

Going the Distance

A PROPOSAL FOR A 56-MINUTE TELEVISION DOCUMENTARY
ON SURVIVORS OF TRAUMATIC BRAIN INJURY

Produced and directed by David L. Brown
Executive Producer: Robert Howard



Traumatic Brain Injury (TBI) has become the “signature injury” of the Iraq War. The Rand Corporation estimates that 19% of troops returning from Iraq and Afghanistan—roughly 300,000 vets—have come back with traumatic brain injury. A recent report by the Institute of Medicine commissioned by the Department of Veterans Affairs found TBI linked to such long-term problems as seizures, aggression and severe dementia reminiscent of Alzheimer’s disease.

“The Veteran’s Administration and the Department of Defense cannot deny that there is a TBI crisis. We can’t let this report get swept under the rug.”

—PAUL SULLIVAN, VETERANS FOR COMMON SENSE

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A proposal for a 56-minute television documentary on survivors of traumatic brain injury. Produced and directed by David L. Brown. Nonprofit fiscal sponsor: San Francisco Film Society. Executive Producer: Robert Howard, Epic Way Sports.

PROJECT SUMMARY

Going the Distance is an hour-long documentary film-in-progress on survivors of traumatic brain injury (TBI). The genesis of the film was the first-ever crossing of Lake Tahoe's 22 miles on stand-up paddleboards, a benefit for the Bob Woodruff Foundation, which raises funds and awareness about TBI. ABC News anchorman Bob Woodruff is a survivor of TBI from a roadside bomb in Iraq. His story anchors the documentary.

Other TBI survivors whose stories are told include extreme athletes, a victim of a road-rage beating, a car crash survivor and an Iraq War vet. The Lake Tahoe paddle footage is interwoven with survivor stories that follow the individuals from the time of their accidents through recovery and rehabilitation.

The challenge and uncertainty the paddlers face is described by interviewee and physician Robb Gaffney as a metaphor for the challenges and uncertainties facing TBI survivors. Less than half of the Lake Tahoe paddle participants had ever been on a stand-up paddleboard prior to setting out for what would be a 7-hour, 22-mile marathon event. But unlike the athletes that day on Lake Tahoe, TBI victims face struggles and uncertainty each and every day—and most likely will for the rest of their lives. This documentary explores those struggles in the face of what many experts are calling a “TBI crisis” created by the “signature injury of the Iraq War.” The Rand Corporation estimates that up to 300,000 Iraq War veterans have TBI, with many such injuries going undiagnosed. The documentary explores the physical, emotional and economic impacts of this disability on individuals, their families and society.



COURTESY BOB WOODRUFF

“We are looking at an **epidemic** of brain injuries.”

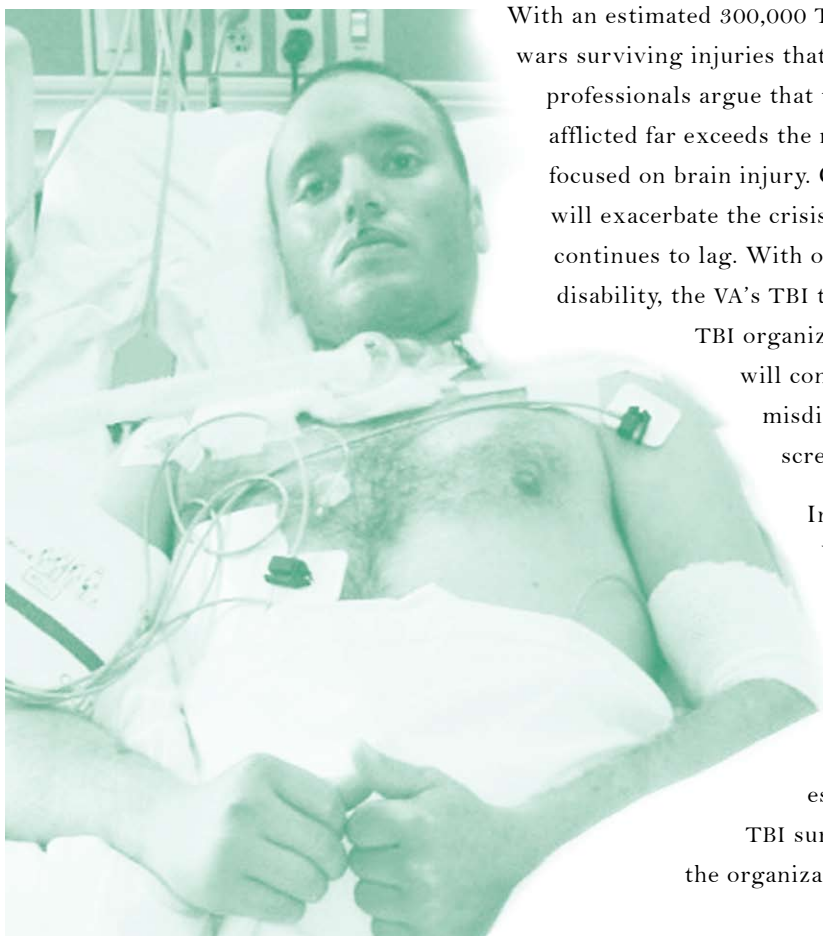
In addition to scenes of the lake paddle, interviews with the athletes, portraits of TBI survivors and commentary from experts on TBI, the documentary also profiles the VA Polytrauma Rehabilitation Center in Palo Alto, California, and several of the key organizations that are focused on survivors of TBI. These include the Bob Woodruff Foundation, Iraq and Afghanistan Veterans of America (IAVA), the Brain Injury Association of America, the Brain Trauma Foundation and the Wounded Warriors.

