then from coworkers at Valleyfair before ever taking a Spanish course where she started in a 300 level class and now functions as a translator. Words pour out of her, but they pour out of her with intention. She goes to great pains to ensure that her listener understands where she has been, where she is now, and where she’s going. Action, momentum, inertia. Her life is one of forward motion and if she has any say in it, her life will stay in motion.



So, Anya’s trajectory toward her goals and aspirations was set in motion from an early age, a trajectory she was determined to maintain despite the unbalanced forces that would soon enter her life.

“I had the worst college experience in the world,” Anya says, “because I had cancer the entire time.”

In 2017, her sophomore year at college in Phoenix, Anya began experiencing weight loss and stomach pain and intense headaches. Soon, she began losing control of her legs and lost the ability to ride a bike.

“At one point, when my wife went down to help her and bring her to the hospital,” Jeff says. “They had to get firemen to come to the apartment and carry her down the stairs from her apartment. She couldn’t even get down the stairs.”

Her condition remained elusive to diagnosis. Her parents, Colleen and Jeff, recalled the arduous journey of seeking answers and the emotional toll it took on their family. It was only after a long and challenging road that the rare Erdheim-Chester Disease (ECD) was identified as the culprit.

“We were desperate for answers,” Jeff recalls, “and Anya’s resilience was a source of strength for all of us.”

In a recent episode of “Your Stories: Conquering Cancer” hosted by Dr. Mark Lewis ([conquercancer.libsyn.com/from-disappointment-to-discovery](http://conquercancer.libsyn.com/from-disappointment-to-discovery)), Colleen spoke of the two year journey to Anya’s diagnosis.

“She had meningitis,” Colleen recalled on the episode, “which caused out of control intracranial hypertension, which was causing her to lose her vision and have horrible headaches. So they were investigating things like neurosarcoidosis and fungal meningitis. Because of the out of control intracranial hypertension, she had already had a brain biopsy, a VP shunt inserted, a shunt infection, and emergency surgery to remove that shunt. And so many lumbar punctures and hospital admissions. We counted at some point she had like 35 lumbar punctures. When the spine biopsy results came back in, she was just about to fly back to college. Mayo scrambled to get her a same day appointment to talk to someone. But it was so out of the blue that it wasn’t until I looked at the name tag on the doctor and saw hematology oncology under his name that I understood what was about to happen.”

Anya’s diagnosis marked the beginning of an ongoing battle. Erdheim-Chester disease (ECD) is a rare slow-growing blood cancer that usually appears in men over 50. It happens when a type of cell called histiocytes,

which normally help the body fight infection and heal injuries, start to grow too much and build up in places like the bones, skin, behind the eyes, lungs, brain, and the pituitary gland, among others. It has no cure.

Treatment, surgeries and tests became a part of Anya’s daily life, as did the constant struggles with insurance companies to ensure she received the care she needed. Throughout all of this, however, she continued to pursue her degree and explore new treatments to keep the cancer and its symptoms at bay.

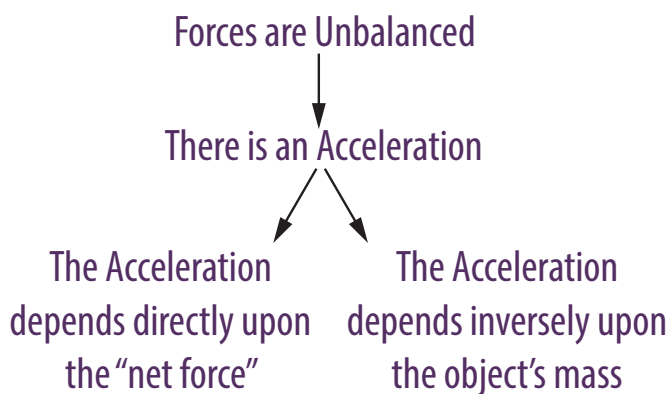
The breakthrough in Anya’s treatment came when Dr. Jithma Abeykoon and the Mayo Clinic team discovered a unique genetic variation in a gene called CSF1R. This finding was crucial because Dr. Abeykoon was already aware of a drug called pexidartinib, which specifically targets and inhibits the CSF1R gene. This drug was typically used for a rare joint tumor, but they decided to try it for Anya’s condition. This new approach, using pexidartinib, turned out to be effective in treating her Erdheim-Chester disease leading to significant improvements in her condition.

