

For Immediate Release:

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February 27, 2001

Lindsay Barenz, 202-842-3100

Poverty among America's Poorest Citizens Worsens While States Drag Their Feet on Anti-Poverty Efforts

New Report Released Today Documents Millions in Federal Dollars

For Low-Income Children and Adults that the States Haven't Spent

WASHINGTON, D.C. – Millions of American families that have left welfare are worse off economically today because many state governments are not spending the federal funds intended to help them transition into work or take care of their children, according to a new report made public today.

The states have failed to use more than \$8 billion authorized by Congress for child care, transportation, education, job training and other efforts to help support low-wage workers and struggling families, the report found.

"Millions of children and their parents are falling deeper into poverty because in too many state capitals the funds that Congress approved to help these families become self sufficient are going unspent," said Deepak Bhargava, director of the National Campaign for Jobs and Income Support.

A coalition of grassroots citizens groups in 40 states, the National Campaign for Jobs and Income Support compiled and released the report, "Poverty Amidst Plenty 2001" at a news conference at the National Press Club in Washington, D.C. to coincide with the winter meeting of the National Governors' Association.

"Despite the enormous need, forty-six states and the District of Columbia are still holding huge sums in unspent Temporary Aid for Needy Families (TANF) funds that could be paying for new or expanded programs to help poor families raise their children, find decent jobs and begin earning a livable wage," Bhargava said.

According to the report by the National Campaign for Jobs and Income:

- Child poverty remains at a historic high, with nearly one out of every five children in America living today in poverty.
- In spite of the booming national economy, the average person living in poverty is poorer today than they were at the beginning of the decade demonstrating how the poor are being left behind.
- Many families that have moved "from welfare to work" are worse off financially and struggling with incomes below the poverty line.
- More than half of those who have left welfare for jobs have been unable to pay the rent, buy food, afford medical care, or keep their telephone or electric service from being disconnected.
- In spite of the pressing needs of poor families, fourteen states have actually increased their surplus of unspent Temporary Aid for Needy Families funds since 1999.

- Some states – Connecticut, Virginia, Texas, Wisconsin and Michigan in particular – are abusing the flexibility of their TANF anti-poverty funds to pay for tax cuts and shortfalls in other areas of their budget on the backs of the poor.

In unveiling its report, the National Campaign for Jobs and Income Support called on Congress to provide additional funds to fight poverty and to ensure that the states diligently use the money.

“Simply cutting the welfare rolls can’t be the measure of success,” Bhargava said. “Congress and the states must be held to their promise that welfare reform would lift families out of poverty, and that will require a commitment of adequate resources.”

The Campaign also urged Congress and the states to involve local community organizations that deal directly with low-income families in the process of drafting and implementing welfare reform laws and programs

[Download the report in Word Format](#)

[Download the appendices in Excel Format](#)

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Contact:

Eric Hauser: 202/518-8047
Deepak Bhargava: 202/339-9355
Leigh Dingerson: 202/339-9349

**CREDIT WHERE BLAME IS DUE:
The Reality Behind the Rhetoric About Gov. Thompson's Record in Wisconsin
Summary
January 16, 2001**

The National Campaign for Jobs and Income Support undertook an intensive examination of Governor Thompson's record and statements with respect to issues of poverty. We believe that he is a poor choice for the critical position of Secretary of Health and Human Services for three reasons. First, the conventional wisdom about welfare reform in Wisconsin is flat wrong: W-2 has failed to deliver for poor families in terms of increased income or improved child and family well-being. Second, the state's record of violating the spirit and letter of federal laws and regulations designed to protect poor families throws into question his suitability to write and enforce regulations protecting vulnerable populations. Finally, he has taken positions on critical issues that are no less extreme than those of other nominees to cabinet positions, but Thompson's views have not been held to the same standard of scrutiny.

FINDINGS

1. Are Families and Children in Wisconsin "Better Off"?

Asked by a *New York Times* reporter about the state's monitoring of the impact on W-2, Thompson said of low-income parents: "They're doing better and they like it." When asked how he knew that, Thompson replied "It's anecdotal evidence." Governor Thompson himself set the bar: are families in fact better off? Fortunately, we do have hard data with respect to two aspects of being "better off": family income and a variety of indices of family and child well being.