In showing the multiple challenges facing TBI survivors, the documentary also addresses the challenges facing their families and other caregivers through a variety of vérité scenes and interviews. Most family members are totally unprepared for dealing with a TBI survivor, and “caregiver burnout” is a huge problem.

Going the Distance is designed both for broadcast and wide DVD distribution including educational markets with an accompanying discussion and resource guide. It will be a valuable educational and outreach tool for the organizations, like the Bob Woodruff Foundation, that are addressing the plight of TBI survivors. The primary target audience is the 3.17 million Americans currently living with traumatic brain injury and the tens of millions of family members and friends of TBI survivors.

“We are looking at an epidemic of brain injuries.” —Jill Gandolfi, co-director of the Brain Injury Rehabilitation Unit of the VA Palo Alto Health Care System

THE NEED



With an estimated 300,000 TBI survivors returning from the Iraq and Afghanistan wars surviving injuries that had been fatal in the past, many TBI experts and medical professionals argue that the U.S. is facing a “TBI crisis.” The number of people afflicted far exceeds the resources, medical facilities and trained professionals focused on brain injury. Countless TBI survivors who are as yet undetected will exacerbate the crisis in the years to come, while war-related TBI screening continues to lag. With only about 35,000 troops screened thus far for this disability, the VA’s TBI testing program has been called into question by several TBI organizations. Most experts agree that thousands of combat vets will continue to struggle with the effects of an undiagnosed (or misdiagnosed) brain injury until the military puts a universal screening program into place.

In addition to the ABC News documentary on the Bob Woodruff story, *To Iraq and Back*, and the Woodruff-reported TBI stories on ABC News, the recent death of actress Natasha Richardson from a traumatic brain injury suffered in a skiing accident has raised public awareness of the gravity of this condition. But additional media resources on TBI are needed—especially those that address both civilian and military TBI survivors and can be used for education and outreach by the organizations that are focused on the care and treatment of TBI

survivors. Other documentaries on TBI, like HBO's *Coma*, are extremely depressing, virtually devoid of hope and inspiration and fail to address many of the issues surrounding TBI survivor care. *Going the Distance* will be educational, inspirational and empowering for a broad television audience. It will be especially powerful and important for all those involved with survivors of TBI.

THE TBI SURVIVORS



JAY WALLER was a very athletic Yale graduate bound for medical school when he suffered traumatic brain injury from a savage road-rage beating while on vacation in Hawaii. He was in a coma for 32 days and in various stages of rehab for three years. Six years after his injury, he has returned to graduate school in a PhD program in physical therapy specializing in brain injury. His family and his psychologist, Dr. Len Travaglione, will join Jay in telling the story of his injury and recovery.



CHARLIE GAYLORD was a professional skier when he suffered TBI from an extreme skiing accident. He was in a coma for 28 days and, three years later, is still in rehab. His skiing accident was captured on videotape. His family also videotaped most of the rehab sessions along with much of Charlie's recovery over three years. Charlie and his family have a website charting his recovery. His family and fellow pro skiers will join Charlie in telling his story.



JIM MORAN was an Olympic skier who had won several world championships when he suffered TBI from a bad skiing accident. He was in a coma for 25 days and was not able to ski professionally again. His close friend, Olympic champion Jonny Moseley, helps to tell Jim's story, including the sad fact that many of Jim's fellow pro skier friends abandoned him after his accident.



RUTH MCMAIER suffered TBI from an auto accident. She has no memory of the accident or the first two weeks after she emerged from a coma. In addition to TBI, Ruth suffered nerve damage in her left arm. Her successful rehab at two facilities enabled her to return to work as an attorney part-time after six and a half months in rehab. But she found it extremely difficult to resume half-time work and cut back to 16 hours a week. Then a friend of hers was killed in an auto accident and Ruth suffered immediate and acute posttraumatic stress disorder (PTSD). The PTSD has become chronic and prevented her from driving, or even riding in the passenger seat, for months.



COURTESY BOB WOODRUFF

BOB WOODRUFF was an ABC News co-anchor when he was badly injured by a roadside bomb in Iraq. He suffered a traumatic brain injury that nearly killed him. Fourteen months later, after receiving the best care available, he had miraculously recovered enough to return to work reporting for ABC News. His extraordinary story was told in a moving ABC News documentary, *To Iraq and Back*. He and his wife, Lee, told their story in a best-selling book, *In an Instant*. Bob founded the Bob Woodruff Foundation to raise awareness and support for Iraq and Afghanistan veterans who have suffered TBI. Both Bob and Lee will tell their story for this documentary. Bob has facilitated our permission to license ABC News footage of his Iraq experience and recovery. Bob's brother Woody has already been interviewed and will be re-interviewed. We also plan

to interview members of Bob's ABC News crew and key members of his medical and rehab team.



JASON POOLE was a Marine infantryman ten days away from returning home from his third tour of Iraq when he was badly injured by an improvised explosive device (IED). He was in a coma for two months, was not expected to live and, over four years later, is still receiving rehabilitation therapy at the Palo Alto Polytrauma Rehabilitation Center. We will document much of his therapy-in-progress. His story will be told by himself, his family, his fiancée Angela and his medical team. See the attached article about Jason from the *New York Times*.

