

Time is Money, No,

# TIME IS THE BRAIN

My Independent Story



Submitted by:

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## Introduction

Some people will sit down and read this with no prior knowledge of the Shepherd Center, Stroke rehabilitation or even me, Roger Brathwaite. But I promise, if you invest the time to read this study you will be enlightened. This paper centers around a personal tragedy, but I thought it was also a public story that needed to be shared. Regardless of your exposure, it is my hope that you walk away with a rejuvenated spirit and a feeling. "You Are Not Alone!"

This story originally started, right before the first day of the final class, "*Mergers and Acquisitions*" at the University of Georgia for the Executive Masters of Business Administration (MBA) degree. It was Christmas 2014, and I could remember how much effort I had put into our "*Entrepreneurship*" and "*Service Operation Management*" classes and how much traveling I had done for that past year. As I looked forward to 2015, I felt like certain things in my life were finally coming together. I was in the final stages of purchasing a house, I started a new job September 2014, my kids were all doing well, and my life was approaching a turning point of 45 years. It couldn't be any better.

However, unbeknownst to me, on December 29, 2014 my life would change tremendously. I suffered a stroke and subsequently fell into a coma. I was admitted to Piedmont Hospital that night, where I stayed for 12 days and then another 42 days at Shepherd Rehabilitation Center Hospital. I will present to you why so much care and what type of care was necessary. The Shepherd Center is one the top rehabilitation hospitals in the nation, specializing in medical treatment, research and rehabilitation for people with brain injury. But before Piedmont and Shepherd, it all started with my children Chandler, Carrington, Cyon and Chase, and I want them to give their account of how this all started.

I got a call a few weeks before Father's Day in 2015 from Mia Taylor, interviewer from the Shepherd Center. She said she wanted to interview my boys because she had heard that they were involved in my traumatic story. I thought this was an awesome opportunity to capture how my stroke story started. So Mia scheduled to conduct the interview and this is how it began.....

## A Father's Day Account



**Figure 1.** Brathwaite Boys

<sup>1</sup>Roger Brathwaite refers to it as the day that changed everything. It started out normal enough. The 45-year-old Atlanta, Ga., resident rose early, drove a relative to the airport and returned home to participate in a conference call for work. When the phone call was over, Roger, who felt like he had a slight cold, went

back to bed. That's the last memory he has of Dec. 29, 2014. "My boys heard me hit the ground. I didn't know I hit the ground. And they called the paramedics," Roger recalls.

Roger's four sons were staying with him that day. They typically stay with their mother, Roger's former wife, but the teen-aged boys had been visiting for the Christmas holidays. Their presence likely saved his life. It was 16-year-old Cyon Brathwaite and 18-year-old Carrington Brathwaite who first found Roger, lying face down, sweating and unconscious. "I had gone downstairs to get him water, and I heard a big thud, so I ran back upstairs and he was on the floor," recalls Cyon, describing the frightening morning that forever changed his family's life. "At first, I thought he just fell. But he was actually going through the process of a stroke. So we woke up my older brother Chandler. He came upstairs trying to talk to my dad to see what was wrong. And then he told me to go in the other room and pray."

Cyon went into his little brother Chase's bedroom, trying to calm his young sibling while also quietly praying, scared and wondering whether his father would survive. Roger was rushed to Piedmont Hospital and lapsed into a coma. He had experienced a hemorrhagic stroke that affected the left side of his brain, leaving the right side of his body paralyzed. His sons, meanwhile, worked to remain optimistic that their father, a man they knew to be a hard worker and a fighter, would pull through. .



**Figure 2.** under comma

<sup>1</sup> Shepherd Center article: by Mia Taylor

## Time is Money, No, **TIME IS THE BRAIN.**

Roger L. Brathwaite, MBA

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*After three weeks, Roger awoke and learned the details of his new reality. It is a day he will not soon forget. “I was emotional to say the least,” he recalls. “It’s hard to explain the layers of emotions. It’s mind-numbing because the whole right side of your body doesn’t work anymore, and this is something you’ve been used to having for 44 years. I didn’t know how long it would last. I didn’t have any answers. Doctors couldn’t tell me when I was going to come out of it, or if I was going to come out of it. I cried for most of the day. Being in a wheelchair and having people bathe you, that reminds you: This is real.”*

*Once he was stabilized, Roger was admitted to Shepherd Center, where he participated in inpatient physical, occupational, speech and recreation therapy followed by additional day program therapy at Shepherd Pathways.*



**Figure 3.** Complete Paralysis

*After three and a half months, Roger reached a milestone in his recovery. On that day, Roger put away his wheelchair for good. “Roger is phenomenal,” says Payal Fadia, M.D., his physician at Shepherd Pathways. “He was extremely hard-working and determined in therapy. He continually strives to reach milestones in his recovery.”*