However, life had another unexpected twist in store for Anya.

“She was doing really well,” says Jeff, “and able to move out of the house. She had been in my study for a couple of months, and it was not fun for her. She moved out, had a roommate, got a job working at the University of Minnesota in the School of Public Health. But, it was in the middle of the pandemic and working from home she didn’t get to meet people. So she went off and found a second job working as a server at Fogo de Chão and loved doing that. There was actually a third job taking photos and doing online stuff at a rotary club. And so she’s basically working two full-time jobs, and just thriving on it. But also trying to catch up on the life that she had missed in the previous three or four years. And partying, going out all the time, really leading a life that wasn’t conducive to good health. But she was twenty-two and racing to catch up to the life that she had missed. And after about less than a year of that she’s crossing the street and got thrown 40 feet by a car that didn’t see her.



2. Newton's Second Law of Motion states that the change of motion of an object is proportional to the force impressed on that object.



A traumatic brain injury threatened to derail Anya's trajectory. The accident that led to her TBI was terrifying, and its aftermath was marked by memory loss and depression. Anya candidly shared her experiences, recalling moments when she couldn't even remember her own name. It was a dark period in her life.

"It's funny," she says. "For a long time, I thought the brain injury was so much worse than the cancer, because for two years I thought I'd never be happy again. It was miserable. My brain injury was October 23 2021. Yeah. And the two years after that? Miserable. I wanted to die. I didn't actually try to commit suicide, but I wanted to."

The force of her resilience and determination was proportional to the changes she sought in her life, in the direction of pursuing her passions despite the

overwhelming challenges. Still her drive to achieve, while helpful in her recovery, frequently had the opposite effect of throwing her limitations into sharp relief.

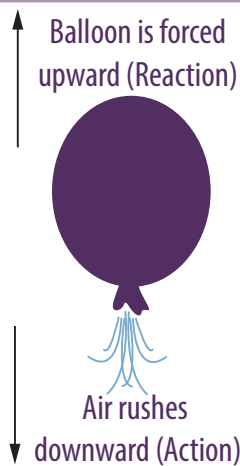
"She's fiercely independent," Jeff says. "And the removal of that, from her options, it's just been very hard for her to take. On the other hand, the fact that she's used to pushing and driving, even when she's depressed, she does what she needs to do. She's had some moments of deep dark depression. We're talking about suicide, and yet she gets up every morning, and does what she needs to do. She has a drive that, even when she doesn't want to, it kind of pushes her along."

It can be difficult to separate the effects of Anya's brain injury from the impact of her accident and the cancer and the cancer treatments. As far as she's concerned, she mostly experiences memory issues, which she counteracts by keeping multiple journals. She also started to keep a regular blog that combines daily observations with her other passion, photography.

Photography became a means for Anya to reconnect with herself and express her innermost emotions. Through self-portraiture, she explored her identity, forging a deeper connection with how she saw herself and how the world saw this newly emerging young woman. Her work in theater photography has brought her back into the community and allowed her to capture moments of creativity and passion on stage.



3. Newton's Third Law of Motion states that every action has an equal and opposite reaction.



Throughout her ongoing journey, Anya has met every challenge with an equal, sometimes greater, reaction. It's basic physics. If she hadn't she wouldn't still be moving forward.

And yet, Anya and Jeff both point out that, even though her motion carries her forward, Anya has decelerated a bit, to her advantage.

"What she's found is that when the cancer symptoms were alleviated," Jeff says, "she was trying to just get back to the life she had, and do it twice as much. And it was a dead end street. She found out that she couldn't get back to that, and you just can't live that fast. She said having the traumatic brain injury helped her to come to terms with that. It forced her to slow down her thinking, slow down her processing, and take copious notes."

"It's very symbolic," Anya says, "because at the time of my car accident, I was working 90 hours a week and every second I wasn't working I was out partying. And that's what I was trying to do the night I was hit. I was walking across the street trying to go to the nightclub Reign. That's when the car hit me. That's why it's hella symbolic. Like, I was trying to hurry to escape my cancer."