TBI EXPERTS / BOARD OF ADVISORS

Going the
Distance *will*
be educational,
inspirational and
empowering.

LEN TRAVAGLIONE, PHD, Jay Waller's psychologist, is the program director at Neuropsychological Rehabilitation Services in Chatham, New York, where he directs a comprehensive outpatient treatment program for neurologically impaired individuals, including assessment, counseling and cognitive remedial training. He was formerly program coordinator of the Head Trauma Program at New York University Medical Center's Rusk Institute of Rehabilitation Medicine.

GEOFFREY T. MANLEY, MD, PHD, is professor of neurological surgery and chief of neurotrauma at San Francisco General Hospital and co-director of the UCSF Brain and Spinal Injury Center at the University of California, San Francisco.

MICHAEL LEVY, MD, is the chief neurosurgeon at Children's Hospital in San Diego and a clinical professor of neurosurgery at both UCLA and UCSD medical schools. Michael has produced over 200 peer-reviewed publications and is the editor of the most widely used text on penetrating brain wounds in U.S. medical schools.



Many TBI experts and medical professionals argue that the U.S. is facing a “TBI crisis.”

SUSAN CONNOR is the director and CEO of the Brain Injury Association of America (BIAA). Founded in 1980, BIAA is the leading national organization serving and representing individuals, families and professionals who are impacted by traumatic brain injury. Together with its network of more than 40 chartered state affiliates, as well as hundreds of local chapters and support groups across the country, BIAA provides information, education and support to assist the 3.17 million Americans currently living with traumatic brain injury and their families.

We are working with the cooperation of the Palo Alto Polytrauma Rehabilitation Center, one of four principal rehab facilities for veterans returning from Iraq and Afghanistan afflicted with TBI. We will work with our advisory board, Bob and Lee Woodruff, the Afghanistan and Iraq Veterans of America and the American Brain Injury Association to identify other experts to interview and advise the project. The advisors will also assist the filmmakers in finding TBI survivors and TBI resources.

TBI ISSUES ADDRESSED

- Unidentified or misdiagnosed TBI
- TBI survivors falling through the cracks of the healthcare system
- Lack of sufficient funding for TBI care and treatment
- Insurance companies’ unwillingness to pay for adequate treatment; TBI patients being discharged “sicker and quicker” from hospitals and treatment facilities; combating the view that “if the patient can say his name, he’s cured”
 - The stigma attached to TBI and general public ignorance about the disability
 - Family stress and “caregiver burnout”

FISCAL SPONSOR

The nonprofit fiscal sponsor is the San Francisco Film Society, which will receive and administer all grant and donor funding received for the project. The Film Society’s 501(c)(3) letter is attached.

AUDIENCE

In addition to the primary target of TBI survivors and their families, the documentary will reach a wide international broadcast audience, educators who teach about brain injury, medical professionals involved with treating TBI, and families and friends of TBI survivors. A particular focus



is the larger membership and potential supporters of organizations involved with TBI survivors. WGBH International, which distributes four of David L. Brown's previous documentaries, will represent the project to foreign broadcasters.

DISTRIBUTION

The documentary will be offered to PBS through American Public Television. The DVD will also be distributed by the producer/director and by an educational distributor, such as Fanlight Films, that specializes in health issues. The producer will begin the promotion of the DVD by targeting all organizations and medical facilities focused on TBI survivors. Several theatrical premieres in New York, Washington, DC, and San Francisco will feature panel discussions with TBI survivors and experts. YouTube postings and Facebook pages for the documentary will broaden the audience.

FUNDRAISING

The producers will pursue funding from foundations that support TBI survivors, awareness and treatment. They will also pursue private donations through a number of house-party fundraising screenings in the San Francisco Bay Area, New York, Los Angeles and Washington, DC, as well as continue to network within the TBI community nationwide.



Jason Poole, before and after TBI

PRODUCER / DIRECTOR / CAMERAMAN / CO-EDITOR / CO-WRITER

DAVID L. BROWN is an Emmy Award–winning San Francisco documentary filmmaker who has produced, written and directed over 80 productions and 11 broadcast documentaries on social, nuclear, environmental, health, technology, and peace and justice issues. His documentaries have received more than 80 international awards, including two Emmys, and have been broadcast on PBS and in 16 countries.

Brown’s recent work includes *The Bridge So Far: A Suspense Story*, a comedic 56-minute documentary on the troubled 16-year history of the new east span of the San Francisco–Oakland Bay Bridge that received two Emmy Awards (Best Documentary and Best Graphics and Animation in a Program) and aired on PBS; *Of Wind and Waves: The Life of Woody Brown*, an hour-long profile of legendary 94-year-old surfer Woody Brown (Emmy nomination for Best Documentary and Inspiration Award at Mountainfilm in Telluride) that aired on PBS; *Amazing: The Rebuilding of the MacArthur Maze*, a half-hour film on the fiery collapse and speedy rebuilding of a stretch of freeway in Oakland (Emmy nomination for Best Graphics and Animation) that aired on PBS; *Seniors for Peace*, a 26-minute portrait of a group of articulate and passionate senior peace activists (average age 85) that aired on national PBS; and *Surfing for Life*, an inspirational one-hour documentary on older surfers as models of healthy aging. This last film screened theatrically in 40 cities, was broadcast on over 140 PBS stations, won 15 international awards (including the Golden Maile for Best Documentary at the Hawaii International Film Festival) and was profiled in the *New York Times Magazine* and *Parade* magazine, on National Public Radio, and on ABC’s *World News Tonight with Peter Jennings*. The *San Francisco Chronicle* called it “a treasure, perhaps the most intelligent treatment of surfing ever captured on film.”