*Just this week, six months after his collapse, Roger reached another important marker in his journey: He completed rehabilitation altogether. While Roger still considers himself a work in progress, with his goals for the future including continuing to strengthen his right side and improve his verbal skills, his focus has now happily shifted to improving the smaller, finer details. “I’m fully operational,” he says. “I can walk, I can talk. I can write my name now, but I can’t write it beautifully like I used to.” The precariousness of his existence during the past six months has made this Father’s Day particularly meaningful for Roger and his family. He is here, alive and well, able to celebrate the day with his sons – something more valuable than the high-powered career and pursuit of the corner office at a Fortune 500 company that had been a dominant focus of Roger’s life until his stroke.*

## Time is Money, No, **TIME IS THE BRAIN.**

Roger L. Brathwaite, MBA

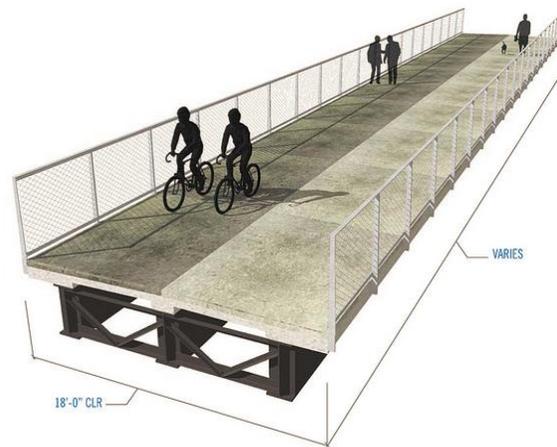
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*Roger and his sons will mark Father's Day not by going out to eat or for a boat ride – activities they have typically participated in together over the years. Instead, this year, they will walk together at The Atlanta Beltline in a subdued, but particularly meaningful, celebration of Roger's long journey back. "My goal is not necessarily to walk the entire three-mile walk, but just to have a good time with them, laughing and joking and just being together enjoying the day," Roger says. His sons are equally cognizant of the poignancy of this year's celebration, well aware they almost lost their dad. They are also proud of all the progress he has made, calling him a diligent, but humble fighter.*

*"We could have not had a father this year," says 20-year-old Chandler Brathwaite.*

*"The fact that we still do, and that he recovered from something that many people don't recover from, is a blessing. So, this Father's Day will be more special than all the others."*

*Cyon adds: "It's a miracle. It's kinda crazy that on the day he had his stroke, we were there. I think we all played a part in saving his life."*



**Figure 4.** Walkway

*Written & Published by Mia Taylor/Shepherd Center*

This article is available for anyone to review on the web <http://news.shepherd.org/this-fathers-day-former-shepherd-center-stroke-patient-will-celebrate-life/>

You might be thinking, "What exactly is a Stroke?" and what things could be done to prevent it from happening again? Or you might be thinking, how are you going to recognize the things that leads to a stroke? Although stroke is the fifth leading cause of death in America and a leading cause of adult disability, many myths surround this disease. I hope the next chapter serves as a way to educate.....

## What exactly is a **STROKE**?

<sup>2</sup>A stroke is a "brain attack". It can happen to anyone, at any time. It occurs when blood flow to an area of the brain is cut off. When this happens, brain cells are deprived of the blood's essentials oxygen and nutrients even for a few minutes, the brain cells begin to die. When brain cells die during a stroke, abilities controlled by that area of the brain such as memory and muscle control are lost. Since dead brain cells do not regenerate, damages from a stroke are often permanent, but could also be temporary depending on the type of stroke. Depending on what portion of the brain is affected by the stroke, the result may be some degree of brain damage and loss of function affecting speech, vision, or memory, for example. A stroke may also result in paralysis, coma or "death."

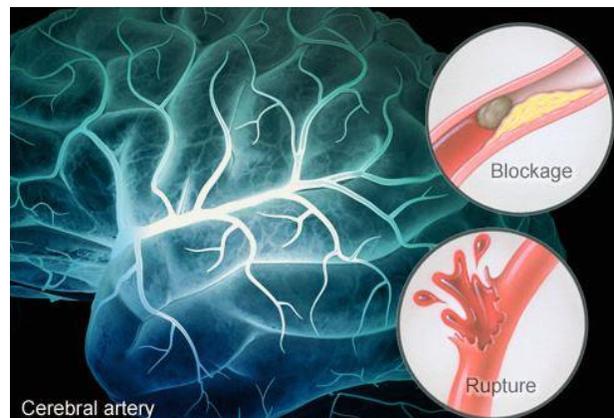


Figure 5. Two types of strokes

How a person is affected by their stroke depends on where the stroke occurs in the brain and how much the brain is damaged. For example, someone who had a minor stroke may only have minor problems such as temporary weakness of an arm or leg. People who have major strokes may be permanently paralyzed on one side of their body or lose their ability to speak, swallow and sometimes remain in a coma or die. Some people recover completely from strokes, but more than 2/3 of survivors will have some type of disability. I was affected on the left side of the brain, so that means that the right side of my body was totally paralyzed.



Figure 6. Which side affected?

