



## **Gary Gober-** *Presentation of Damages in the Brain Injury Case*

Gary Gober is the founder of The Gober Law Firm. For over 40 years he has litigated cases in both criminal and civil courts in the state of Tennessee, representing a host of seriously and permanently injured men, women and children in cases ranging from brain injuries to burn injuries. He has successfully represented thousands of Tennesseans who were seriously injured on the job and has conducted free public seminars to inform working people about their legal rights in workers compensation.

## **THE TRAUMATIC BRAIN INJURY CASE: SEVEN STEPS TO SUCCESS**

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If you are a Plaintiffs' personal injury lawyer, sooner or later a potential client will walk into your office who has sustained a traumatic brain injury. Over 1.4 million of these injuries occur every year in America. Traumatic brain injury (TBI) is the hottest health topic in the country today; it is only a matter of time until you encounter one.

This brief article does not purport to be an exhaustive manual on how to handle a TBI case. Rather, I merely offer some guidelines to the lawyers who may be inexperienced in this field, and particularly young lawyers, consisting of seven basic steps to take in order to achieve success. I think they are indispensable.

### **FIRST: SCREEN YOUR CASE CAREFULLY**

Proper case selection can make the difference between victory and defeat, between solvency and bankruptcy. You need to look at three factors of decision: first, LIABILITY. TBI cases are often defended vigorously on the issue of causation. That involves experts and experts are expensive. Battling over liability before you even get to the issue of causation and damages drains money and energy, is distracting and gives the jury something additionally to argue about when they decide whether your client gets any award at all. Clear liability is always a plus in case selection when it comes to TBI cases in which causation and damages is hotly disputed, as will be the situation in most mild TBI claims. Of course, if you have a manifestly severe life-altering TBI where the client's prospects are destroyed, it may be worth fighting over who had the green light. It all depends on the facts.

The second factor is COLLECTABILITY. No coverage, no money. Low coverage, low money. You've got to have adequate coverage, which in my experience usually means a commercial defendant. The stark fact is that most plaintiffs and most individual defendants are underinsured with a 25 or 50k policy. By the time the client gets to you, the decisions that will determine the financial parameters of the case have usually already been made. Count yourself fortunate if they have been made in your client's favor.

The third factor is CREDIBILITY. Ask yourself "Can I sell this claim to a jury? Will they buy our story? Most lawyers with some experience develop a feel for this. Credibility is more than just believability; it includes trustworthiness. To have credibility, the client must not only be believed by the jurors, they must believe IN him. This embraces qualities like honesty, humility, simplicity, straightforwardness, diligence, sobriety, and likability. Life is unfair, and long experience has taught me that if the jury doesn't like your client, they won't award an adequate verdict, and an adequate verdict is, for most of us, a large verdict. Nobody gets high fives for little verdicts.

Screen your TBI cases. Approach the intake decision with a certain open-minded but hard-nosed sense of reality. We all want to say "yes" to new business. Sometimes "no" is the most profitable answer we can give.

### **SECOND: COUNT THE COST**

Litigation is expensive, and TBI cases cost as much or more than most to prepare. For one thing, most mild TBI is not detected on conventional CT or MRI scans, and must be inferred from behavioral or cognitive changes in the individual. This requires expensive neuropsychological testing and evaluation. Neuropsychology has become a cottage industry for litigation with plaintiff and defense experts at the ready to testify for one side or the other. These experts are not cheap.

Additionally, recent advances in neuroimaging have yielded diagnostic tools such as 3 tesla MRI and diffusion tensor imaging which may provide clearer evidence of shearing of axonal brain circuits in traumatic events such as vehicular crashes. Accessing these diagnostic modalities and then getting expert testimony to explain them can be very expensive. All of which is to say that if you are going to do this type of work, you need to have access to either cash or credit to pay for it. Many law firms are forming joint ventures to share the costs and financial risks of TBI litigation. Before undertaking representation, you should be confident that you have the resources to see it through.