Income & Poverty

- The most rigorous study of the economic well-being of welfare leavers found that "total measured net income in the year following exit is lower." In fact the average income of recipients who left welfare in 1995 and 1997 declined from about \$12,000 per year to \$10,000 per year one year after exit. The study found that 60% of families leaving welfare were "worse off", meaning that they experienced drops in income of more than \$1000 one year after leaving. This study is confirmed by other sources, including the state's own leaver study which found that a majority of leavers live below the poverty line, and data submitted by the state to HHS.
- Between 24% and 38% of welfare leavers report no earnings or employment after leaving welfare. Did welfare reform in Wisconsin result in an increase in extreme poverty (defined as families with annual incomes of less than half the poverty line, or \$6665 per year)? In the U.S., the portion of people receiving food stamps who lived in extreme poverty remained constant between 1989 and 1997. But, in Wisconsin, the number tripled from 10% in 1989 to 32% in 1997. Other evidence suggests greatly increased hardship, measured by the increased demand for emergency services, and the number of single-parents who had trouble paying their mortgage, rent or utility bills.

Child & Family Well Being

Some may argue that income by itself is a poor measure of whether or not families are "better off." What about the common indices of child and family well being, such as infant mortality, foster care placements, domestic violence and child abuse and neglect? Unfortunately, all the trends in Wisconsin have been in the wrong direction over the past decade.

- According to Centers for Disease control data, in 1996-1998 Wisconsin was the worst state in the nation with respect to the Hispanic infant mortality rate, and fourth from the bottom with respect to the black infant mortality rate. This represents a significant worsening of its position relative to other states, nationally and in the midwest region since 1989-1991, when it was a leader in some areas.
- Neonatal (infants under 28 days) mortality rates are more alarming. In 1989-1991, Wisconsin was the 7th best state in the nation with respect to black neonatal mortality rates. By 1996-1998, it was the 5th

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worst. In 1996-1998, Wisconsin ranked dead last in terms of the Hispanic neonatal mortality rate. In fact, the rate was double the U.S. average and no other state came close to Wisconsin's record.

- The number of children taken out of their homes and placed in foster care, group homes or other residential placements increased by 32% in Wisconsin, and 51% in Milwaukee between 1991 and 1998.
- Between 1991 and 1998, reports of child abuse and neglect (+11%), incidents of domestic violence (+12%), and juvenile arrests (+27%) increased in Wisconsin.

2. A Record of Violating the Letter and Spirit of Federal Laws and Regulations

Wisconsin has systematically and deliberately violated the letter and spirit of a number of federal laws and regulations in recent years:

- The state pioneered the practice of "supplantation" –diverting federal TANF funds to pay for tax cuts or other programs unrelated to poverty alleviation. Between FY 1998 and FY 2001, \$272 million of federal funds will have been diverted in this way, undermining the common perception that Wisconsin is a big spender on poverty programs. Wisconsin is also spending the bare minimum on its welfare programs permitted by federal law, and has reduced its contribution sharply since 1996.
- The state has experienced among the worst declines in food stamp enrollment since welfare reform , prompting two rare audits by the federal government that found *illegal discouragement* of applications by needy families. The state was (and may still be) out of compliance with the provision of the federal welfare law that required continued Medicaid coverage for poor women and children leaving welfare. The state has been in clear, prolonged violation of federal law for years –the record of federal sanctions contrasts sharply with Wisconsin's tough sanctions policy for poor women.
- His "innovations" with respect to privatization have left a trail of scandal and fraud in their wake, which have in recent months exploded onto the front pages of Wisconsin newspapers. Maximus, Inc. , a for-profit corporation, admitted to improperly spending hundreds of thousands of federal welfare dollars on staff parties and concerts, promotional items like fanny packs and pens with the company logo, flowers, and travel and expenses incurred out of state in efforts to secure welfare contracts in other states. Goodwill Industries, a non-profit contractor, has spent \$143,000 of TANF funds to secure contracts in other states. The state's sanctions for the contractors have been notably less harsh than its sanctions of poor women.
- A HHS Office of Civil Rights investigation found Wisconsin to be out of compliance with civil rights laws in its dealings with Hmong Vietnamese refugees, a group historically accorded special status under federal law. Failure to provide translation services resulted in steep caseload declines and extreme hardship for this group: 75% lost income, and 33% ran out of food.
- Women experiencing domestic violence have not been appropriately screened, offered relevant services, or been told that they may have good cause for not complying with child support enforcement requirements.

This record makes Thompson poorly suited to issue and enforce regulations, and to propose legislation, designed to protect poor families from outlaw state practices.

