MARTHA'S STORY:

A Caregiver’s Reality

It was November 2, 2016, and Martha Moreiras was finishing her day as a nurse practitioner at a local nursing home when her cell phone rang. It was her daycare saying it was past pickup time. Was someone on the way? Martha sighed and said she'd be right over. It was her husband's turn to pick up Anabella, age 17 months, and Manny, age 3, and Gil's propensity to be late meant another late fee.

In the car, Martha called Gil, but got no response. When she tried again, a Seymour police officer answered saying that Gil was in an ATV accident and to go to Yale-New Haven Hospital as quickly as possible. Having worked on the

Continued on page 3

GIL’S STORY:

A Patient’s Reality

Gil Moreiras recalls nothing of the day his life almost ended, nor of the weeks he spent hospitalized at Yale-New Haven Hospital, or the many physical therapy sessions where he learned how to walk again at Gaylord. In fact, more than two months of his life are forever missing in the annals of his memory. And perhaps, he sometimes thinks, it's for the best.

“I can't say for sure why I took my ATV out that day,” he said. “A neighbor saw me go a short way down the road without my helmet and then turn around and go home. I must have gone back to get it because I was wearing it when I crashed a few minutes later.”

Continued on page 5
Dear Friends,

Families provide connections and experiences that shape our lives in overt and subtle ways. They can offer a haven of support through life's difficulties and serve as a conduit of traditions and legacies.

At Gaylord, families are involved in many different ways, most often as a result of a loved one's illness or injury. But engagement also occurs through other avenues, such as serving on the board, working at Gaylord, donating, and volunteering. In this edition of Contributions and the next, we look at different ways families are linked to Gaylord and some of their experiences surrounding those connections.

Several generations of my family link me to Gaylord. When the hospital was a tuberculosis sanatorium, my grandfather, John Daly, owned a company that reroofed many of its buildings. My great uncle Joe owned Daly's Dairy and purchased milk from the sanatorium's farm.

I remember birthday parties that were held for my sister Tracy on the hospital's lawn during the annual Rotary barbecue that was once held at Gaylord. And my mother, Jane Daly Crowley, was a Gaylord volunteer as well as a member of the auxiliary and board of directors.

In the late 1970s, I was a Gaylord candy striper, and in 2003, I joined Gaylord as the Director of Development. My family's relationship with Gaylord was passed down as a tradition of commitment and service.

As a donor, you may have your own family story about Gaylord. If so, we'd love to hear about it! Thank you for being a part of our large and extended Gaylord family and for your ongoing commitment to helping us care for patients and their families.

With deep appreciation,

Tara Knapp
VP of Development, Marketing, and Public Relations
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“Connections with other people affect not only our quality of life but also our survival.” Dean Ornish

About this issue:
Contributions is produced by the Development Office, which can be reached at (203) 284-2881 or gaylorddevelopment@gaylord.org.

Articles in this issue were written by Katherine L. Kraines and Joy Savulak.
Martha’s Story, continued from page 1

the hospital’s brain injury floor earlier in her career, Martha knew too much about traumatic injuries. Quelling a rising panic, she called her parents and arranged to drop off the children.

So Many Injuries
Meanwhile, Gil, unconscious and in critical condition, was rushed by ambulance to the hospital. The 36-year-old was riding his ATV when it crashed into a tree in a neighborhood only a mile from the family’s home.

Gil arrived in the ER with no blood pressure, 11 broken ribs, a flail chest (a life-threatening condition that occurs when a segment of the rib cage breaks and becomes detached from the chest wall), a broken clavicle, a burst L3 spinal fracture, a liver laceration, and a peritoneal hematoma.

A CT scan also revealed a diffuse axonal brain injury. Colliding with the tree had caused Gil’s body to decelerate suddenly, violently shaking his brain back and forth inside his skull, damaging the message relays between nerves. Lesions formed as tissue rode over tissue from the momentum, and brain swelling followed as cells died and chemicals were released.

Gil was in the trauma room when Martha arrived. “I believe that when someone is unconscious, they can hear you, so I walked right up to Gil and touched him and talked to him,” she said.

Defying Death
Gil had grown up riding dirt bikes and ATVs and was always very safety conscious. Wearing a helmet that November afternoon saved his life. “When I walked into the room, the first thing I saw was his helmet in the corner,” Martha recalled. “Other than normal wear and tear, it looked fine.”