Brown produced several films on nuclear and environmental issues culminating in *Bound by the Wind*, a moving documentary on the global legacy of nuclear weapons testing and the plight of the world’s “downwinders.” The film won 20 international awards and has been broadcast on PBS and in 14 countries. The *Boston Globe* called it “far and away the best film on the nuclear legacy.”

Brown teaches documentary filmmaking at City College of San Francisco and UC Berkeley Extension, and he teaches the history of documentary at the San Francisco Film Society. His current projects in production include a feature-length documentary on 63-year-old drummer Barbara Borden titled *Keeper of the Beat* (www.kobmovie.com). David’s website is www.DLBfilms.com.

Additional media resources on TBI are needed—especially those that address both civilian and military TBI survivors

EXECUTIVE PRODUCER

ROBERT HOWARD is the founder of Epic Way Sports, a firm dedicated to enlisting action sports and action sports programs to improve and sustain both mental and physical health. Epic Way Sports develops and distributes an array of instructional and inspirational print and video content through its various subsidiaries (SkiSkills, BikeSkills, SurfSkills) as well as through Internet broadcasting. The company's EWS division manages various sports events including The Lake Tahoe Crossing. Robert is also the founder and president of the nonprofit Bikeskills Foundation, an organization that works to make cycling opportunities in America both safer and more available. Epic Way Sports' central mission is to find ways to encourage people to be more active, and remain that way, throughout their lives.

ADDITIONAL CREW

STEVEN BAIGEL, Co-Editor and Additional Cameraman, is a documentary filmmaker and photographer who has worked closely with David L. Brown for over 25 years. Steven was a cameraman, sound recordist and editor on David's 1985 antinuclear documentary film *A Question of Power*. He has worked as an editor and cameraman on a number of David's documentaries, including *The Bridge So Far*, *Of Wind and Waves*, *Seniors for Peace*, *Surfing for Life*, *Bound by the Wind* and *Digital Democracy Comes of Age*. Steven most recently co-produced, photographed and edited the documentary *Freeway Philharmonic*, which was broadcast as part of KQED TV's Truly California series.

Steven's other documentary credits include being the producer, director, editor, cameraman and/or sound recordist on a wide range of films covering topics such as Tibetan culture and exiles, Western and Indian classical music, domestic and international environmental issues, peace, nuclear disarmament, weapons in space, progressive political movements and social activism. Steven's website is www.stevenbaigel.com.



STEPHEN MOST, Co-writer, is an author, playwright and documentary scriptwriter. Among the films he has written are *Oil on Ice*, an hour-long documentary about the Arctic National Wildlife Refuge; *The Greatest Good*, a history of the U.S. Forest Service; *A Land Between Rivers*, a documentary history of central California; and *The Bridge So Far*. *Wonders of Nature*, written by Stephen as part of the *Great Wonders of the World* series, also won an Emmy for Best Special Non-Fiction Program. The film *Promises*, on which he worked as a consulting writer and researcher, won Emmys for both Best Documentary and Outstanding Background Analysis and Research. *Berkeley in the Sixties*, which Stephen co-wrote, is one of four films he has worked on that has received an Academy Award nomination.

As a playwright, Stephen is the author of *Medicine Show*, *Raven's Seed*, *Watershed* and *A Free Country*. In addition, he has written plays for and with the Organic Theatre, the San Francisco Mime Troupe and the Dell'Arte Players Company. His book *River of Renewal: Myth and History in the Klamath Basin* was published in October 2006 by the University of Washington Press.



Going the Distance

April 8, 2009

To Whom It May Concern:

The San Francisco Film Society is the proud sponsor of *Going the Distance* by David L. Brown. We require that a director demonstrate high professional standards through previous work and propose a project that promises to be an imaginative contribution to the media arts field. In addition, the prospective project must be feasible within the budget outlined. David L. Brown's *Going the Distance* meets all of these requirements.

The San Francisco Film Society will administer any funds received in support of this project. Donations to the San Francisco Film Society are tax deductible to the full extent allowed by law.

Should you have any questions regarding the San Francisco Film Society and its sponsorship of *Going the Distance* please do not hesitate to call or write.

We proudly endorse this project and urge you to support it.

Yours truly,

A handwritten signature in black ink, appearing to read "Michele Turnure-Salleo". The signature is written in a cursive style with a long horizontal line extending to the right.