3. Thompson's Policies and Statements Suggest Extreme Views About the Role of the Federal Government

- Thompson vetoed bills that would have: allowed W-2 participants to count 15 hours of voc-tech education towards work requirements; exempted parents with disabled children from work requirements; and provided for a grievance process for parents to challenge decisions by welfare agencies, some of them private companies and agencies.
- Thompson fought federal regulations that require states to pay the equivalent of the minimum wage to workfare workers, and provide them the labor law protections that other workers enjoy.
- He has proposed block granting food stamps and Medicaid, which would eliminate the last national safety nets protecting poor families, and requested a waiver from HHS that would have curtailed health coverage, including coverage for many poor and disabled children and pregnant women.

RECOMMENDATIONS FOR WELFARE REFORM
FROM
THE INSTITUTE FOR WOMEN'S POLICY RESEARCH
ORGANIZATION

1. **Make the real purpose to reduce poverty** (TANF'S purpose was NOT to reduce poverty, but to encourage marriage and getting women to work)
2. **Require the states to *report* work activities** (In Wisconsin: Considerable research showing W-2 has not lived up to its part of the bargain. IWF's research has shown consistently that families were not provided with adequate skill training, nor were the most unskilled participants linked with basic education or English-as-a-second-language courses. Although 90% of Hmong respondents read little or no English and 95% had no job skills in any of W2's targeted areas, fewer than 10% were actually engaged in skill training or basic education through their W2 assignments.)
3. **Measure the states' successes by poverty reduction, higher wages, earning growth**
4. **Provide more childcare funds**
5. **Allow higher education (including BA/BS degrees) to be counted as work activities**
6. **Encourage job training for high wage and non-traditional jobs for women** (currently the only job training activities approved in Rock County are short term skills-based courses such as data entry, CNA training, welding, food prep, childcare)

- 7. Don't run the 5-year time limit clock while recipients are in school or job training activities** (in April 2000, 1,697 WI participants reached their 24-month time limit. Those having a difficult time meeting the state-mandated two-year deadline were those most in need of help, grappling with histories of domestic violence, substance abuse or mental illness. Many were women who cared full-time for a disabled spouse or child, *or lacked the basic education and skills to join the work force.*)
- 8. Maintain the size of the block grants even though the rolls have fallen**
- 9. Revise participation requirements – many left on the rolls are “hard to serve”**

The Institute for Women's Policy Research (IWPR) is a public policy research organization dedicated to informing and stimulating the debate on public policy issues of critical importance to women and their families. It is an independent, nonprofit organization that also works in affiliation with the graduate programs in public policy and women's studies at the George Washington University. IWPR is supported by foundations, corporations, organizations, labor and professional associations, government and individual members.

GREETINGS:

MY NAME IS NANCY STABB, 1200 SO. RIVER RD. JANESVILLE

I AM HERE TO SPEAK TO THE ISSUE OF WELFARE REFORM in Wisc known as W-2

For ~~the~~ improving Neith for or against - for improving - retired vol. with ~~church~~ church related organiza that fills the gaps.

The Wisconsin Works program, while getting many people off welfare, and a some of those into situations of employment, has done little to address the issue of poverty in our state. In addition to anecdotal evidence that the Wisconsin program is basically a jobs program to supply business and industry with cheap, unskilled labor, there is hard evidence From National Campaign for Jobs and Income Support that people are no better off than before :

(on the web at <http://www.nationalcampaign.org/prelease/pap2001>)

1. Child poverty remains at a historic high, with nearly one out of every five children in America living today in poverty. Why should this concern us? Because children from low income homes are most at risk for failing in school and most at risk for entering in the criminal justice system as adults where the cost to society and tax payers will multiply. - *Only need look at escalating ~~costs~~ costs of prison construction & operations budget!*

* Many families that have moved "from welfare to work" are worse off financially and struggling with incomes below the poverty line.

* In spite of the pressing needs of poor families, fourteen states have actually **increased** their surplus of unspent Temporary Aid for Needy Families (TANF) funds since 1999. Wisconsin is named as one of five states that is abusing the flexibility of their TANF funds to pay for **tax cuts** and shortfalls in other areas of their budget.

* In the U.S., the portion of people receiving food stamps who lived in extreme poverty remained constant between 1989 and 1997. In Wisconsin, the number tripled from 10% in 1989 to 32% in 1997.