As doctors presented Martha with the growing list of Gil’s injuries, her natural optimism dimmed. “Even though I am a nurse practitioner,” she said, “dealing with Gil’s injuries was overwhelming. It’s an entirely different experience when the patient is a family member.”

More Time to Heal
Then Martha did what she always told her patients NOT to do. “I Googled… diffuse axonal brain injury. The first thing I read said that 95 percent of patients with this injury end up in a vegetative state,” she said. “Gil had a 5 percent chance of recovery.”

Five days later, Gil remained on a ventilator, unconscious and neurologically unresponsive. Another MRI was ordered and later that day a neurologist intercepted Martha in the ICU hallway. She said that the MRI showed no changes and asked if the couple had ever discussed whether Gil would want to live connected to machines and on a feeding tube. Martha felt like her world was collapsing.

“We hadn’t talked about it, and I didn’t think he would want to live that way. But it had only been five days,” Martha said. “I told her I thought he needed more time to heal.”

Thumbs Up!
The first miracle occurred that evening when Gil gave a thumbs up to his night nurse. The next day he gave several more gestures on command. “We knew that he could hear us and he knew what he was doing!” said Martha.

Gil’s recovery was slow, and fraught with complications. His body’s thermostat was affected by the brain injury, causing high fevers and intense chills, and Martha was exhausted from explaining his condition to worried visitors. “I just wanted to be his wife and not a nurse interpreting medical information,” she said.

As Gil started following more commands, Martha grew somewhat more optimistic. But he wasn’t breathing on his own and could move only his right arm. “I didn’t know if he would be in a facility for the rest of his life,” she said. “So much was unknown. I wanted him to be able to go to Gaylord. But to be accepted he had to have the potential to get better.”

Once Gil’s brain swelling subsided, doctors performed a 7-hour surgery to fuse his vertebrae from L5 to T12 by inserting two metal rods with the goal of giving him a chance to walk again.
That same day, Martha and her best friend went to the house where the accident occurred. She wanted to thank the homeowner who called 911. As they walked across the grass, they saw that the skid marks from the crash were still visible. The cause of the accident was a mystery, but two teenage boys had seen Gil veer off into the yard and smash into the tree. One of them ran to the homeowner’s door for help. The teen’s action coupled with the woman’s quick response helped save Gil’s life.

**Potential for Recovery**

Just before Thanksgiving, Gil received a tracheostomy and was moved to the brain injury unit. Unable to speak because of the trach, he often wrote “cancer” on a whiteboard and pointed questioningly at himself. No matter how often Martha told him why he was in the hospital, the information didn’t stick.

After a month at Yale-New Haven Hospital, Martha was notified that Gaylord had a bed for Gil. “Just before leaving, the speech therapist put a valve on the trach, and I heard Gil’s voice for the first time in a month,” she said. “I started crying when he said, ‘Where is Manny? I want to see Manny.’”

Gil arrived at Gaylord disoriented and confused. He was weak and frail and couldn’t walk or sit unassisted and he still had the trach. “Gaylord was amazing from the moment we walked in. It was where he needed to be,” Martha said. “His therapists were incredible. They knew what he needed to recover.”

**Setbacks**

While at Gaylord, Gil was forced to return twice to Yale-New Haven Hospital. The first time his gallbladder flared, and the second time he had blood clots in his leg. “Thank God that Gaylord could do a CT scan,” said Martha. “They discovered that a clot had moved to his lung and he was sent back to Yale.”

Even with setbacks, Gil was determined to be home by his February 20th birthday. He made it. But it was horrible. Martha had overestimated her ability to care for Gil. His lethargy and inability to interact with the family, combined with a lack of mobility, quickly began taking a toll.

“When he came home, it was emotionally hard,” Martha explained. “He wasn’t himself and couldn’t do the things he did before. That was probably the hardest point in my life. He was home for about three days, and I had a panic attack. I realized I couldn’t care for Gil and two toddlers.”

**Another Step**

Martha called Gaylord, desperate to see if Gil could be readmitted. Gil’s care manager Colleen said he wasn’t sick enough, but there might be a bed available at a nursing home. Within a few hours, Colleen called back with three options. After a month of rehab in the nursing facility, Gil went home much stronger.