Michele Turnure-Salleo
Fiscal Sponsorship Manager
San Francisco Film Society
Phone: 415. 561.5012
Email: michele@sffs.org

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 31, 2001

Person to Contact:

Robert Molloy 31-04023
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

94-2663216

San Francisco Film Society
% Noel Natividad
39 Mesa Street, The Presidio, Suite 110
San Francisco, CA 94129-1025

Dear Sir:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1980 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

San Francisco Film Society
94-2663216

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

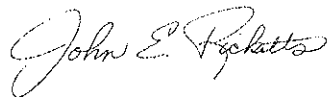
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

"All the News
That's Fit to Print"

The New York Times

VOL. CLV .. No.53,567

SUNDAY, JANUARY 22, 2006

Struggling Back From War's Once-Deadly Wounds

By DENISE GRADY

PALO ALTO, Calif. - It has taken hundreds of hours of therapy, but Jason Poole, a 23-year old Marine corporal, has learned all over again to speak and to walk. At times, though, words still elude him. He can read barely 16 words a minute. His memory can be fickle, his thinking delayed. Injured by a roadside bomb in Iraq, he is blind in his left eye, deaf in his left ear, weak on his right side and still getting used to his new face, which was rebuilt with skin and bone grafts and 75 to 100 titanium screws and plates.

Even so, those who know Corporal Poole say his personality - gregarious, kind and funny - has remained intact. Wounded on patrol near the Syrian border on June 30, 2004, he considers himself lucky to be alive. So do his doctors. "Basically I want to get my life back," he said. "I'm really trying."

But he knows the life ahead of him is unlikely to match the one he had planned, in which he was going to attend college and become a teacher, get married and have children. Now, he hopes to volunteer in a school. His girlfriend from before he went to war is now just a friend. Before he left, they had agreed they might talk about getting married when he got back.

"But I didn't come back," he said.

Men and women like Corporal Poole, with multiple devastating injuries, are the new face of the wounded, a singular legacy of the war in Iraq. Many suffered wounds that would have been fatal in earlier wars but were saved by helmets, body armor, advances in battlefield medicine and swift evacuation to hospitals. As a result, the survival rate among Americans hurt in Iraq is higher than in any previous war - seven to eight survivors for every death, compared with just two per death in World War II.

But that triumph is also an enduring hardship of the war. Survivors are coming home with grave injuries, often from roadside bombs, that will transform their lives: combinations of damaged brains and spinal cords, vision and hearing loss, disfigured faces, burns, amputations, mangled limbs, and psychological ills like depression and post-traumatic stress.

Dr. Alexander Stojadinovic, the vice chairman of surgery at Walter Reed Army Medical Center, said, "The wounding patterns we see are similar to, say, what Israel will see with terrorist bombings - multiple complex woundings, not just a single body site."

[American deaths in Iraq numbered 2,225 as of Jan. 20. Of 16,472 wounded, 7,625 were listed as unable to return to duty within 72 hours. As of Jan. 14, the Defense Department reported, 11,852 members of the military had been wounded in explosions - from so-called improvised explosive devices, or I.E.D.'s, mortars, bombs and grenades.]

So many who survive explosions - more than half - sustain head injuries that doctors say anyone exposed to a blast should be checked for neurological problems. Brain damage, sometimes caused by skull-penetrating fragments, sometimes by shock waves or blows to the head, is a recurring theme.



Tyler Hicks/The New York Times

Cpl. Jason Poole, recovering from war wounds, practiced riding buses to a hospital in Palo Alto, Calif., with Paul Johnson, left.

More than 1,700 of those wounded in Iraq are known to have brain injuries, half of which are severe enough that they may permanently impair thinking, memory, mood, behavior and the ability to work.

Medical treatment for brain injuries from the Iraq war will cost the government at least \$14 billion over the next 20 years, according to a recent study by researchers at Harvard and Columbia.

Jill Gandolfi, a co-director of the Brain Injury Rehabilitation Unit of the Veterans Affairs Palo Alto Health Care System, where Corporal Poole is being treated, said, "We are looking at an epidemic of brain injuries."

The consequences of brain injury are enormous. Penetrating injuries can knock out specific functions like vision and speech, and may eventually cause epilepsy and increase the risk of dementia. What doctors call "closed-head injuries," from blows to the head or blasts, are more likely to have diffuse effects throughout the brain, particularly on the frontal lobes, which control the ability to pay attention, make plans, manage time and solve problems.

Because of their problems with memory, emotion and thinking, brain-injured patients run a high risk of falling through the cracks in the health care system, particularly when they leave structured environments like the military, said Dr. Deborah Warden, national director of the Defense and Veterans Brain Injury Center, a government program created in 1992 to develop treatment standards for the military and veterans.

THE WOUNDED Surviving Multiple Injuries

So many military men and women are returning with head injuries combined with other wounds that the government has designated four Veterans Affairs hospitals as "polytrauma rehabilitation centers" to take care of them. The Palo Alto hospital where Corporal Poole is being treated is one.

"In Vietnam, they'd bring in a soldier with two legs blown off by a mine, but he wouldn't have the head injuries," said Dr. Thomas E. Bowen, a retired Army general who was a surgeon in the Vietnam War and who is now chief of staff at the veterans hospital in Tampa, Fla., another polytrauma center. "Some of the patients we have here now, they can't swallow, they can't talk, they're paralyzed and blind," he said.

Other soldiers have been sent home unconscious with such hopeless brain injuries that their families have made the anguished decision to take them off life support, said Dr. Andrew Shorr, who saw several such patients at Walter Reed.

Amputations are a feature of war, but the number from Iraq - 345 as of Jan. 3, including 59 who had lost more than one limb - led the Army to open a new amputation center at Brooke Army Medical Center in San Antonio in addition to the existing center at Walter Reed. Amputees get the latest technology, including \$50,000 prosthetic limbs with microchips.