* According to the CDC in 1989 -1991, Wisconsin was the 7th best state in the nation with respect to black neonatal mortality rates. By 1996-1998, it was the 4th worst, In 1996-1998 Wisconsin was the worst state in the nation with respect to the Hispanic infant mortality rate. This represents a significant worsening of ^{our} its position relative to other states, nationally and in the midwest region since 1989 when ~~it~~ ^{we were} was a leader in some areas.

* The number of children taken out of their homes and placed in foster care, group homes or other residential placements increased by 32% in Wisconsin and 51% in Milwaukee between 1991 and 1998.

I think it is obvious that W-2 needs to be reworked. *or modified*

Here are some

RECOMMENDATIONS FOR REFORM

*which I believe will make
to make W-2 antipoverty prog not
simply a jobs program*

1. Make the real purpose of reform to **reduce poverty**.
2. **Measure the state's success** by poverty reduction, higher wages, earning growth.
3. Authorize an **independent audit** of the effectiveness of W-2 by determining the status of individuals and families that are assisted for up to 5 years after they need help.
4. Provide more **child care funds**.
5. Encourage job training for **high wage and non-traditional jobs for women**.
6. **Allow higher education** (including BA/BS degrees) to be counted as work activities.
7. **Don't run the 5-year time limit clock while recipients are in school or job training activities**

(Those having a difficult time meeting the Wisconsin state-mandated 2 year time limit were those most in need of help, grappling with histories of domestic violence, substance abuse or mental illness)

8. **Review and revise participation requirements**-many left on the rolls are "hard to serve".

I urge this committee sponsor legislation that will once again make Wisconsin a leader in quality of life standards.

*My testimony for
the State Finance
Comm.*

Lisa A. Oberbruner
418 So. Academy St.
Janesville, WI 53545
608-314-9916
March 6, 2001

Dear State of Wisconsin,

Imagine you have someone in your family that will be leaving grade school this spring. They will be starting middle school the next fall. It's an exciting time for them and you. There is only one problem. There is not enough funding to go around. Instead of middle school next year there is a waiting list of 4 years. What will you do? They are too young to get real jobs, to drive, to live alone, to really be left alone while you are working, and you probably won't be able to find a sitter and if you can, you most likely won't be able to afford one. So what will you do?

And after they graduate from high school there is another waiting list for them to go to college due to lack of funding and there are waiting lists for jobs because the economy is so bad. Are you going to support them for the next four years?

Pretend that you are one of our families. Our kids' civil rights are always being challenged. There is never enough money to go around because the numbers grow everyday. Most of our kids would probably have died if they had been left in the state institution. But staying at home with their families has proven to be the best care there is. And there is not a day that goes by that we do not have to fight for something. My daughter should have died many times but she is still here and my own health has suffered from the lack of sleep I have given for her. Just because some of our kids can't talk clearly, or move normally, does not mean they do not know the difference between having fun and being board out of their minds. Most of our kids are not in these conditions because we did drugs or drank or did anything wrong. Some times it may have been the doctor's mistake, or a genetic condition, or problems at birth, or accident. The most important thing to remember is this could and does happen to people just like you. And if it were to happen, are you willing to fight everyday of their life, give up sleep, income and your health to help them?

There are several areas we need to have increases in and they are:

1. ELIMINATE WAITING LIST.
2. BETTER PAY AND TRAINING FOR THE PEOPLE WHO WORK FOR OUR PROGRAMS.
3. MORE FUNDING FOR ALL SPECIAL EDUCATION PROGRAMS.
4. MORE FUNDING FOR TRANSPORTATION FOR DISABLED.
5. HELP OUR FAMILIES STAY TOGETHER /PAY OUR KIDS TO LIVE WHERE THEY WANT TO, PAY PARENTS AND FAMILIES A SUPPLEMENT TO CARE FOR THEM, FAMILY PACKAGE.
6. STATE INSTITUTIONS, INCREASE THE CIP 1A RATE TO \$300.00/DAY FOR NEW PLACEMENTS, AND \$160.00/ FOR PEOPLE WHO PREVIOUSLY MOVED TO THE COMMUNITY.
A. ALSO PART OF THE WAITING LIST.

7. MENTAL HEALTH PACKAGE.
8. CROSS DISABILITY PROGRAMS.

I spoke to the D. D. Legislative Counsel in Nov. and gave some suggestion to help raise some more funds. Please give these a close look. If we returned all of our loved ones to the institutions today the state and federal government would go broke.