“Every brain injury is different, and one of the hardest parts is not knowing what to expect,” Martha said. “I believe there was divine intervention and that faith and prayer played a big part in Gil’s recovery. More than anything, we asked everyone to pray for Gil’s healing.”

**One Year Later**

A year after their ordeal, Martha posted their story and a thank you to Gaylord’s Facebook page. Gil is working at Sikorsky and, according to Martha, is 95 percent back to normal. He has back pain from the nerve damage and gets tired at the end of the day with brain fatigue, a common side effect of a brain injury. He has no memory of the accident.

Their children, Bella and Manny, are thriving and have few memories of that time. And Martha is thankful to have her husband back. “We always had a good marriage, but this brought us even closer. Gil will joke and thank me for being there and not pulling the plug,” she said. “I remind him that he would have been there for me if it had been reversed. It has really strengthened us.”

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Martha’s Story, continued from page 3
Gil's Story, continued from page 1

It was about 5 p.m. on November 2, 2016, when two teenagers on their scooters witnessed Gil passing them on his ATV about a mile from his home. Moments later, the boys saw him veer into a yard they assumed was his own and watched in horror as the ATV slammed into a tree. One of the boys ran to the house and knocked for help. A woman opened the door, quickly sized up the situation, and called 911.

No Memory, First Memory
Gil's first memory after the accident was of bright, multicolored Christmas lights in a place he didn't recognize.

It was Christmas week, nearly three weeks after his early-December arrival at Gaylord Hospital. “I remember looking up from my bed and seeing my wife, Martha. I asked her, ‘Where’s Manny? Where’s Bella? Where are my kids?’”

As he became more aware of his situation, Gil began to understand the severity of his injuries. “I had a traumatic brain injury and two rods in my back. Martha said they had to teach me how to walk all over again. That was news to me; I almost didn't believe her!”

Despite his often-patchy memories of his early days at Gaylord, Gil insists that he will never forget the upbeat music played at the adaptive Zumba program that often coincided with his therapy sessions. “They'd be having fun and doing their thing on the other side of the gym, but that music would get to me, you know?” he laughed. “I'd think, ‘Oh, no … why do they have to play that again?’”

Working Hard
In a schedule jam-packed with cognitive, speech, and physical therapies, Gil said that Gaylord's Recreational Therapy Program offered a welcome and fun respite from his daily rehab routine. “I looked forward to it. We'd play games and do art. I remember there was a pool table that I always wanted to play, but when I tried, I couldn't even hold up the stick.”

Knowing that Gil would soon be discharged, his therapists often incorporated activities to replicate real-life situations he might encounter at home with his two young children, Manny and Anabella. “They had me changing a doll's diaper and strapping the doll into the car seat. They even had me bending over to practice picking up toys off the ground.”

Gil especially enjoyed working with his physical therapist Dan, who understood how much Gil missed being behind the wheel. “Even though I wasn't ready to drive, he had me practice climbing in and out of the car (a stationary car body in the inpatient therapy gym). And sometimes he'd bring me out to the parking lot, so I could try getting into my car. That was really neat,” he said.

The Right Way
Gil was discharged from Gaylord just before his birthday on February 20, 2017. “I made steady progress at Gaylord,” he said, “that’s for sure.”

Later that fall, Gil was well enough to return to work as a mechanic at Sikorsky and even accomplished something he had never before dreamed of doing—finishing a 5K race.

It was an unintended accomplishment, he said, as he had initially planned to cheer his wife from the sidelines that day. But when he learned that Martha's
A STROKE AT 19:

I Refused to Give Up!

“All of the gains and all that I have become are a direct result of the support that Gaylord and my parents gave to me.” Chip Kennedy

In the last edition of Contributions, we shared the story of Cheryl Kennedy and Wayne Schober, who have donated to Gaylord for more than 26 years. They are the parents of Chip Kennedy, a young stroke patient who was treated at Gaylord. This is Chip’s story as told to Joy Savulak.

I was only 11 years old when the first symptom of a slowly growing brain tumor manifested itself. I was sitting down to eat breakfast with my family when an odd feeling suddenly washed over me. I tried to make it to the couch, but instead I collapsed on the living room rug.