Anya's journey has been not just one of survival but of personal growth and adaptation. Alongside her passion for photography, she delved into translation work and writing, finding new paths to express herself and contribute to the world.

But, the journey isn't over. At the time of our interview, she was looking to begin a new treatment for her Erdheim-Chester disease. She's facing new challenges fighting with insurance to pay for her meds which cost hundreds of dollars a dose. She wants to work, to drive, to be free to live her life and continue along the trajectory she chose for herself seemingly the day she was born.

"I don't want to build false hope," Jeff says, "nor do I want to quash possibilities. So my hope is that, right now, the doctors at Mayo are trying to find new medication that can address the new gene to which the cancer has mutated. They don't know, but they didn't know two years ago, before they tried the drug they tried. So if they can do that, and if Anya then can be free, or at least have no symptoms that significantly limit her, I think she has really shown that she's able to cope with the traumatic brain injury. She has great capability."

Anya's story reminds us that every force, every action, and every reaction plays a vital role in shaping the trajectory of our lives. In the face of immense challenges, Anya has exemplified the spirit of resilience, determination, and unwavering commitment to her passions. Even in the midst of adversity, we can find our own equilibrium, maintaining our direction and speed in pursuit of our dreams. Just as the laws of physics govern the universe, so too do our inner strengths guide us through the boundless cosmos of human potential. **MM**

*\*If you would like to support Anya Magnuson in her artistic journey or learn more about her work, you can visit her website: [www.anyamagnuson.com](http://www.anyamagnuson.com)*

# Celebrating Brain Injury Awareness Month with the Minnesota Brain Injury Alliance

This March, the Minnesota Brain Injury Alliance is marking Brain Injury Awareness Month with a series of online initiatives designed to shed light on this critical issue. At the heart of the campaign is the launch of “Ask Alec” an engaging new video series featuring Alec Wendelboe, the Alliance’s Education and Community Outreach Coordinator.

Alec brings his expertise to the forefront, tackling some of the most pressing questions surrounding brain injury. From understanding its causes and long-term effects to debunking common myths and misconceptions, Alec’s insights aim to inform and educate the public about the complexities of brain health.

To ensure you don’t miss out on these valuable insights, the Minnesota Brain Injury Alliance encourages everyone to subscribe to our Facebook page at [www.facebook.com/BIAMNStrokeMN](http://www.facebook.com/BIAMNStrokeMN) and our Instagram account @braininjurymn. By doing so, you’ll receive regular updates throughout March, offering a deeper understanding of brain injury directly from Alec and other experts in the field.

But that’s not all. Throughout Brain Injury Awareness Month, followers can expect regular posts highlighting the latest advancements in brain injury research and care, updates on advocacy efforts, and much more.

***Brain Injury Awareness Month is a time to come together, learn, and support our community. We hope to see you online in March!***

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## Donate Today to the Minnesota Brain Injury Alliance

With your support, you help enable us to create spaces where individuals can use their voices to help others and where families can find guidance in an increasingly overwhelming healthcare system.

Each contribution is a step towards empowering those navigating life after a brain injury.



MINNESOTA  
**Brain Injury Alliance**

# American Heart Association Adds to Warning Signs of Stroke

## Introducing BE FAST.

For years, the Minnesota Stroke Association has recommended using Act FAST to remember the signs of stroke, ie. Facial Drooping, Arm Weakness, Speech Difficulty and Time to Call 9-1-1. Recently, however, the American Heart Association has begun recommending the use of **BE FAST** which adds *Balance Loss* and *Eyesight Changes*.

## So, why the change?

A study conducted by the AHA and published in *Stroke* magazine, discovered that 14 percent of patients with ischemic stroke didn't display any of the symptoms in FAST. Adding Balance and Eyesight included a substantial amount of those missed by the original acronym. And, as we know, the sooner we can identify a stroke, the sooner treatment can begin.

## Remember to BE FAST.

- B** Balance Loss
- E** Eyesight Changes
- F** Facial Drooping
- A** Arm Weakness
- S** Speech Difficulty
- T** Time to Call 9-1-1.

