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## OOB is a special place — even in the winter

When I accepted my position here at the Journal Tribune back in November, I decided to make Old Orchard Beach my home here in Maine.

It was an easy choice for me as it was the one place in Maine that I had been to before and I also had family living there.

In my short time here, I have quickly realized that there are two different OOBs — there is summer OOB and there is winter OOB.

Both have their pluses and minuses.

I have not yet lived in OOB in the summer, but I did visit the beach community last summer for a weekend and enjoyed my time on The Pier and up and down East and West Grand Ave.

Summer time in Old Orchard seems like a great time — and I'm excited to experience it first-hand in a few months.

Now, that brings me to the reason I'm writing this column and that's to talk about winter in OOB.

There are the obvious drawbacks — I mean, it's winter in freakin' Maine!

But, I have found that the people of OOB have really created a cool atmosphere for the cold months.

There may not be 50 different places to eat or grab a drink at like in the summer, but there are some local establishments that stay open year-round and they are absolutely delightful.

From Shelly's and David's sandwich shops to sports bars like Last Call and The Strike Zone, there are some great local spots in OOB.

The main thing I have been impressed with about Old Orchard are the events the town

has created for families in the winter.

The Winter Carnival presented by a group called OOB365, which is looking to turn Old Orchard into a year-round destination, was absolutely awesome.

I was able to bring my 5-year-old nephew Charlie down to the Palace Playland arcade, which is closed for the winter — except for a few days around the Winter Carnival.

OOB365, which is run by local business owner and former state Rep. Sharri MacDonald, has also been running events like a New Year's Eve party with a bonfire and Taste Around Town dinner tours.

More recently, I was able to go to the OOB Egg-Stravaganza at the high school, which was put on by the Old Orchard Beach Recreation Department.

I got my sister to bring my nephew down and it was a blast watching him enjoy everything from the Frozen-themed bouncy house to a huge inflatable slide to dancing with the Easter Bunny.

This was the kind of event that makes a town like Old Orchard Beach special — and it really made me feel like I made the right choice when I decided to call OOB home.

— Pat McDonald is the sports editor of the Journal Tribune. He has worked in the newspaper industry for close to 15 years and resides in Old Orchard Beach.



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## NFL player's early retirement spurs conversation on brain injuries

When Chris Borland, a 24-year-old NFL Rookie, decided to retire from the NFL last week, it launched a public discussion about brain health and concussions. As we look at the long-term consequences of repeated brain trauma, there is a great deal to learn.

It is the invisible nature of brain disorders that makes them so hard to understand. Unlike a broken bone or an injured joint, there is no visible sign of injury or dysfunction. Indeed, even the people suffering from traumatic brain injury aren't always aware of how much function they have lost or how their personalities have changed, except sometimes for a vague sense of frustration and difficulty that can come from the people around them. Many years of examining brain injury patients has taught us that the brain isn't very good at assessing its own state of health.

There is no safe number of brain injury incidents. Each concussion is associated with the loss of brain cells (called neurons) and damage to the connections between them. However, the brain is also very adaptable and can adjust to small injuries. Thus, many people seem to make a full recovery after a concussion. However, the risk for long-term problems appears to increase with a greater number of concussions. Even more mild impacts, which may produce no symptoms at the time, can compound to cause long-term harm. With impact sports, we're concerned about Chronic Traumatic Encephalitis. It's a degenerative disorder, like Alzheimer's or Parkinson's Diseases, that is connected to repeated head trauma. Symptoms can take decades to emerge and slowly worsen, but the path was set at the time of trauma. It's that uncertainty that makes brain injury so scary.

Importantly, even a single injury can have a devastating effect on the brain. A concussion is considered a mild traumatic brain injury. In contrast, a major traumatic brain injury can produce instant and long-lasting changes. I became

aware of this through meeting the Goulet family from Saco. Michael Goulet suffered a traumatic brain injury during a snowmobile accident in 2003, at the age of 13.

Michael was wearing a helmet, but it wasn't sufficient to prevent substantial injury, including the development of epileptic seizures. After years of treatment, beginning with a medically-induced coma and continuing rehabilitation, Michael's recovery was sufficient for him to attend college at Saint Joseph's College. He would have graduated from there in 2012. Sadly, in 2010 he suffered from a Grand-Mal seizure and passed away. A beautiful life lost to brain injury and a grieving family left behind.

The Goulet family has put their grief into helping others. Michael's family has set up the Michael T. Goulet Traumatic Brain Injury and Epilepsy Foundation. Brad Goulet and Lydia LeBlanc, Michael's father and mother, as well as sisters Danielle Goulet and Candace Laliberte, have come together with scientists, medical practitioners and community leaders to help others. Their signature program is giving away properly fitting "Love Your Brain" helmets.

First reaching out to Dr. Edward Bilsky, founding director of the Center for Excellence for the Neurosciences at the University of New England, they created a partnership that gave away over a thousand helmets last year and educated several thousand people about the importance of wearing helmets.