<sup>2</sup> National Stroke Association

## Hemorrhagic Stroke (bleed or rupture)

<sup>3</sup>There are two types of stroke, hemorrhagic and ischemic. Hemorrhagic strokes are less common, in fact only 15 percent of all strokes are hemorrhagic, but they are responsible for about 40 percent of all stroke deaths. Unfortunately, this kind of stroke was the kind I experienced.

A hemorrhagic stroke is either a brain aneurism burst or a weakened blood vessel leak. Blood spills into or around the brain and creates swelling and pressure, damaging cells and tissue in the brain. There are two types of hemorrhagic strokes called intracerebral and subarachnoid. The stroke I suffered from was intracerebral.

**Intracerebral hemorrhage.** In an intracerebral hemorrhage, a blood vessel in the brain bursts and spills into the surrounding brain tissue, damaging brain cells. Brain cells beyond the leak are deprived of blood and also damaged.

High blood pressure, trauma, vascular malformations, use of blood-thinning medications and other conditions may cause an intracerebral hemorrhage.

**Subarachnoid hemorrhage.** In a subarachnoid hemorrhage, an artery on or near the surface of your brain bursts and spills into the space between the surface of your brain and your skull. This bleeding is often signaled by a sudden, severe headache.

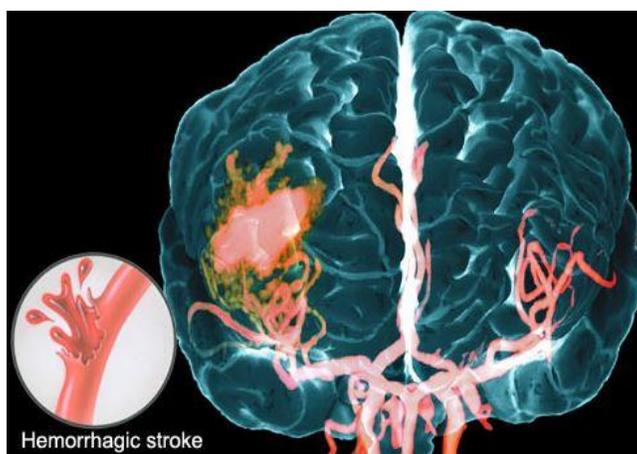


Figure 7. Hemorrhagic Stroke

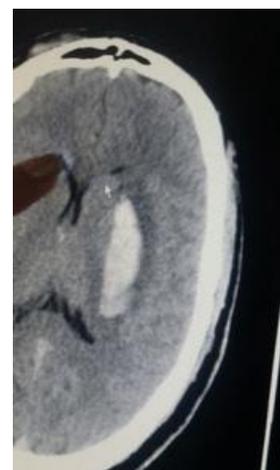


Figure 8. Roger's brain damage

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<sup>3</sup> American Heart Association

## Ischemic Stroke (Clots or blockage)

<sup>4</sup>Ischemic stroke occurs when a blood vessel carrying blood to the brain is blocked by a blood clot. This causes blood not to reach the brain. High blood pressure is the most important risk factor for this type of stroke. Ischemic strokes account for about 87% of all strokes. An ischemic stroke can occur in two ways.

In a **cerebral embolic** stroke, a blood clot or plaque fragment forms somewhere in the body (usually the heart) and travels to the brain. Once in the brain, the clot travels to a blood vessel small enough to block its passage. The clot lodges there, blocking the blood vessel and causing a stroke. About 15% of embolic strokes occur in people with atrial fibrillation. The medical word for this type of blood clot is embolus.

A **cerebral thrombotic** stroke is caused by a blood clot that forms inside one of the arteries supplying blood to the brain. This type of stroke is usually seen in people with high cholesterol levels and atherosclerosis. The medical word for a clot that forms on a blood-vessel deposit is thrombus.

While **transient ischemic attack** (TIA) is often labeled “mini-stroke,” it is more accurately characterized as a “warning stroke,” a warning you should take very seriously. TIA is caused by a clot; the only difference between a stroke and TIA is that with TIA the blockage is transient (temporary). TIA symptoms occur rapidly and last a relatively short time. Most TIAs last less than five minutes; the average is about a minute. According to Dr. Emil Matarese, director of a primary stroke center at St. Mary’s Medical Center in Langhorne, Pa., the body has naturally occurring clot-busting agents. “Eventually all clots will dissolve, but whether there is damage depends on



Figure 9. Blood Clot

how long the clot is in place,” Dr. Matarese said. However, because there is no way to predict when a clot will dissolve on its own, time is of the essence. “Whenever you have stroke symptoms, dial 9-1-1 immediately and get to the emergency room so you can be evaluated.