The reason for these people in these wheel chairs forcing their way in here was to show you how much we need these increases. I ran into this group the other day at a local store. It happens to include my daughter. How many of you have ever tried to push two wheel chairs and a shopping cart? I had a wheel chair, a baby and a shopping cart at one time. This causes back injuries and is unsafe for the clients. But if we cannot pay better than we cannot keep the help we so desperately need. And again are risking lawsuits for injuries.

Thank you so much for your time. I would like to offer my services to be available for questions if needed.

Sincerely,

Lisa A. Oberbruner
Concerned Citizen and
Parent

Rock County, Wisconsin



Developmental Disabilities Board
P.O. Box 1867
Janesville, WI 53547-1867
Phone 608/757-5050
Fax 608/758-8482

April 20, 2001

Senator Judy Robson
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Robson:

On Tuesday, April 17, 2001, you chaired the Senate Human Services and Aging Committee in a listening session at the Janesville City Hall. I provided testimony on the value of services for those with developmental disabilities and offered a few suggestions on how to more effectively utilize current funding sources in order to capture more federal Medicaid matching dollars.

At the end of my testimony, you had requested that I submit my written notes to the committee for review. Unfortunately, I had presented my testimony from a few notes written in a somewhat disorderly outline fashion. I have compiled a legible outline of the topics I discussed and am submitting them to you as you have requested.

Thank you for the opportunity to present testimony as well as your continued support to long term supports for the most deserving residents of Rock County and the State of Wisconsin.

Sincerely,

A handwritten signature in cursive script that reads "Thomas E. Perry".

Thomas E. Perry, Director
Rock County Developmental Disabilities Board



**NOTES ON TESTIMONY FROM THOMAS PERRY
ROCK COUNTY DEVELOPMENTAL DISABILITIES BOARD**

A. More efficient management of current or existing programs

**COP WAITING LIST IS NOW AT 137
MOVED 1 PERSON IN 2 YEARS**

B. Current issues facing local county governments include:

The increase in autism diagnosis

Past 7-10 years, increases in diagnosis have been dramatic. In 7-10 years these people will be in the county system. They will need specialized care.

The elderly D. D. population is growing. In 5-10 years the "baby boomers" will need services'

High cost of living in counties. (such as Brown and Waukesha Counties)

TBI – most do not qualify for CIP 1-B services, therefore, reliance is on COP funding (which has a 274 year wait at current pace).

Or the remote hope we can qualify them under CIP II funding for physical disabilities.

Most receive BCA or county funding, which takes away from CIP 1-B matching funds.

C. WHAT CAN WE DO?

1. Run current programs more efficiently.

2. Look at other sources of revenue.

**Lisa O's proposal to access handicapped parking fines for county services
Only \$800 for all of year 2000, only 16 tickets issued.**

Take that concept 1 step further to develop revenue statewide to enhance current TBI services.

Enact legislation "similar to the Christopher Reeve law "in NY and NJ that would place a \$1-\$2 surcharge on all moving violations for use as the TBI Medicaid waiver match.

NOTES ON TESTIMONY FROM THOMAS PERRY

April 17, 2001

Page Two

This could generate 7-8 million for TBI services (2-3 for surcharge, rest federal match)

63% of all TBI occurs because of motor vehicle accidents, 53% automobile, 10% motorcycle and snowmobile

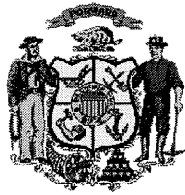
The result, the counties would be able to better utilize CIP 1-B funding when BCA and county dollars are freed up

More funding for TBI because of a new revenue source

3. Relax rules on funding match restrictions.

Allow "private pay" or "United Way" dollars to be used as the seed money. This would not free up tons of money, but every little bit helps.

**Thomas Perry
Rock County Developmental
Disabilities Board
(608) 757-5052**



JUDITH B. ROBSON

STATE SENATOR • WISCONSIN LEGISLATURE
CHAIR, HUMAN SERVICES AND AGING COMMITTEE
CO-CHAIR, JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

To: Stephanie Kerkvliet
Sandy Pplinski
Fax # 414-282-8117

From: David Austin
Senator Judy Robson's office

Re: Senate Committee on Human Services and Aging

Date: April 18, 2001

Thank you for agreeing to interpret for the April 25 hearing of the Senate Committee on Human Services and Aging. The portion of the meeting for which you will be interpreting will be on issues affecting persons with developmental disabilities. The hearing will actually begin at 10:00 that morning, but the afternoon will be devoted to developmental disability issues. That is the portion of the hearing for which your help has been requested.