### **THIRD: KNOW THE MEDICINE**

You should be familiar with the anatomy and physiology of the brain. Take a course in human anatomy and physiology at your local state college. Go on the Internet and explore the vast literature on TBI that is to be found in publications like the Journal of Neurotrauma and another peer-reviewed journal, Neurology. One learned paper that I would recommend without hesitation to lawyers wanting to handle TBI cases is an article by Drs. Bret Masel and Douglas De Witt in Vol. 27 of the Journal of Neurotrauma, August 2010, entitled "TBI: a Disease Process, Not An Event." Also, read HEAD CASES, by Michael Paul Mason, published by Farrar, Straus and Giroux for a dramatic depiction of how TBI can permanently transform the lives of its victims. Powerful stuff.

Join the TBI Litigation Group of the American Association for Justice. It's a goldmine of information regarding developments in the literature, case results across the nation, experts to retain and avoid, developing evidentiary trends and perhaps most important, networking opportunities. Every lawyer who represents plaintiffs in TBI cases should belong to this group.

### **FOURTH: ORGANIZE THE MEDICAL PROOF**

Traumatic brain injuries are of three kinds: mild, moderate and severe. The vast majority are usually considered in the "mild" category, although this is a concept that is coming increasingly under attack.

It has been estimated that some 57% of "mild TBI" are not diagnosed in the ER. Regular CT scans and MRI scans usually show no abnormalities so there's a good chance that your potential client's true condition has been missed entirely. That means you may need to do the differential diagnosis to look for signs of brain injury. Some are as follows: any alteration in mental status at the time of the traumatic event, pre or post traumatic amnesia, dizziness or confusion; memory loss, difficulty

concentrating or processing written material, headache, slurred speech, anosmia (loss of sense of smell); some personality change such as loss of inhibition, inappropriate outbursts, depression and loss of energy.

You must procure ALL the client's medical records going back to childhood. This includes prior intelligence scores and psychological records. These can provide a baseline against which later neuropsychological test results can be measured.

If the client's head injury has been diagnosed dismissively as a "concussion" with no additional treatments prescribed, there's a good chance that his PCP has not considered the presence of a significant brain injury. It will be up to you to find the treating or retained experts to round out the proof. You may need to consult a neuropsychologist for the purpose of testing to measure cognitive impairment, a neuropsychiatrist who can treat the resulting depression, a neurologist who can diagnose or treat impairments resulting from headache, seizures, and reduced executive decision-making arising from a so-called "mild" TBI. If the client has a long-standing relationship with his PCP, post-traumatic differences in personality and affect can be documented.

A TBI case is a Production and the victim's lawyer is the Producer. He or she must produce the medical evidence that is powerful and persuasive in winning the jury over to the client's cause.

#### **FIFTH: KNOW YOUR CLIENT'S STORY**

Every case involves a story and in order to win you must tell that story effectively. You will have to immerse yourself in the client's life. Get to know your client. Visit in his home. Have dinner with the family. Spend quality time learning how the injury has affected your client's everyday life. In a limited way you should become part of the family. You can't tell what you don't know and the best way to know something is to experience it. This way you will know what your client means when she says, "I'm not me anymore."

#### **SIXTH: USE LAY DAMAGE WITNESSES**

Your goal is to persuade the jury that your side has the truth. To do that, you must produce expert testimony, but in all candor, it has been this writer's experience and observation that the jurors think that you have your bought-and-paid-for experts, and the defense has theirs. Good expert testimony can have persuasive value but the jury is likely to feel that on the whole, expert testimony is a wash. You have to have it, but it is usually not the most decisive factor in winning. The most persuasive and powerful witnesses are those non-technical persons who can describe the changes in your client since the injury. You need to identify and interview the cast of characters in your client's life. It is they who will tell the jury how the injury has affected your client's existence.