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<sup>4</sup> Excerpted from “*Why Rush?*”, *Stroke Connection* January/February 2009 (Science update October 2012)

## How to Recognize a STROKE?

<sup>5</sup>Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. A stroke victim may suffer brain damage when persons nearby fail to recognize the symptoms of a stroke. The acronym for FAST is a very easy and simple way to recognize a stroke, and can help in identifying the onset of a stroke in someone - even a non-medical person will be able to do this, by remembering the follow guidelines:

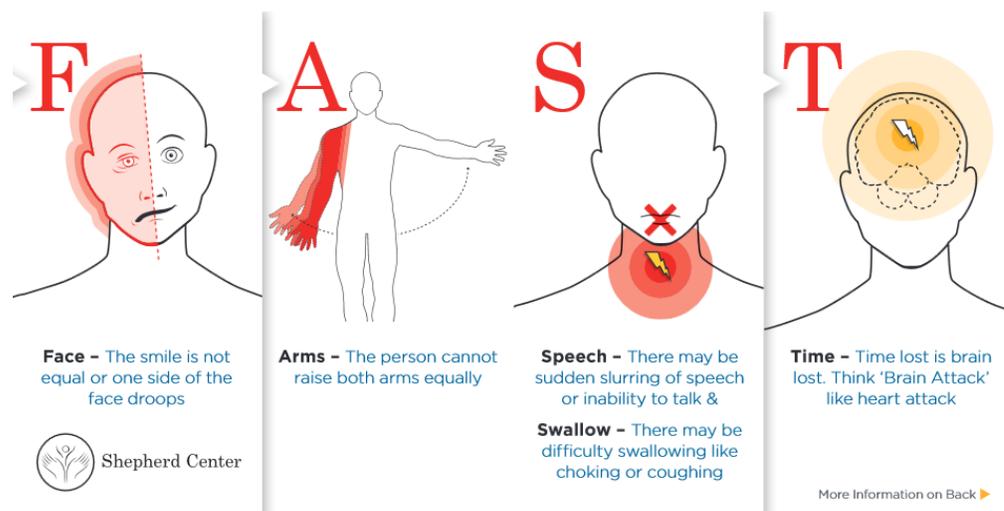


Figure 10. Shepherd Center Recognize Re-stroke - FAST

Here are some other common symptoms or ways it is happening in most.

- **Trouble with speaking and understanding.** You may experience confusion. You may slur your words or have difficulty understanding speech.
- **Paralysis or numbness of the face, arm or leg.** You may develop sudden numbness, weakness or paralysis in your face, arm or leg, especially on one side of your body.
- **Trouble with seeing in one or both eyes.** You may suddenly have blurred or blackened vision in one or both eyes, or you may see double.
- **Headache.** A sudden, severe headache, which may be accompanied by vomiting, dizziness or altered consciousness, may indicate you're having a stroke.
- **Trouble with walking.** You may stumble or experience sudden dizziness, loss of balance.

<sup>5</sup> <http://www.myshepherdconnection.org/stroke/recognize-restroke-FAST>

### Identify and determine quickly

It is extremely important that the type, size and location of the stroke be diagnosed as quickly as possible, so that the doctors can decide the best course of treatment to begin immediately in order to lessen brain damage. As the saying goes, "TIME IS THE BRAIN", because the more time that elapses between the onset of stroke symptoms and treatment, the more brain cells are destroyed. Also, treatment for one kind of stroke may be harmful for someone who has a different kind, since strokes are caused by different factors, thus they require different forms of treatment. Additionally, patients diagnosed and treated within three hours of stroke onset, can have a more positive effect, and a much greater chance of recovery, and may experience just temporary, instead of permanent disabilities. So every minute counts, as time is of the essence.

I must mention here that after my four boys, got no response from me, they immediately called Emergency Medical Services (EMS), the best step anyone can take to get quick medical care, since it is crucial to get to a hospital prepared to provide the diagnosis and treatment as quickly as possible after the onset. I was then rushed to Piedmont Hospital (one of the best, if not the best hospital in Georgia) on that day- December 29, 2014, a day that I will never forget. Unfortunately, by this time I had lapsed into a coma, and after administering different types of diagnostic tests, (blood tests, CT Scan, MRI, etc.) it was confirmed that I had suffered a brain bleed, because of the bursting of a blood vessel which spilled blood into the surrounding brain tissue, causing some damage to my brain cells. It was discovered that the kind of stroke, I suffered is known as an Intracerebral Hemorrhagic Stroke.

Then I believe the most significant and critical decision was made by my brother, Leslie Brathwaite. He decided that after a few days I was stabilized and should be discharged from Piedmont Hospital on January 9, 2015, and had me admitted on that same day to Shepherd Rehabilitation Center Hospital.



Figure 11. Transfer to Shepherd Center

## The Shepherd Center / Shepherd Pathways

<sup>6</sup>Well, what is this Shepherd Center that I have been referencing. The Shepherd Center, located in Atlanta, Georgia, is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury and brain injury. Officially started in 1975, the Shepherd Center is ranked by *U.S. News & World Report* among the top 9 rehabilitation hospitals in the nation. The Shepherd Center is a 152-bed facility. Last year Shepherd had 965 admissions to its spine and brain inpatient programs and 571 to its day patient programs. In addition, Shepherd sees more than 6,600 people annually on an outpatient basis.