Baffling Symptoms
From that point on, “blackouts” became a regular—and unwanted—occurrence in my life. It didn’t add up; I was a fit track and field athlete and basketball player. But no one, it seemed, could find the root of my baffling symptoms until a particularly severe episode during summer break from college landed me in the ER. An astute physician asked if I had ever seen a neurologist. My parents and I just looked at each other in surprise, as every doctor I had seen before was convinced the cause would be found from the shoulders down.

My neurologist found a large, benign tumor in my brain and told me that the “blackouts” I had been experiencing for nearly a decade were actually seizures. Instead of returning to school that fall, I had surgery to remove the tumor. All went according to plan until the day I underwent a second procedure to improve the circulation to my brain.

Waking up was terrifying. I couldn’t talk, move my right side, or see from the corners of my eyes.

I had suffered a stroke. I remember watching doctors talk to my parents in hushed tones outside my room. It was a conversation, I later learned, to prepare them for the worst: a life in a wheelchair, unable to speak. My parents refused to believe it … and I refused to give up. Eight days later, I asked my dad—through jumbled words and a weak voice—if the Knicks had won the game. It was just the beginning of my proving the doctors wrong.

Best Rehab Possible
My parents wanted me to have the best rehabilitation possible, far away at Gaylord Hospital in Connecticut. They, and my Gaylord team, hatched a plan to fill my day with back-to-back PT, OT, and speech appointments from 9 a.m. until dinner, with only a break for lunch. Those therapists didn’t hold anything back because they knew I was motivated. The more they pushed me,
the more I pushed back. Sure, I was exhausted at night, but their drive was key in helping me recover.

Within three months, I left inpatient care to begin a new chapter at Traurig House. Gone was the wheelchair that my doctors said I’d never leave. My speech had improved so much that my academic therapist enrolled me in a course at Southern Connecticut State University. Twice a week, a driver from Gaylord would bring me to class, where I utilized all the note-taking and studying skills I had recently relearned. In the few moments when I wasn’t in therapy or studying, I was on the Gaylord basketball court learning to shoot with my left hand. It was just another way of creating challenges for myself to get back to the “old” Chip.

Life After Gaylord
After eight months away from my home state, I said goodbye to Gaylord Hospital. Since I left, I’ve graduated from Dartmouth College with a degree in psychology, received my master’s degree in higher education administration from the University of Vermont, and have worked extensively with disabled college students to make sure they receive the accommodations they need to succeed.

I often think of Gaylord and of the sacrifices my parents made to send me far from home to receive top-notch care. If it weren’t for that one decision, I might be a different man today still sitting in a wheelchair and unable to work. All of the gains and all that I have become are a direct result of the support that Gaylord and my parents gave to me.

The Moreiras family at a 5K race in May 2018, about 18 months after Gil's accident.

“Yep, we’re going to do this the right way! There are no shortcuts in life, kids … no shortcuts in life.”

Gil Moreiras

Word of Gil’s feat quickly spread throughout the race course. Despite coming in last place, Gil crossed the finish line to cheers and thunderous applause. It’s an accomplishment he knows he would never have been able to achieve if he hadn’t followed his motto of taking “no shortcuts in life.”

“Every day I thank God that I decided to come back and put my helmet on that day,” he said. “I wouldn’t be here if I hadn’t.”
A MEDICAL LEGACY:

Speed Makes All the Difference

“\textit{I am grateful to be alive. Aging is a privilege that is denied to many.}” Cheryl Chiari

To the layperson, the term “principal admitting diagnoses” can sound like educated gibberish. But to medical professionals, the synopsis provides a wealth of details that informs patient care and offers insights into possible hereditary conditions or causes.

An “aneurysmal rupture,” which is often fatal, was noted as the primary source of 57-year-old Cheryl Chiari’s stroke. Ironically, a similar fate had struck her father, John, when he was in his 40s. John’s brain aneurysm burst while he was on vacation in North Carolina, causing physical and cognitive deficits that affected him for the rest of his life.

He received treatment in North Carolina and then came to Gaylord for rehabilitation. “I came to see my dad at Gaylord on an October day. I remember it clearly,” Cheryl said. “He was there for a long time, and they were so good to him. He later volunteered at Gaylord for ten years.”