By choosing to **BE FAST**, we have an inclusive and effective way of identifying potential stroke symptoms, which can lead to earlier detection and treatment, and ultimately improve outcomes for everyone.

# BE FAST at the first sign of stroke

## B



Balance Loss

## E



Eyesight Changes

## F




Facial Drooping

## A



Arm Weakness

## S



Speech Difficulty

## T



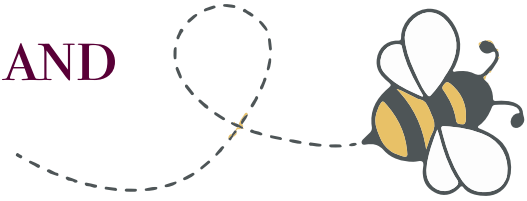
Time to Call

Always Call 911

**Minnesota Stroke Association**  
763-553-0088 • [www.strokemn.org](http://www.strokemn.org)



# CONTENDING WITH ONE-TWO PUNCHES AND DOUBLE PUNCHES



*By Jim Richardson, Resource Facilitator*

We don't recommend boxing if you are trying to avoid brain injuries. I haven't been to boxing school, but in my youth, I studied the magical moves of legendary world heavyweight champion Muhammad Ali. Nowadays, I'm an eager student in online school, and I did brush-up research in the library that is the World Wide Web.

In the ring, few maneuvers are as effective and feared as the "one-two punch" – a forceful leading jab with one hand, followed by a mighty cross-punch with the other hand.

Many people are contending with one-two punches from a traumatic brain injury (TBI) and another injury or condition (e.g., cancer, dementia, addiction, diabetes, stroke, etc.). The TBI might have happened some time before the "co-occurring condition" or some time after it.

Gale Olson, a biomedical technician for 40 years, took a punch at age 12 when he was diagnosed with dyslexia. "My biggest struggle with dyslexia," he said, "is to get the industry to understand that I can do as good a job as if I didn't have it." Gale took a second punch three years ago when a tree log fell on his head, causing word-finding difficulties. Has his TBI affected his dyslexia? "They're separate," he said. "Word-finding added to it, but you learn to live with it and work around it. I just have to work a little harder. I tell young people: 'Do a good job; it will show. Believe in yourself, and don't let other people think you can't do it.'"

Colleen Clements has been her dad's caregiver since he took a blow to his head on the job in his early 50s. That was his first punch. He's 80-something now. "He didn't have health insurance, so he received no immediate medical care," she said. Loss of balance and memory, confusion, and other cognitive impairments worsened with time. Developing dementia was his second punch. No dementia appears in the family's history. "For these reasons, he believes that his dementia is related to this injury. He used to say to me, 'When I get old, if people think I'm getting senile, it'll be because of the bump on my head.' That's how he refers to his injury."

Colleen said it was "monumentally difficult" to get her dad into "a good memory-care facility where he gets the care he needs. I wish our society were aware of the vulnerable position people like my dad are in. I am grateful that we live in Minnesota because here there is some support for someone in my dad's situation."

A double punch is two punches landing simultaneously. As with a one-two punch, the punchee gets a double whammy. One client took a double punch when she fell, suffering both a concussion and a broken hip. "I'm doing

therapies for my brain," she said, "and I'm also working on my hip repair, but that's not your department." She, like many people who get double-punched, is contending with her co-occurring conditions contemporaneously.

Resource Facilitation Manager, Wendy Hoffman, noted that people can get "appointment fatigue – having multiple therapy appointments and then appointments for something like chemo as well."

Sometimes, people treat one condition before treating another. For example, some therapists prefer that someone with both a TBI and substance-misuse get sober and/or clean first.

If you're getting twice-punched, either a one-two combo or a double punch can make things doubly difficult. Lead Resource Facilitator May Deluhery said, "Because we're trained in brain injuries, I focus on the brain injury, but I let people share their concerns. If people tell me about other conditions they have, I want to understand what they're going through." If people want to discuss other conditions, we listen with concern and offer our support, encouraging them to consult specialists in those conditions if they're not doing so already.