What I have been told, the Shepherd Center has been ranked among the nation's top rehabilitation hospitals for spinal cord and brain injury.



Figure 12. Shepherd Center Main Facility

As a part of the center, there is a division called the Shepherd Pathway, dedicated to outpatient therapy. The facility is located in Decatur, Georgia, just north of Atlanta. It includes treatment rooms, two large therapy gym, a computer lab, state-of-the-art technology, outdoor sports equipment and putting green for recreational and leisure activities. Patients at Shepherd Pathway get more than just medical care; they get an experience that brings healing and hope. Shepherd takes a team approach to rehabilitation.



Figure 13. Shepherd Center Main Gym

<sup>6</sup> <http://www.shepherd.org/about/about-shepherd>

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Although I do not remember everything that happened while at Shepherd, what I do recall first of all is that my medical team was headed by Dr. Dennison, followed by the team of Speech, Occupational, Physical and Recreational Therapists. Andrew Cullen Dennison, M.D., joined Shepherd Center's medical staff in July 2011 as a staff physiatrist treating patients who are recovering from traumatic or non-traumatic brain injuries, as well as people who have had complications from a stroke or tumor. He was also in charge of my leading medical team of doctors including a Neurologist, Neuphrologist and Neuropsychologist.



**Andrew Cullen Dennison, M.D.**  
Medical Director Brain Injury  
Staff Physiatrist

**Figure 14.** First Team of Therapists

Carly, Jenna, Erin and Anastasia were all therapists involved in their respective areas. They spent countless hours using different areas of professional studies. They were in fact using the right mixture of therapy, along with basic foundational needs that I couldn't execute myself; like using the bath room, walking and the use of my right hand. Their outstanding performance, certainly contributed in a big way to my recovery.



**Figure 15.** First Days at Shepherd

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My treatment began with a number of different prescribed medications, that were all prescribed for different reasons. Some of the reasons included: (a) reduction of pressure in the brain, (b) consistency of overall blood pressure, (c) prevent seizures, (d) treat chronic nerve and muscle pains (e) avoid blood clots and anemia (f) lower my blood glucose and cholesterol levels and of course (h) depression. Here is my current list of medicine, that I take everyday.

1. Cymbalta 30MG
2. Asprin Low 81MG
3. MetFORMIN HCl ER
4. Gabapentin 300MG
5. Ferrous Fumarate 324MG
6. Duloxetine HCl DR 30 mg
7. Buprenorphine 10MCG/MR Patch
8. Lisinopril 10MG
9. Simvastatin 20MG
10. AmLODIPine Besylate 5MG
11. Escitalopram 10 mg
12. Clonidine HCl 0.1 mg

After being on these medications, I finally learned how to swallow, eat and drink again, talk, and regained movement of my right hand and foot. Miraculously, by the middle of February 2015, I was able to get up out of my wheelchair and started walking with the assistance of my therapist.



Figure 15. Helping me to walk

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By this time, coupled with improvement in my overall medical condition, on Friday, February 20, 2015 I was discharged from Shepherd Rehabilitation Center inpatient services and on February 23, 2015 I began my outpatient day program at Shepherd Pathways. I was assigned to Dr. Payal Fadia, Medical Director of Shepherd Pathways, and her team of Therapists.



**Auni**



**Reena**



**Sarah**



**Bridget**

**Figure 16. Second Team of Therapists**

**Payal Fadia, M.D.**  
Medical Director



She joined Shepherd Center as a physiatrist in Shepherd's Acquired Brain Injury and Neurospecialty units in 2008. Prior to joining Shepherd Center, Dr. Fadia managed the acute rehabilitation inpatient service at Norwalk Hospital in Connecticut. Her therapist Auni, Reena, Sarah and Bridget covered the same areas as Dr. Dennison's team speech, occupational, physical and recreational therapist. But it seems we had more focus on the Brain. The picture of the brain shows the areas that we focused on.

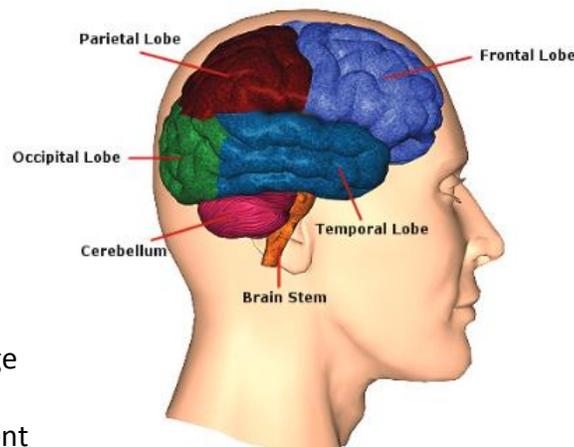
### **Frontal Lobe**

- Motivation
- Controls Attention
- Emotional Control
- Social Behavior
- Judgment
- Problem Solving
- Decision Making
- Expressive Language
- Motor Integration
- Voluntary Movement