It is my understanding that there will be testimony on four broad areas:

1. State programs that provides services to people with developmental disabilities and specifically the issue that there are long waiting lists to get services from these programs and consequently there should be increased funding in this area;
2. Programs that provide services to kids, specifically Birth-to-Three and Family Care;
3. Workforce development issues (presumably about barriers to employment); and
4. State institutions for the developmentally disabled and the need to close these institutions.

I hope this information is helpful to you. If you have any questions, please call me at 608-266-2253. Thanks again for your help.



State Senator
Chuck Chvala
SENATE MAJORITY LEADER

April 2, 2001

The Honorable Judy Robson
Wisconsin State Senator
Rm. No. 15 S., Capitol
Madison, WI 53703

Dear Senator Robson:

The Senate Committee on Organization has approved your request for the Members of the Senate Committee on Human Services and Aging to travel to Janesville, WI on April 17, 2001 to conduct a public hearing on the topic of the State Budget, and those issues relating to human services.

It is the Committee's understanding that you are seeking reimbursement for all actual and necessary expenses associated with the Senate committee members' attendance at this hearing. It is further understood that you are seeking reimbursement for additional staff support from your committee clerk and the Senate Sergeant-at-Arms.

Your request has been approved contingent upon the Senate not being in session. Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Chuck Chvala".

CHUCK CHVALA
Chairman
Senate Committee on Organization



Judith B. Robson
Wisconsin State Senator

April 17, 2001

Mr. Bob Lang
Director, Legislative Fiscal Bureau
1 East Main, 3rd Floor

Dear Mr. Lang:

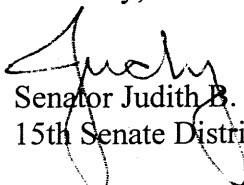
I am writing to request a briefing by Legislative Fiscal Bureau for the Senate Committee on Human Services and Aging. The committee will be holding a public hearing on April 25 on budget provisions relating to human services and aging. It would be helpful to the committee to have a briefing from Fiscal Bureau regarding the budget bill provisions on this topic.

Specifically, it would be helpful to be briefed on the budget provisions relating to MA estate recovery, elder abuse and services to persons with developmental disabilities.

A copy of the hearing notice is attached. Since the time the notice was posted, I have decided to take up SB 77 first. I anticipate that testimony on this bill will take about half an hour. Therefore, if you could be prepared to begin your briefing at 10:30, that would be helpful.

Thank you for your assistance with this matter. If you have any questions, please feel free to call me.

Sincerely,


Senator Judith B. Robson
15th Senate District

JBR:da

A blow or jolt to the head can cause a type of mild brain injury called a concussion.

Some symptoms of a concussion are:

- ◆ Persistent low-grade headaches
- ◆ Having more trouble than usual remembering things, concentrating, or making decisions
- ◆ Feeling tired all the time
- ◆ Feeling sad, anxious, or listless
- ◆ Becoming easily irritated for little or no reason

For more information on danger signs, symptoms, tips for getting better, and where to go for help, look inside this brochure.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

EN A



Brain Injury Association

American College of
Emergency Physicians®

Facts About Concussion and Brain Injury

Where to get help

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Brain Injury Association
National Help Line: 1-800-444-6443

Brain Injury Association Web Site: www.biausa.org

Centers for Disease Control and Prevention
Web Site: www.cdc.gov/ncipc/tbi

About Brain Injury

A blow or jolt to the head can disrupt the normal function of the brain. Doctors often call this type of brain injury a “concussion” or a “closed head injury.” Doctors may describe these injuries as “mild” because concussions are usually not life threatening. Even so, the effects of a concussion can be serious.

After a concussion, some people lose consciousness or are “knocked out” for a short time, but not always — you can have a brain injury without losing consciousness. Some people are simply dazed or confused. Sometimes whiplash can cause a concussion.

Because the brain is very complex, every brain injury is different. Some symptoms may appear right away, while others may not show up for days or weeks after the concussion. Sometimes the injury makes it hard for people to recognize or to admit that they are having problems.

The signs of concussion can be subtle. Early on, problems may be missed by patients, family members, and doctors. People may look fine even though they’re acting or feeling differently.

1

Because all brain injuries are different, so is recovery. Most people with mild injuries recover fully, but it can take time. Some symptoms can last for days, weeks, or longer. In general, recovery is slower in older persons. Also, persons who have had a concussion in the past may find that it takes longer to recover from their current injury.

This brochure explains what can happen after a concussion, how to get better, and where to go for more information and help when needed.