Boxing coaches say the best defenses are to keep your guard up and keep out of range. If you can't be reached, you won't be hit. Think safety! Whether double punches, or one-two punches, or sucker punches, we can try to avoid punches. We all get slugged sometimes. Even if we get knocked down, we can remember what my advocate-friend Jaime Becker, whose disability is cerebral palsy, says: "Get up off the mat!"

Muhammad Ali was famous for his fisticuffs – and his words. His immortal advice: "Float like a butterfly; sting like a bee!" If you're contending with more than one punch, we'll do our best to help you "float like a butterfly; sting like a bee!"

***Resource Facilitation is a free, two-year telephone support program that provides education and connection to supports and services to assist people throughout Minnesota in navigating life after brain injury. Participants receive scheduled calls over a two-year period to help problem-solve issues and identify resources to help them transition back to family life, work, school, and the community while achieving the greatest level of independence as possible. Individuals can be referred by a professional or self-refer at any time. Call us at 612-378-2742 or 800-669-6442.***

## Building Our Statewide Support Team

In situations involving brain injury, finding the right supports can be quite complex and difficult. Healthcare professionals play a vital role in guiding individuals through these challenging circumstances and the support network of the Minnesota Brain Injury Alliance is here to help. Professionals, survivors, and family members all agree that brain injury care and recovery is a team activity which is why finding and connecting with a knowledgeable team is so important in getting people the support they need.

A major goal of the Public Relations Department is to spread awareness about the Minnesota Brain Injury Alliance with professionals throughout health care systems so more people can get connected to our network of supports. It is exciting to see professionals, hospitals, and clinics catch on to the Alliance's exceptional ability at helping connect people to information and supports. More and more professionals are connecting their patients to programs like Resource Facilitation, Brain Injury Basics, and to events designed for people impacted by brain injury.

Healthcare providers are innovating and making adjustments to their systems to increase communication with patients about the Minnesota Brain Injury Alliance. Two recent examples stand out.

- St. Cloud and the CentraCare system came up with the idea of utilizing a QR code to help make referrals to our Resource Facilitation Program faster and easier. The Minnesota Brain Injury Alliance worked with them on creating the QR code and now it is a resource available for professionals throughout the state to utilize as well.
- The HealthPartners system took what was working well at Regions Hospital, a hospital with high utilization of connecting patients to Alliance services, and implemented those practices throughout their entire system. These changes contributed to a marked increase in their system utilizing the Minnesota Brain Injury Alliance, particularly at their other large metro location, Methodist Hospital.

Opportunities for growth and connection in 2024 continue to look promising. When we transitioned out of the peak of the pandemic, much of our hospital outreach was appropriately focused in the metro area, the location

of the majority of the state's Level 1 Trauma Centers. Now as we continue to adjust and look forward, we are expanding that focus. This year, Public Relations plans to extend its outreach further into outstate Minnesota, increasing needed connections with the many rural Minnesotans affected by brain injury.

Whether located in the metro or outstate Minnesota we want to help professionals be aware of our services and help people get connected to the support they need. If you have any questions, or a lead on people and places interested in being a part of this network of connections and supports, please feel free to contact Katrina Meyer at [katrinam@braininjurymn.org](mailto:katrinam@braininjurymn.org) or 612-238-3241.

## Minnesota Brain Injury Alliance Sets 2024 Policy Priorities

The Minnesota Brain Injury Alliance's Board of Directors set the following priorities at its December 2023 meeting to guide public policy efforts during the 2024 Legislative Session:

1. Reduce requirements in Minnesota law that require people with brain injury and other disabilities to live in poverty in order to qualify for necessary services and improve state policy that limits people's ability to recover damages for their injuries.
  - a. Increase the Medical Assistance (MA) qualifying income standard to 133% of the Federal Poverty Guideline (FPG).
  - b. Increase the MA qualifying asset standard to \$10,000 for an individual / \$20,000 married couple.
  - c. Eliminate the Medical Assistance for Employed Persons with Disabilities (MA-EPD) monthly income-based premium.
  - d. Pursue legal system reforms that increase victim's ability to recover damages for injuries caused by the negligence of others and that incentivize and prioritize the needs of those injured throughout the legal system.
2. Advance policy options that prevent brain injury through reductions in Interpersonal Violence (IPV) and reduce victimization of those living with brain injury from interpersonal violence.