### **Occipital Lobe**

- Visual Perception
- Visual Processing

### **Cerebellum**



### **Parietal Lobe**

- Touch Sensation
- Awareness of Spatial
- Visual Attention

### **Left Hemisphere**

- Speech and Writing
- Right Visual Field

### **Right Hemisphere**

- Temporal Lobe
- Memory
- Lang Comprehension
- Musical Awareness

### **Brain Stem**

- Vital Signs (heart rate, temperature)
- Level of Alertness

### **Right Hemisphere**

**Figure 17. Sketch of the brain w/Lobe & Stem callout**

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Certain rehabilitation activities needed to be carried out in order for me, a full stroke victim, to fully recover. Speech therapy assisted with problems producing or understanding speech. Practice relaxation changing communication style, using gestures or different tones, for example, all help. Physical Therapy helps with relearning movement and coordination. It is important to get out and about, even if it is difficult at first. Occupational therapy helps to improve the carrying out of routine daily activities such as bathing, cooking, dressing, eating, reading and writing. As a matter of fact, my therapies felt like job. Here is an example of my weekly schedule from shepherd pathway:

R Brathwaite (251321) - Page 1 of 1

Client: R Brathwaite      AcctNum: 3027521      Team: Green  
 Doctor: MR #: 251321

Date:	Monday 03/16/2015	Tuesday 03/17/2015	Wednesday 03/18/2015	Thursday 03/19/2015	Friday 03/20/2015	
9:00am						9:00am
9:45am						9:45am
10:30am						10:30am
11:15am	Rec Therapy Group-Residential 1 Rec Room	Occupational Therapy	RT Music Group	Pet Therapy- Res Rec Room	Physical Therapy	11:15am
12:00pm						12:00pm
1:00pm	Speech Therapy	Func Comm Group-Tues 2nd Floor Conf Room	Rec Therapy Key Class-Residential Rec Room	Func Comm Group-Thurs 2nd Floor Conf Room	Exercise Group	1:00pm
1:45pm	Physical Therapy	Counseling	Golf outing	Physical Therapy-ABT-T M/ZG/L300+	Occupational Therapy	1:45pm
2:30pm	Occupational Therapy	Physical Therapy	Pre-Gait Group PM-1st Floor Gym	ST Music	Speech Therapy	2:30pm
3:15pm	Recreation Therapy	Speech Therapy	Vocational Counseling	Occupational Therapy	Physical Therapy-TM/ZG/ L300+	3:15pm
4:00pm						4:00pm

Figure 18. Weekly Routine at Shepard Pathway

You will notice some assignments are not necessarily structured around the typical therapy areas and/or subsets of the existing categories. The adjustment group is a counseling group where group members discuss feelings about having a brain injury. The cognitive/communication group is speech therapy designed to address a range of thinking and communication skills. The group focuses on areas of cognition such as attention, memory, thinking, planning, organization and problem solving. Some other areas are gait/balance group, pet therapy and <sup>7</sup>medshare.

<sup>7</sup> [https://www.shepherd.org/files/file/SHEP\\_SC\\_Fall2014-Rnd3.Final.PDF](https://www.shepherd.org/files/file/SHEP_SC_Fall2014-Rnd3.Final.PDF) (page11)

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Those groups were responsible for non-traditional training like, music development, swimming and even rock-climbing. Just imagine that I was not only new to walking unaided, but also way up off the ground. That activity was a stimulating activity on several levels. In my opinion this was one of the greatest accomplishment, but it was also a most memorable event in my recovery. I reached the top on my second attempt. Just the thought of that after being confined in a wheelchair for about one and a half months, I was able to successfully participate in a Rock Climbing Activity, while still involved in my recovery process.



**Figure 19.** Rock Climbing

Joining a support group can help with common mental health problems such as depression that can occur after a stroke. Many find it useful to share common experiences and exchange information. Support from family and friends it is also useful and can provide comfort. Letting family and friends know what can be done to help is very important. It can be simply holding a hand or just listening to me ramble on about why this happened. The Shephard Center and Shepherd Pathways were my refuge.



**Figure 20.** Close Friends

## Time is Money, No, **TIME IS THE BRAIN.**

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To my surprise March 2015, I was invited to dinner by Argy Russell, the admissions director of my MBA program. This dinner was at Del Frisco's Grille and it was my first time seeing my classmates since having the stroke. This was typically the last dinner, after completing all the requirements for graduation. The students were not aware that I was attending. But their faces all lit up, knowing what I had experienced, about 3 months ago. The professors, were truly surprised to witness how far I had come. It was even decided by my director to allow me to graduate (walk) in May 2015, even with the unfinished assignment, pending.



Figure 21. University of Georgia, Graduating Class of 2015

I don't even think that they realized how much that meant to me. Yes I gained a lot of new friends at the Shepherd Center, most of them I can't even name. But I knew there were a lot more pulling, for me, especially at the University of Georgia. So why did this all happen?