\textbf{Unknown Risk}

Cheryl had no clue that her father’s aneurysm was hereditary and that she was at risk. Nor could she ever have anticipated being treated at Gaylord for the same condition. But on the morning of April 17, 2017, everything changed. Cheryl was getting ready for work when her brain aneurysm burst. “I came out of the shower, walked into the bedroom, and said I didn’t feel well. Then, I hit the floor,” she said. Her family reacted quickly, and she arrived at Yale-New Haven Hospital by ambulance within 45 minutes of the incident.

The rupture resulted in massive bleeding and doctors gave her a 15 percent chance of survival. “My family was told that there was a very, very slim chance that I’d live,” she explained. Cheryl was rushed into surgery and spent six weeks in a coma before coming to Gaylord for rehabilitation.

“\textit{I think that my recovery was remarkable and that had to do with how quickly my family reacted and how swiftly the surgery was done},” she explained.

\textbf{Coma to Rehab}

Cheryl couldn’t speak or walk when she arrived at Gaylord and she spent about six weeks receiving inpatient therapy. One consequence of the stroke was expressive aphasia, also known as Broca’s aphasia. Individuals with this condition have trouble speaking fluently, but their comprehension remains intact. “I am very fortunate when it comes to speech,” she explained. “I can still read and write. My dad lost the ability to read.”

After completing inpatient therapy, Cheryl spent two months in Traurig House, where she focused

\textit{Continued on page 9}
on developing skills to increase her independence. She enjoyed the community outings, which are designed to help residents practice life skills in real-world settings. “One time we went to an orchard. Another time we painted ceramics and I made a bowl,” she said. “I gave my son John the bowl for his birthday and you’d have thought I was giving him a car. My other two sons wondered where theirs were, so I made more!”

**Back in the Game**
One of Cheryl’s big recovery goals is to return to her job as a high school basketball referee. Fourteen years ago, while watching her son’s basketball game, she was incensed by the “questionable refereeing.” Not one to sit on the sidelines, Cheryl went on to become a high school basketball referee and is one of only a few women in the profession. Determined to return to the court, she is currently helping to assign referees to leagues in Connecticut.

While repercussions of the stroke still exist, there is ongoing improvement. Cheryl’s mouth is a little numb and she struggled with seeing double for a long time. But her sight is getting better.

“I also have some dizziness and vertigo,” she said. “I’m doing vestibular rehab therapy. In fact, I could be your poster child for that—they’ve gone above and beyond to help me.”

**Lucky and Grateful**
Cheryl continues to come to Gaylord for outpatient therapy, including physical, occupational, and speech therapy, as well as cognitive therapy. “I love it!” she said. “The group therapy (Cognitive Therapy Group and/or Aphasia Therapy Group) helps you realize you aren’t the only person who’s been through this. Today, in one of the groups, we all shared about how we ended up at Gaylord. I know how lucky I am to be here!”

Since her stroke, Cheryl’s siblings and children have been checked to be sure they aren’t at risk for a brain aneurysm. “I recently went to a wedding and was looking at my family and thinking I could’ve had a different outcome. Rather than celebrating together, they could have been mourning me. I am grateful to be alive. Aging is a privilege that is denied to many,” she said with a warm smile.

*Cheryl completed her rehab shortly after this interview.*

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When you become a monthly donor, you immediately join our “Make it Possible” club. This club is a team of committed donors that has chosen to support our patients throughout the year via automatic monthly donations.

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- It puts you on a team with like-minded donors.

![Download Monthly Giving form](https://www.gaylord.org/support-gaylord)
Dinny Wakerley has served on Gaylord’s board of directors in several different roles for more than a decade. But this isn’t something she initially pictured herself doing. Dinny and her husband, Charles, lived in England for more than 15 years. But in 2001, a few years after Charles had retired, it seemed like a good time to relocate to Dinny’s home turf of Connecticut.

Proud of His Service
At that time, her parents Fenmore, known as Fen, and Phyllis Seton were living in North Haven. An only child, Dinny had grown up in the New Haven area, where her father built and sold a successful business. But now, having lived abroad, she was unaware of the specifics of her parents’ many community commitments. Thus, she was surprised when a beautiful flower arrangement and note arrived at her father’s 2003 funeral commemorating his time on Gaylord’s board of directors. Fen served on the board from 1996 to 2001, but all Dinny knew of his service was that he was incredibly proud of this appointment.