Dr. Mark R. Bagg, head of orthopedic

surgery at Brooke, said, "The complexity of the injuries has been challenging - horrific blast injuries to extremities, with tremendous bone loss and joint, bone, nerve, arterial and soft tissue injuries."

It is common for wounded men and women to need months of rehabilitation in the hospital. Some, like Corporal Poole, need well over a year, and will require continuing help as outpatients. Because many of these veterans are in their 20's or 30's, they will live with their disabilities for decades. "They have to reinvent who they are," said Dr. Harriet Zeiner, a neuropsychologist at the Palo Alto veterans center.

No Memory of the Blast

Corporal Poole has no memory of the explosion or even the days before it, although he has had a recurring dream of being in Iraq and seeing the sky suddenly turn red.

Other marines have told him he was on a foot patrol when the bomb went off. Three others in the patrol - two Iraqi soldiers and an interpreter - were killed. Shrapnel tore into the left side of Corporal Poole's face and flew out from under his right eye. Metal fragments and the force of the blast fractured his skull in multiple places and injured his brain, one of its major arteries, and his left eye and ear. Every bone in his face was broken. Some, including his nose and portions of his eye sockets, were shattered. Part of his jawbone was pulverized.

"He could easily have died," said Dr. Henry L. Lew, an expert on brain injury and the medical director of the rehabilitation center at the Palo Alto veterans

hospital. Bleeding, infection, swelling of the brain - any or all could have killed someone with such a severe head injury, Dr. Lew said.

Corporal Poole was taken by helicopter to a military hospital in Iraq and then flown to one in Germany, where surgeons cut a plug of fat from his abdomen and mixed it with other materials to seal an opening in the floor of his skull.

He was then taken to the National Naval Medical Center in Bethesda, Md. His parents, who are divorced, were flown there to meet him - his father, Stephen, from San Jose, Calif., and his mother, Trudie, from Bristol, England, where Jason was born. Jason, his twin sister, Lisa, and a younger brother, David, moved to Cupertino, Calif., with their father when Jason was 12.

His interest in the Marine Corps started in high school, where he was an athlete and an actor, a popular young man with lots of friends. He played football and won gold medals in track, and had parts in school plays. When Marine recruiters came to the school and offered weekend outings with a chance to play sports, Corporal Poole happily took part. He enlisted after graduating in 2000.

"We talked about the possibility of war, but none of us thought it was really going to happen," said his father, who had to sign the enlistment papers because his son was only 17. Jason Poole hoped the Marines would help pay for college.

His unit was among the first to invade Iraq. He was on his third tour of duty there, just 10 days from coming home and leaving the Marines, when he was wounded in the explosion.

A week later, he was transferred to Bethesda, still in a coma, and his parents were told he might never wake up.

"I was unconscious for two months," Corporal Poole said in a recent interview at the V.A. center in Palo Alto. "One month and 23 days, really. Then I woke up and came here."

He has been a patient at the center since September 2004, mostly in the brain injury rehabilitation unit. He arrived unable to speak or walk, drooling, with the left side of his face caved in, his left eye blind and sunken, a feeding tube in his stomach and an opening in his neck to help him breathe.

"He was very hard of hearing, and sometimes he didn't even know you were in the room," said Debbie Pitsch, his physical therapist.

Damage to the left side of his brain had left him weak on the right, and he tended not to notice things to his right, even though his vision in that eye was good. He had lost his sense of smell. The left side of the brain is also the home of language, and it was hard for him to talk or comprehend speech. "He would shake his head no when he meant yes," said Dr. Zeiner, the neuropsychologist. But he could communicate by pointing. His mind was working, but the thoughts were trapped inside his head.

An array of therapists - speech, physical, occupational and others - began working with him for hours every day. He needed

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Struggling Back From War's Once-Deadly Wounds

Continued from Page 1

an ankle brace and a walker just to stand at first. His balance was way off and, because of the brain injury, he could not tell where his right foot was unless he could see it. He often would just drag it behind him. His right arm would fall from the walker and hang by his side, and he would not even notice. He would bump into things to his right. Nonetheless, on his second day in Palo Alto, he managed to walk a few steps.

"He was extremely motivated, and he pushed himself to the limit, being a marine," Ms. Pitsch said. He was so driven, in fact, that at first his therapists had to strap him into a wheelchair to keep him

"We said, 'Jason, you're sweating. You have to get used to how you look,'" Dr. Zeiner said.

"He was an incredibly handsome guy," she said. "His twin sister is a beautiful woman. He was the life of the party. He was funny. He could have had any woman, and he comes back and feels like now he's a monster."

Gradually, he came out of wraps and tried to make peace with the image in the mirror. But his real hope was that somehow his face could be repaired.

Reconstructive surgery should have been done soon after the explosion, before broken bones could knit improperly. But the blast had caused an artery in Corporal Poole's skull to balloon into an aneurysm,

Dr. Lorenz also repaired Corporal Poole's caved-in left cheek and forehead by implanting a protein made from human skin that would act as a scaffolding and be filled in by Corporal Poole's own cells.

Later, he was fitted with a false eye to fill out the socket where his left eye had shriveled.

Some facial scars remain, the false eye sometimes looks slightly larger than the real one, and because of a damaged tear duct, Corporal Poole's right eye is often watery. But his smile is still brilliant.