Medical Help

People with a concussion need to be seen by a doctor.

Most people with concussions are treated in an emergency department or a doctor’s office. Some people must stay in the hospital overnight for further treatment.

Sometimes the doctors may do a CT scan of the brain or do other tests to help diagnose your injuries. Even if the brain injury doesn’t show up on these tests, you may still have a concussion.

2

Your doctor will send you home with important instructions to follow. For example, your doctor may ask someone to wake you up every few hours during the first night and day after your injury.

Be sure to carefully follow all your doctor's instructions.

If you are already taking any medicines — prescription, over-the-counter, or “natural remedies” — or if you are drinking alcohol or taking illicit drugs, tell your doctor.

Also, talk with your doctor if you are taking “blood thinners” (anticoagulant drugs) or aspirin, because these drugs may increase your chances of complications. If it's all right with your doctor, you may take acetaminophen (for example, Tylenol®* or Panadol®*) for headache or neck pain.

*Use of trade names is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Danger Signs — Adults

In rare cases, along with a concussion, a dangerous blood clot may form on the brain and crowd the brain against the skull. Contact your doctor or emergency department right away if, after a blow or jolt to the head, you have any of these danger signs:

- Headaches that get worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting

The people checking on you should take you to an emergency department right away if you:

- Cannot be awakened
- Have one pupil — the black part in the middle of the eye — larger than the other
- Have convulsions or seizures
- Have slurred speech
- Are getting more and more confused, restless, or agitated

Danger Signs — Children

Take your child to the emergency department right away if the child has received a blow or jolt to the head and:

- Has any of the danger signs for adults listed on page 4
- Won't stop crying
- Can't be consoled
- Won't nurse or eat

Although you should contact your child's doctor if your child vomits more than once or twice, vomiting is more common in younger children and is less likely to be an urgent sign of danger than it is in an adult.

Symptoms of Brain Injury

Persons of All Ages

"I just don't feel like myself."

The type of brain injury called a concussion has many symptoms. These symptoms are usually temporary, but may last for days, weeks, or even longer. Generally, if you feel that "something is not quite right," or if you're "feeling foggy," you should talk with your doctor.

Here are some of the symptoms of a concussion:

- Low-grade headaches that won't go away
- Having more trouble than usual:
 - ◆ Remembering things
 - ◆ Paying attention or concentrating
 - ◆ Organizing daily tasks
 - ◆ Making decisions and solving problems
- Slowness in thinking, acting, speaking, or reading
- Getting lost or easily confused
- Neck pain

- Feeling tired all the time, lack of energy
- Change in sleeping pattern:
 - ◆ Sleeping for much longer periods of time than before
 - ◆ Trouble sleeping or insomnia
- Loss of balance, feeling light-headed or dizzy
- Increased sensitivity to:
 - ◆ Sounds
 - ◆ Lights
 - ◆ Distractions
- Blurred vision or eyes that tire easily
- Loss of sense of taste or smell
- Ringing in the ears
- Change in sexual drive
- Mood changes:
 - ◆ Feeling sad, anxious, or listless
 - ◆ Becoming easily irritated or angry for little or no reason
 - ◆ Lack of motivation

Young Children

Although children can have the same symptoms of brain injury as adults, it is harder for young children to let others know how they are feeling. Call your child's doctor if your child seems to be getting worse or if you notice any of the following:

- Listlessness, tiring easily
- Irritability, crankiness
- Change in eating or sleeping patterns
- Change in the way they play
- Change in the way they perform or act at school
- Lack of interest in favorite toys
- Loss of new skills, such as toilet training
- Loss of balance, unsteady walking

Older Adults

Older adults with a brain injury may have a higher risk of serious complications such as a blood clot on the brain. Headaches that get worse or an increase in confusion are signs of this complication. If these signs occur, see a doctor right away.

Getting Better

"Sometimes the best thing you can do is just rest and then try again later."

How fast people recover from brain injury varies from person to person. Although most people have a good recovery, how quickly they improve depends on many factors. These factors include how severe their concussion was, what part of the brain was injured, their age, and how healthy they were before the concussion.

Rest is very important after a concussion because it helps the brain to heal. You'll need to be patient because healing takes time. Return to your daily activities, such as work or school, at your own pace. As the days go by, you can expect to gradually feel better.

If you already had a medical problem at the time of your concussion, it may take longer for you to recover from your brain injury. Anxiety and depression may also make it harder to adjust to the symptoms of brain injury.