“My dad was extraordinarily involved in the rehabilitation area as an avocation,” Dinny explained. “He was president of Rehabilitation International, and he’d been deeply involved with rehab since he was a teenager.”

According to the family story, when Fen was in his late teens, he announced one summer that rather than getting a job, he wanted to stay home. But this idea didn’t go over well with his mother. “His mother knew someone who knew someone, and Fen became a camp counselor for a Connecticut summer camp that helped children with disabilities,” Dinny explained. “It led to a life-long interest. I think his background with rehab and his belief that Gaylord could accomplish things with people who otherwise might have had less hope for a successful life are what led him to join the board of directors.”

Sufficiently Captured
But how did Dinny end up serving on Gaylord’s board? “That,” she said, “was due to Ed Cantor, one of the board’s great recruiters. Ed knew my parents and called one day to ask if I would serve.”

Dinny said she was interested and met with Ed to discuss what this commitment would mean. “I was sufficiently captured to say ‘Yes!’” Dinny said. She also recalled that her grandmother, Fen’s mother, was a Gaylord patient many years before, which offered another family link to the hospital. While Fen didn’t live to see Dinny serve on the board, her mother Phyllis, who is now 97, did, and she was pleased with her daughter’s decision.

Business Expertise
Frequently, Dinny’s expertise in business is tapped during board discussions and decision-making. She brings to the mix 31 years of experience as an accountant with PricewaterhouseCoopers, where she specialized in individual income tax for Americans living overseas. For the second half of her career, she worked in the educational arm of the company, designing, developing, and delivering educational courses as a senior member of the tax education department.

Continued on page 11
All in the Family, continued from page 10

Attached to Gaylord
Since joining the board in 2005, Dinny has grown very attached to Gaylord, developing a passion for its mission and the care and rehabilitation it provides. “I’m especially interested in medically complex patients,” she noted. Patients with this designation often arrive with more acute and complex medical issues and then, once they’ve improved, move to intensive rehabilitation that can include both inpatient and outpatient care.

Dinny’s tenure on the board has also given her a deep appreciation for the many complexities of running a hospital with often overlapping medical populations. “Gaylord has always produced wonderful results and now has an even more laser-like focus,” she said. “I think the commitment of the staff and management is so impressive. It’s great to be on a board where the staff is invested, and you know they are consistently producing outstanding outcomes.”

“It’s been a rewarding experience to be able to contribute to Gaylord,” Dinny said with enthusiasm. “Rubbing shoulders with board members from different backgrounds is exciting. I’m eagerly looking forward to seeing what the future holds for Gaylord.”

Charles and Dinny Wakerley

You Can Make Future Stories Possible
By completing the simple, yet powerful, act of including Gaylord in your estate plans, you will make it possible for our community of caring to continue by helping people like Chip, Cheryl, and Gil when they need it most. When you let us know of your plans, you will become a member of The David Lyman Society, a group whose members are committed to ensuring a healthy future for Gaylord for generations to come.

To help you with planning, we offer sample language for the many ways you can contribute. Just visit http://gaylord.plannedgiving.org

Contact Major and Planned Giving Officer Mike Burke at (203) 284-2867 or email him at MlBurke@gaylord.org with any questions. You can also let us know if you are making a gift to Gaylord in your estate plan by returning the enclosed envelope.

THE DAVID LYMAN SOCIETY
The Will To Make A Difference For Gaylord
We had a busy spring hosting some special events to encourage connecting with Gaylord.

More than 70 people attended the **April 19** lecture and book signing with former patient Colleen Kelly Alexander. Colleen's new book is “*Gratitude In Motion: A True Story Of Hope, Determination And The Everyday Heroes Around Us.*”

The **May 3** movie screening of “*The Week Of*” and Q & A with past patient and actor Jim Barone hosted about 70 people. Jim played the part of Uncle Seymour in the film.

The **April 26** Ekso Info & Demo event had about 50 attendees, many of whom were therapists and medical professionals from the community.

More than 300 people attended the **May 18** Wine, Beer & Cordial Tasting event. Proceeds benefited the Gagliardi Endowment Fund for Multiple Sclerosis at Gaylord and our Brain Injury Program.