Figure 22. Celebrating with Graduating Class of 2015

## Why does **STROKE** happen?

Stroke occurs in all ages groups, in both sexes, and in all races. Everyone has some stroke risk, but some people have more risk than others. Not all of the reasons are clear why African-Americans have an increased risk of stroke. Not even studies can tell us concrete information to point to specific causes. But the amount of risk can be determined. Your risk of stroke grows as the number and severity of risk factors increase. Some risk factors can be reduced or eliminated. Others, however, are beyond control. Things we cannot change are:

- (1) **AGE** - Older people have a much greater risk for stroke than younger people.
- (2) **SEX** - The incidence of stroke is about 30% higher for men than women.
- (3) **HEREDITY** - The risk for stroke is greater in people with a family history of stroke.
- (4) **RACE** - In African American men and women, four times more common than in whites.

Lifestyle risk factors can have some impact on and can directly affect some medical conditions by improving them. Lifestyle risk factors are habits or behaviors people choose to engage in. If changed, these can make a significant impact

- (5) **DIET** - Eating healthy can improve overall health.
- (6) **PHYSICAL ACTIVITY** - A study showed people that exercise have a reduce risk of Stroke
- (7) **HIGH BLOOD PRESSURE** - African-Americans suffer from a high blood pressure.
- (8) **SMOKING** - The risk of stroke doubles when you smoke.
- (9) **ALCOHOL** - Has been linked to stroke in many studies

These are some of the surprising factors for suffering a stroke. Check with your doctor.

- (10) **DIABETES** - You have diabetes, you probably have other health problems.
- (11) **SICKLE CELL ANEMIA** - The most common genetic discover amongst African-Americans.
- (12) **OBESITY** - Adopting a lower-sodium (SALT) and lower-fat diet.

## Diet

<sup>8</sup>A healthy diet can help you reduce the risk of chronic diseases, improve your overall health, and help you reach or maintain a healthy weight. Eating healthy includes making informed decisions about food choices and balancing your calories. The latest guidelines from [Dietary Recommendations for Americans 2010](#) include the following:

- Eat more foods from plants, such as vegetables and beans, whole grains, and nuts.
- Eat more seafood in place of red meat and poultry.
- Limit the intake of sodium, solid fats, added sugars.
- Reduce calories you eat and drink .



Figure 23. Learning to eat right

Excess weight puts a strain on the entire circulatory system. It can also make people more likely to have high cholesterol, high blood pressure and diabetes, all of which can increase stroke risk.

## Physical Activity

Physical activity includes anything that gets your body moving. A recent study showed that people who exercise five or more times per week have a reduced stroke risk. The latest recommendations from the CDC on [Physical Activity Guidelines](#) for adults include the following:

- **Moderate Activity.** 150 minutes of moderate-intensity activity per week (brisk walking, water aerobics, bicycling) and 2 or more days a week of weight training exercises.
- **Vigorous Activity.** Or 75 minutes of vigorous-intensity activity per week (jogging, running, swimming laps) and 2 or more days a week of weight training exercises.
- **Break it up.** If you can't fit a 30-minute activity in one time, break it up into 10-minute segments.
- **Make physical activity fun.** Walk or bike with a friend.



Figure 24. Getting in shape on bike

Regular physical activity will improve your overall health, and reduce your risk for chronic disease.

<sup>8</sup><http://health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>

## High Blood Pressure

<sup>9</sup>High blood pressure means that the force of the blood pushing against the sides of your arteries is consistently in the high range. This can lead to stroke, heart attack, heart failure or kidney failure. Two numbers represent blood pressure. The higher (systolic) number shows the pressure while the heart is beating. The lower (diastolic) number shows the pressure when the heart is resting between beats. The systolic number is always listed first. A blood pressure reading of less than 120 over 80 is considered normal for adults. A blood pressure reading equal to or higher than 140 over 90 is high. Blood pressure between 120–139/80–89 is considered “prehypertension” and requires lifestyle changes to reduce the risk of stroke.

## Smoking

Smoking doubles the risk of stroke when compared to a nonsmoker. Smoking increases clot formation, thickens blood, and increases the amount of plaque buildup in the arteries. If you smoke, try as hard as possible to stop. Ask your doctor about quit-smoking aids like nicotine patches, counseling, and programs that are available to you. Quitting smoking can be difficult, so don't give up if you are not successful the first time you try. I never struggled with it.

## Alcohol

Alcohol use has been linked to stroke in many studies. Drinking too much alcohol can increase blood pressure and the risk of stroke. Aim to drink in moderation – no more than two drinks a day for men and one drink a day for women. I don't drink at all.

The statistics are staggering—in fact, African-Americans are more impacted by stroke than any other racial groups within the American population. African-Americans are twice as likely to die from stroke as Caucasians and their rate of first strokes is almost double that of Caucasians. Strokes in this population tend to occur earlier in life. And as survivors, African-Americans are more likely to become disabled and experience difficulties with daily living.