While you are healing, you should be very careful to avoid doing anything that could cause a blow or jolt to your head. On rare occasions, receiving another concussion before a brain injury has healed can be fatal.

Even after your brain injury has healed, you should protect yourself from having another concussion. People who have had repeated brain injuries, such as boxers or football players, may have serious problems later in life. These problems include difficulty with concentration and memory and sometimes with physical coordination.

Tips for Healing — Adults

Here are a few tips to help you get better:

- Get plenty of sleep at night, and rest during the day.
- Return to your normal activities gradually, not all at once.
- Avoid activities that could lead to a second brain injury, such as contact or recreational sports, until your doctor says you are well enough to take part in these activities.

- Ask your doctor when you can drive a car, ride a bike, or operate heavy equipment because your ability to react may be slower after a brain injury.
- Talk with your doctor about when you can return to work or school. Ask your doctor about ways to help your employer or teacher understand what has happened to you.
- Consider talking with your employer about returning to work gradually and changing your work activities until you recover.
- Take only those drugs that your doctor has approved.
- Don't drink alcoholic beverages until your doctor says you are well enough to do so. Alcohol and certain other drugs may slow your recovery and can put you at risk of further injury.
- If it's harder than usual to remember things, write them down.

- If you're easily distracted, try to do one thing at a time. For example, don't try to watch TV while fixing dinner.
- Consult with family members or close friends when making important decisions.
- Don't neglect your basic needs such as eating well and getting enough rest.

Tips for Healing — Children

Parents and caretakers of children who have had a concussion can help them heal by:

- Having the child get plenty of rest.
- Making sure the child avoids activities that could result in a second blow or jolt to the head — such as riding a bicycle, playing sports, or climbing playground equipment — until the doctor says the child is well enough to take part in these activities.
- Giving the child only those drugs that the doctor has approved.

Where to Get Help

Help for People With Brain Injuries

"It was the first time in my life that I couldn't depend on myself."

There are many people who can help you and your family as you recover from your brain injury. You don't have to do it alone.

Show this brochure to your doctor or health care provider and talk with them about your concerns. Ask your doctor whether you need specialized treatment and about the availability of rehabilitation programs.

Your doctor may be able to help you find a health care provider who has special training in the treatment of concussion. Early treatment of symptoms by professionals who specialize in brain injury may speed recovery. Your doctor may refer you to a neurologist, neuropsychologist, neurosurgeon, or specialist in rehabilitation.

- Talking with the doctor about when the child should return to school and other activities and how to deal with the challenges the child may face.
- Sharing information about concussion with teachers, counselors, babysitters, coaches, and others who interact with the child so they can understand what has happened and help meet the child's needs.

Keep talking with your doctor, family members, and loved ones about how you are feeling, both physically and emotionally. If you do not think you are getting better, tell your doctor.

For more information, see *Resources for Getting Help* on page 17.

Help for Families and Caregivers

"My husband used to be so calm. But after his injury, he started to explode over the littlest things. He didn't even know that he had changed."

When someone close to you has a brain injury, it can be hard to know how best to help. They may say that they are "fine" but you can tell from how they are acting that something has changed.

If you notice that your family member or friend has symptoms of brain injury that are getting worse or are not getting better, talk to them and their doctor about getting help. They may also need help if you can answer YES to any of the following questions:

- Has their personality changed?
- Do they get angry for no reason?
- Do they get lost or easily confused?
- Do they have more trouble than usual making decisions?

You might also want to talk with people who have experienced what you are going through. The Brain Injury Association can put you in contact with people who can help (see page 17).

Resources for Getting Help

"I thought I was all alone, but I'm not. There are lots of people out there who understand what I've been through."

Several groups help people with brain injury and their families. They provide information and put people in touch with local resources, such as support groups, rehabilitation services, and a variety of health care professionals.

Among these groups, the Brain Injury Association (BIA) has a national office that gathers scientific and educational information and works on a national level to help people with brain injury. In addition, 44 affiliated state Brain Injury Associations provide help locally.

You can reach the BIA office by calling the toll-free

BIA National Help Line at 1-800-444-6443. You can also get information through the national **BIA Web site at www.biausa.org.** Both the Help Line and the Web site can provide you with information about your closest state Brain Injury Association.

More information about brain injury is available through the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/ncipc/tbi.

For More Information:

- BIA National Help Line: 1-800-444-6443
- BIA Web site: www.biausa.org
- CDC Web site: www.cdc.gov/ncipc/tbi
- State Brain Injury Association

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