In a recent conversation, he acknowledged that the results of the surgery were a big improvement. When asked how he felt about his appearance, he shrugged and said, "I'm not good-looking but I'm still

expressions like "basically" and "blah, blah, blah."

"I thought he would do well," Ms. Klein said. "I didn't think he'd do as well as he is doing. I expect measurable gains over the next year or so."

With months of therapy, his reading ability has gone from zero to a level somewhere between second and third grade. He has to focus on one word at a time, he said. A page of print almost overwhelms him. His auditory comprehension is slow as well.

"It will take a bit of time," Corporal Poole said, "but basically I'm going to get there."

One evening over dinner, he said: "I feel so old." Not physically, he said, but mentally and emotionally.

On a recent morning, Ms. Gandolfi of the brain injury unit conducted an exercise in thinking and verbal skills with a group of patients. She handed Corporal Poole a sheet of paper that said, "Dogs can be taught how to talk." A series of questions followed. What would be the benefits? Why could it be a problem? What would you do about it?

Corporal Poole hunched over the paper, pen in hand. He looked up. "I have no clue," he said softly.

"Let's ask this one another way," Ms. Gandolfi said. "What would be cool about it?"

He began to write with a ballpoint pen, slowly forming faint letters. "I would talk to him and listen to him," he wrote.

In another space, he wrote: "lonely the dog happy." But what he had actually said to Ms. Gandolfi was: "I could be really lonely and this dog would talk to me."

Some of his responses were illegible. He left one question blank. But he was performing much better than he did a year ago.

He hopes to be able to work with children, maybe those with disabilities. But, Dr. Zeiner said, "He is not competitively employable."

His memory, verbal ability and reading are too impaired. He may eventually read well enough to take courses at a community college, but, she said, "It's years away."

Someday, he might be able to become a teacher's aide, she said. But he may have to work just as a volunteer and get by on his military benefits of about \$2,400 a month. He will also receive a \$100,000 insurance payment from the government.

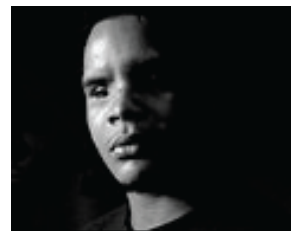
"People whose brains are shattered, it's incredible how resilient they are," Dr. Zeiner said. "They keep trying. They don't collapse in despair."

Back in the World

In mid-December, Corporal Poole was finally well enough to leave the hospital. With a roommate, he moved into a two-bedroom apartment in Cupertino, the town where Corporal Poole grew up. His share of the rent is \$800 a month. But he had not lived outside a hospital in 18 months, and it was unclear how he would fare on his own.

"If he's not able to cope with the outside world, is there anywhere for him to go, anyone there to support him if it doesn't go well?" asked his mother, who still lives in Bristol, where she is raising her three younger children. "I think of people from Vietnam who wound up on the streets, or mental patients, or in prison."

He still needs therapy - speech and other types - several times a week at Palo Alto and that requires taking three city buses twice a day. The trip takes more than an hour, and he has to decipher schedules and cross hair-raising intersections on



Tyler Hicks/The New York Times

Cpl. Poole, 23, sustained a severe brain injury when he was wounded in Iraq. He arrived at a rehabilitation center in California unable to speak or walk, the left side of his face caved in, his left eye blind and sunken, a feeding tube in his stomach and an opening in his neck to help him breathe.

boulevards with few pedestrians. It is an enormous step, not without risk: people with a brain injury have increased odds of sustaining another one, from a fall or an accident brought about by impaired judgment, balance or senses.

In December, Corporal Poole practiced riding the buses to the hospital with Paul Johnson, a co-director of the brain injury unit. As they crossed a busy street, Mr. Johnson gently reminded him, several times, to turn and look back over his left shoulder - the side on which he is blind - for cars turning right.

After Corporal Poole and Mr. Johnson had waited for a few minutes at the stop, a bus zoomed up, and Corporal Poole ambled toward the door.

"Come on!" the driver snapped.

Corporal Poole watched intently for buildings and gas stations he had picked as landmarks so he would know when to signal for his stop.

"I'm a little nervous, but I'll get the hang of it," he said.

He was delighted to move into his new apartment, pick a paint color, buy a couch, a bed and a set of dishes, and eat something besides hospital food. With help from his therapists in Palo Alto, he hopes to take a class at a nearby community college, not an actual course, but a class to help him to learn to study and prepare for real academic work. Teaching, art therapy, children's theater and social work all appeal to him, even if he can only volunteer.

Awaiting his formal release from the military, Corporal Poole still hopes to get married and have children.

"That hope is not unrealistic, Dr. Zeiner said. Brain injuries can cause people to lose their ability to empathize, she said, and that kills relationships. But Corporal Poole has not lost empathy, she said. "That's why I think he will find a partner."

Corporal Poole said: "I think something really good is going to happen to me."



Poole family photo

Corporal Poole in a light moment with Iraqis before he was severely wounded by a roadside blast while on patrol in 2004. Those who know him describe him as gregarious, kind and funny and say his personality has remained intact.



Tyler Hicks/The New York Times

Corporal Poole works with Evi Klein, left, and Karen Kopolnek, speech pathologists, at the Veterans Affairs Palo Alto Health Care System. At first, Ms Klein said, Corporal Poole was unable to answer a question with more than one or two words.

from trying to get up and walk without help.