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<sup>9</sup> <http://www.cdc.gov/physicalactivity/everyone/guidelines/>

## TIME IS THE BRAIN

At some point all of us will face this disease, whether it's directly or as care provider of someone you know and love. I have to deal with this disease for the rest of my life, whether it's taking my meds, following my diet or following my workout plan and whatever it takes to avoid an episode again. So I have the information that I learned over past year and I still have great deal to learn.

My biggest goal in my life is not just to be healthy, but it is to return to work in a way where I am a provider, servant and directly helping people. So it is going to take a lot work and an incredible amount of belief. As a consultant in Service Management in the IT field, I felt that my beliefs couldn't be met. I couldn't go back to the same job, the same industry or field. That is why I have chosen the Healthcare IT industry. I don't know yet, specifically in what area, that's why I am now taking a Big Data/Analytics and Healthcare for IT courses at Emory University. After completing those courses the answer would be clear.

But that's only part of it. I plan to use my personal time to speak to my friends about what exactly is a stroke, how to recognize it and what to do to prevent stroke. With a message tailored for each community, I plan to reach these affinity groups:

**Workplace.** Host a lunch and learn.

**School.** Make a presentation to a class.

**Places of Worship.** Have a table before or after the service.

**Senior Center.** Ask about having a table during events.

**Home owners associations.** Ask about newsletter or bulletin

**Service Club.** Contact groups like Lions, Rotary Club ...



Figure 25. My First Presentation

I have already started and had my final presentation, for the shepherd staff in august. It was my last day for outpatient services. Each instructor gave a review and things we have to work on. I was pleased with all of my reviews.

## Summary

Even though I am currently still experiencing brain loss and fighting through pain and taking my medications, I must admit that I have a lot to be thankful for. First I have to thank Almighty God, my Heavenly Father, who has been so good to me throughout my illness and recovery. Also the support I received is so important during illness and the recovery process, that it is fitting for me to say a "hearty thank you" to all family members, pastors, friends and well-wishers, and to those who not only prayed for me, but also personally visited or sent Get-well Cards. Even though I cannot mention all the names because the list would be too long, but each one of you has not been forgotten.

At this juncture, I must sincerely thank my four boys, who practically saved my life, and for notifying close family members, especially Leslie, my younger brother, who was at my side from day one, and also assisted with all my personal and financial business. Special thanks goes out to my loving Mom, Myrna, who travelled from the Caribbean, and stayed with me for 6 months while I was in therapy and recovery. And my dad, Chris, who visited me quite often despite the long hours he spent driving from Florida to Atlanta.



**Figure 26.** My family: Chris (dad), Jenny , Myrna (mom), and Leslie



It is my hope that people who have had a stroke will be encouraged by my successful recovery. Although I am in the 2% of those who have a severe stroke and are able to return to a somewhat normal life. I can walk, talk, back in school, and have found an area of society where I belong. The truth is when this disease comes, it is here to steal, kill and destroy. I know because I was lying, half paralyzed, thinking optimism is hard to come by.

## Time is Money, No, **TIME IS THE BRAIN.**

Roger L. Brathwaite, MBA

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I am hopeful that one day in the not too far distant future, that Pharmaceutical company researchers will be successful in discovering more and more about the complex mechanisms at work before, during and following a stroke. This knowledge will lead to new and better ways to limit cell death in the brain when a stroke occurs, to salvage damaged brain cells and to aid in recovery. Currently, there are more than 88 new drugs being developed to treat or cure conditions that can make strokes more likely to occur. In addition, pharmaceutical researchers have developed more than 12 new drugs to help reduce the terrible damage to the brain, when a stroke does occur.

In the years to come, exciting new therapies will change the ways stroke is treated. Pharmaceutical researchers are testing and developing new drugs known collectively as neuroprotective agents designed to interrupt this cascade and protect the brain from secondary injury.

Overall, the future holds great hope. We are now on the brink of a new era in stroke research that could significantly change the ways in which acute stroke is treated. This is good news, but it doesn't mean the work is over.<sup>10</sup> James Shepherd set out on a backpacking trip around the world in 1973 after graduating from the University of Georgia. While bodysurfing off a beach in Rio de Janeiro, he was slammed to the ocean floor by a wave. Mr. Shepherd, who was 22 at the time, sustained a serious spinal cord injury that left him paralyzed from the neck down. What if he felt, there was no hope, and no reason to work.

After spending five weeks in a Brazilian hospital struggling to survive, he returned to the United States. After six months of intensive rehabilitation, James regained his ability to walk while using a cane and a leg brace. After returning home to Atlanta, James and his parents - Harold and Alana Shepherd - were frustrated with the lack of rehabilitation care options in the Southeast. And now we have the Shepherd Center, 40 years later, we can say, Thank You. Now it is my turn, time is money, no, **TIME IS THE BRAIN.**



**Figure 26.** James Shepherd

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<sup>10</sup> <http://www.shepherd.org/aboutr/history-and-mission>

Time is Money, No, **TIME IS THE BRAIN.**  
Roger L. Brathwaite, MBA

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