***If you would like to get involved in helping promote these policy changes, consider becoming a Citizen Advocate. Please contact Cynthia Callais, [cynthiac@braininjurymn.org](mailto:cynthiac@braininjurymn.org), for more information or to sign up.***



Every year at this time, individuals with brain injury, their family, supporters, and professionals have an opportunity to raise awareness about this often-unrecognized and misunderstood condition. Thanks to increased awareness and information related to sports injuries and concussions, the public now has a better understanding of the effects of brain injury. Yet, for those who have experienced a brain injury, challenges remain in both having their condition recognized and overcoming the ongoing stigma in many spaces.

In this context, the role of supporters and professionals becomes crucial. They not only advocate for individuals with brain injuries but also work in raising awareness, dispelling misinformation, and breaking through the stigma. Their efforts often include: educating others about the often slow and long-term nature of recovery; guiding how to effectively support and encourage individuals without overwhelming or overstimulating them; and assisting in re-engaging family members when changes in thinking, emotions, and personality might leave both the affected individuals and their loved ones grappling with questions about identity and altered dynamics in family relationships.

Picking key areas to share with others is essential in helping without overwhelming them. One such critical but challenging topic is the changes that may occur in people who consume alcohol after they've had a brain injury. It is impractical to communicate that these changes can include worsening of symptoms for short periods; impaired coordination and possible increased risk of falling; greater risk of sustaining another brain injury; and the age-old worry of using or abusing alcohol or other substances to cope with the stress of brain injury, thereby adding to the challenges of daily life and relationships with family and friends.

In our efforts to advance public knowledge and support for those with brain injuries, it's important that we all participate in spreading awareness, not only in our treatment and teaching, but also in our everyday interactions. Your voice and actions can make a significant difference in advancing care and support for people with brain injuries. This National Brain Injury Awareness Month, we encourage you to seize every opportunity to be an advocate in any way you can.

— *by Dr. Erwin Concepcion, Ph.D. LP*

In February I celebrated my 10-year brain-iversary. On the one hand it feels like it was just yesterday, while on the other it feels like forever.

One of the greatest blessings from my brain injury is being able to advocate, not only for myself, but for others who may not otherwise be able to have a voice in important matters.

I have created numerous resources for survivors, caregivers, and loved ones, including a podcast, books, articles, videos, and more. But the most satisfying work is going to Capitol Hill and meeting with my lawmakers to help bring awareness to the devastating effects of brain injury.

This year in particular is an important year to take the voyage to Washington. The TBI Act is set to expire at the end of 2024, so we are lobbying for an extension of this act. This act was originally signed into law in 1996 by President Bill Clinton. At the time, it was the only federal legislation that specifically addressed TBI prevention, research, and service through grants admitted by the Health Resources and Services Administration (HRSA).

Other federal agencies involved include the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Administration for Community Living (ACL).

It is critical that we get this act reauthorized and extended for another four or eight years.

If you're not able to attend Brain Injury Awareness Day on Capitol Hill, you can call your legislators in DC and ask them to reauthorize the TBI Act. Making the call is really quite simple, and you will usually leave a voicemail, so be prepared with a script so you know exactly what to say. If you need any help with this, Jeff and Cynthia from the Citizen's Advocates group will be more than happy to help you.

**YOU can make a difference with just a single phone call!**

To find your representative, visit <https://www.house.gov/representatives/find-your-representative>

—*Amy Zellmer*

# UPCOMING EVENTS 2024

MAR  
2024

Brain Injury Support  
Conference

APRIL  
2024

38th Annual  
Brain Injury Conference

MAY  
2024

2024 Strides for Stroke

SEPT  
2024

Walk for Thought

NOV  
2024

Statewide Stroke  
Conference

Visit these websites for more upcoming events.

Minnesota  Stroke Association

[www.strokmn.org](http://www.strokmn.org)  
763-553-0088



[www.braininjurymn.org](http://www.braininjurymn.org)  
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