By the last week of September, he was beginning to climb stairs. He graduated from a walker to a cane to walking on his own. By January he was running and lifting weights.

"It's not his physical recovery that's amazing," his father said. "It's not his mental recovery. It's his attitude. He's always positive. He very rarely gets low. If it was me I'd fall apart. We think of how he was and what he's had taken from him."

Corporal Poole is philosophical. "Even when I do get low it's just for 5 or 10 minutes," he said. "I'm just a happy guy. I mean, like, it sucks, basically, but it happened to me and I'm still alive."

A New Face
"Jason was definitely a ladies' man," said Zillah Hodgkins, who has been a friend for nine years.

In pictures from before he was hurt, he had a strikingly handsome face and a powerful build. Even in still photographs he seems animated, and people around him - other marines, Iraqi civilians - are always grinning, apparently at his antics.

But the explosion shattered the face in the pictures and left him with another one. In his first weeks at Palo Alto, he hid behind sunglasses and, even though the weather was hot, ski caps and high turtle-necks.

and an operation could have ruptured it and killed him. By November 2004, however, the aneurysm had gone away.

Dr. H. Peter Lorenz, a plastic surgeon at Stanford University Medical Center, planned several operations to repair the damage after studying pictures of Corporal Poole before he was injured. "You could say every bone in his face was fractured," Dr. Lorenz said.

The first operation took 14 hours. Dr. Lorenz started by making a cut in Corporal Poole's scalp, across the top of his head from ear to ear, and peeling the flesh down over his nose to expose the bones. To get at more bone, he made another slit inside Corporal Poole's mouth, between his upper lip and his teeth, and slipped in tools to lift the tissue.

Many bones had healed incorrectly and had to be sawed apart, repositioned and then joined with titanium pins and plates. Parts of his eye sockets had to be replaced with bone carved from the back of his skull. Bone grafts helped to reposition Corporal Poole's eyes, which had sunk in the damaged sockets.

Operations in March and July repaired his broken and dislocated jaw, his nose and damaged eyelids and tear ducts. He could not see for a week after one of the operations because his right eye had been sewn shut, and he spent several weeks unable to eat because his jaws had been wired together.

Jason Poole, so let's go."

But he catches people looking at him as if he is a "weird freak," he said, mimicking their reactions: a wide eyed stare, then the eyes averted. It makes him angry.

"I wish they would ask me what happened," he said. "I would tell them."

Learning to Speak

Evi Klein, a speech therapist in Palo Alto, said that when they met in September 2004 Corporal Poole could name only about half the objects in his room.

"He had words, but he couldn't pull together language to express his thoughts," Ms. Klein said. "To answer a question with more than one or two words was beyond his capabilities."

Ms. Klein began with basics. She would point to items in the room. What's this called? What's that? She would show him a picture, have him say the word and write it. He would have to name five types of transportation. She would read a paragraph or play a phone message and ask him questions about it. Very gradually, he began to speak. But it was not until February that he could string together enough words for anyone to hear that he still had traces of an English accent.

Today, he is fluent enough that most people would not guess how impaired he was. When he has trouble finding the right word or loses the thread of a conversation, he collects himself and starts again. More than most people, he fills in the gaps with

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April 8, 2009

David L. Brown
David L. Brown Productions
274 Santa Clara St.
Brisbane, CA 94005

Dear David,

Thanks for sending your proposal and sample DVD for "Going the Distance," your documentary on survivors of traumatic brain injury. This a timely, well-conceived and important media project. You have an excellent, well-researched and well-written proposal, a first-rate advisory board and an equally strong sample clip with a compelling initial cast of subjects. You have focused on all the right issues that need to be addressed. I believe that, when completed, your film will be a very important addition to the currently limited media resources on TBI. I would certainly screen it for students and faculty here at UCSF Medical School, and recommend it to all my neurosurgery, trauma surgery, and neurology colleagues and to everyone involved with treating survivors of TBI.

Thank you for your invitation to join your advisory board. I am pleased to accept and look forward to working with you to fulfill the great promise of this documentary. Let me know how I can help. I wish you the best of luck with further production and fundraising.

Sincerely,

Geoffrey T. Manley, MD, PhD
Professor

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March 15, 2009

David L. Brown
Rob Howard
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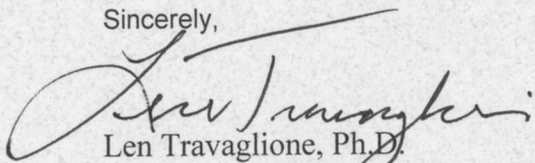
Dear David and Rob,

I was very pleased to review your fine work and proposal titled "Going the Distance," your documentary on traumatic brain injury. I found the material and sample clip both quite compelling. It was especially moving to see Jay Waller's story told so powerfully. I have been intimately involved in his recovery, and was personally moved to see your portrayal of his determination to succeed. It's an excellent piece. Your film's success will be an important addition to the work of so many as it can reach, educate and inspire a very large audience about the key issues surrounding TBI.

I am happy to accept your invitation to join your distinguished advisory board and to be interviewed about TBI and Jay's rehab. Please let me know when your east coast production schedule becomes firm. I look forward to meeting and advising you both.

Best of luck with fundraising and production.

Sincerely,



Len Travaglione, Ph.D.
NYS Licensed Psychologist
Adjunct Professor of Clinical Psychology
Director,
NeuroPsychologic Rehabilitation Services