As a board member of the foundation and a faculty member at the University of New England, I help coordinate and maintain that relationship. Our team at UNE has launched a nationally recognized K-12 outreach program that reaches between two and three thousand local students in Southern Maine each year. If you live within 30 minutes of our Biddeford Campus, the odds are good that your children have seen our dozens of faculty, staff and student volunteers. They are well trained and

greatly enjoy the process. Our lessons teach about the brain, how it works and how to keep it safe. We cover neurological disorders, brain injury and addiction. Our carefully tailored lessons are age-appropriate and designed to encourage healthy behaviors and a healthy interest in science and the brain. When they've finished with us, we hope the children in our community understand the danger of brain injury, are motivated to keep themselves safe and perhaps will be better able and more motivated to help the brain injury sufferers around them.

There is nothing we can do to completely prevent brain injuries. However, there are things we can do to help mitigate their harm. Proper safety gear, including helmets, can prevent or reduce the severity of many injuries. When a hard impact does occur, symptoms of concussion may not appear for up to three days and may disappear before the brain is fully healed. Nevertheless, during this period, even if symptoms are not present, the brain is highly fragile and at risk for further damage — called second-impact syndrome.

Athletes must take preventative action after an impact to make sure they fully heal before returning to play.

The University of New England, in partnership with the Michael Goulet Foundation, is dedicated to helping prevent traumatic brain injury. The Center for Excellence in the Neurosciences's three-fold mission of education, outreach and research all serve this goal. As surprising as it seems when a 24-year-old is thinking about the long-term consequences of brain injury, all of us should be thinking more about brain health.

— Michael A Burman, Ph.D. is an assistant professor in the Psychology Department at the University of New England and K-12 outreach coordinator for the Center for Excellence in the Neurosciences as well as a board member for the Michael T. Goulet Foundation.

## Readers' Forum

### Support CARE Act

There is a group of people in Maine who frequently go unnoticed and underappreciated. They are the nearly 200,000 unpaid caregivers who provide assistance to family members or friends who can no longer take care of themselves.

Family caregivers play a critical role in care transitions, especially as their loved ones move from hospitals to rehabilitation centers and back home. Today, nearly 50 percent of family caregivers perform medical/nursing tasks, often with little or no explanation or guidance.

Simple, yet profound changes can be made to support family caregivers so they can safely care for their loved ones at home and prevent unnecessary hospitalizations or re-hospitalizations following surgery or treatment. Presently, statistics show that one of every eight Medicare beneficiaries is readmitted within 30 days due to the lack of proper transitional care.

That's why AARP has embarked on a multi-state effort

to advance commonsense legislative solutions to provide some basic support for family caregivers that will make big responsibilities a little bit easier.

AARP Maine is working with Rep. Drew Gattine (D-Westbrook) and a bipartisan group of co-sponsors on LD 666, the Caregiver Advise, Record, and Enable (CARE) Act. This act is designed to directly support caregivers who help loved ones remain in their own homes and we are urging all legislators to support it. Under the CARE Act, the hospital would record the name of the patient's caregiver, the caregiver would be informed when the patient is being discharged from the hospital, and the caregiver would be given detailed instructions on how to best care for their loved one before discharge. This is an important step in our efforts to give family caregivers the recognition they deserve and I urge you to contact your legislators and ask them to support this bill.

Dr. Erica Magnus  
AARP Maine Volunteer  
Windham

## Editorial Roundup

### The Boston Globe, March 20:

By all accounts, Chris Borland of the San Francisco 49ers was on the cusp of professional stardom. An All-American at Wisconsin, he was expected to be a starting line-backer for the 49ers next season, earning \$2.9 million over his first four years. When he announced this week that he is retiring from football at the age of only 24, he stunned fans and followers of the game. But he should be commended for his reasons: He is troubled by evidence of brain damage from repetitive head trauma in the sport he loves. His move should prompt renewed debate about safety in the NFL, one of the nation's most vis-

ible and powerful brands.

Borland told ESPN that he was haunted by a blow last summer in training camp. It felt like a concussion, but he kept playing, in an effort to make the team. "I just thought to myself, 'What am I doing,'" Borland said. "Is this how I'm going to live my adult life, banging my head, especially with what I've learned and knew about the dangers?"

Borland, a history major at Wisconsin, said he was moved to his decision by several other factors, including reading about the discovery of chronic traumatic encephalopathy (CTE) in

the brains of deceased stars such as Super Bowl champions Dave Duerson and Mike Webster and lesser-known players such as Ray Easterling. All went on to suffer from depression. Duerson and Easterling committed suicide, and Webster became homeless and died of a heart attack at 50.

Initial reaction from most players was respectful, but the NFL again fumbled. The league responded to Borland's retirement by claiming, "By any measure, football has never been safer." It said the number of concussions was down 25 percent last season because of rule changes, safer tackling techniques, and medical

protocols. In reality, the league has no proof of safety; researchers fear that the hundreds or thousands of subconcussive hits a player takes over his career may play a larger role in brain damage.

There is increasing evidence that other players are thinking about getting out before it's too late. Last season, receiver Sidney Rice retired from the Seattle Seahawks after seven seasons and at least eight concussions. He is donating his brain to research. But he already had his Super Bowl ring, and, hopefully, money in the bank.

Borland was just getting start-

ed. By being the most prominent healthy NFL player yet to place long-term health ahead of short-term lucrative stardom at one of the league's most storied franchises, he became an instant role model for youth and parents in a nation increasingly discomfited by football. To be sure, the chance for fame and fortune will still lure thousands of boys into the sport, and many will survive its brutality with their health intact. But Borland has established a new benchmark and has sent a welcome message that there is nothing wrong with stepping off the gridiron.