Who is the most effective lay witness? Someone who has known your client for some time, whether months or even years; someone who has no axe to grind, no personal interest in the outcome of the case, like a co-worker or better yet, a supervisor; someone who is credible, a salt-of-the-earth person who exudes believability and trustworthiness. That kind of witness will make your case. That kind of

witness testimony will enhance the award by convincing the jury that your client has sustained a real injury with life-changing consequences.

The lay witness testimony must be anecdotal to be effective. Statements like “he’s almost a different person’ won’t cut it. How different? What examples can be given? An unexpected outburst in a restaurant; a rescue after forgetting how to get home from the store; the lapse of effectiveness on the job to the extent that your client had to be replaced. These are real-life glimpses of the client’s experiences and resultant suffering. The credible lay witness can be the key to the damage award in your case. Use them.

### **SEVENTH: DEVELOP POWERFUL THEMES FOR SUMMATION**

I believe that advocating for the Plaintiff in a life-changing TBI case is a spiritual experience. You are dealing with the great themes that define the meaning of life. What counts is not what the defendant by his negligence has taken away; it’s what your client has left. To be sure, your client may LOOK normal; she may take care of herself and arrange her clothes, in short, she may survive. But as the great Moe Levine once said, “If all we have left is mere survival, who needs it?”

Michael Paul Mason in his book, HEAD CASES tells the story of a woman who was taking her seven-year-old daughter to school when they were hit by a train at a railroad crossing. The woman was in a coma for weeks. When she woke up she had no memory at all of her daughter nor of her fourteen-year marriage to her husband. These lost memories are permanent; the memory circuits in her brain that held them have been destroyed, likely forever. The woman has procedural memory. She remembers how to clean up, make the beds and do the dishes. But she has lost all episodic memory of relationships. She lives in the perpetual present and cannot remember what happened five minutes ago.

How would you sum up in a case like that? What would you draw upon to convey to a jury the enormity of that loss? How would you describe the loss of thrilling to a little girl’s laughter on a Christmas morning, or the excitement of your wedding day when you and your spouse set out on your honeymoon and began your life together? Well, I can’t give you the words to say; there is no form book on that. Each advocate must find his or her own words, as the great Nashville lawyer Jack Norman once said, “in the lonely temple of his soul”.

Nonetheless there are things you can do. Find out what moves you, what themes thrill your heart, and tie into those themes. Read scripture. Know your Bible, that great source of the spirit for the ages. Read great poetry. Hear great inspirational speakers, particularly great trial lawyers. Unfortunately, most of the great rhetorical giants of the trial bar have passed on; we live in a diminished age of power point and computer animations. But there are still some profound thinkers out there. Learn who they are and expose yourself to their teaching. You will grow in wisdom, and you will win.

**PARADIGMS OF PORTRAYAL, PERSUASION, AND POWER IN TRAUMATIC BRAIN INJURY CASES  
GETTING THE MESSAGE ACROSS FOR THE ADEQUATE AWARD**

**By Gary R. Gober**

Every year in America more than 1.4 million people suffer a traumatic brain injury (TBI) of some kind. The vast majority of these are categorized as "mild" as opposed to "moderate" or "severe". Fifty-seven percent (57%) of these so-called mild brain injuries are not even correctly diagnosed in the emergency room. Consequently most victims stumble on in ignorance, often not seeking or receiving proper treatment until months after the initial precipitating event.

Over the years conventional wisdom developed a number of myths about TBI which influenced litigation in this area for decades. One such myth was that TBI was a discrete event that occurred, could be treated, and was over with, its symptoms and sequelae known and identified. Another conventional belief that gained wide acceptance in the medical community was that a person could not sustain a TBI without loss of consciousness. A third belief that was widely held was that mild TBI was not permanent and that complete recovery in nearly all cases was to be expected in a matter of days, weeks or months. In recent years, great advances in neuroimaging, studies on patient cohorts conducted over time that have finally borne fruit and the treatment outcomes of thousands of patients with TBI both past and ongoing, have begun to develop a consensus on TBI that have put the lie to the so-called "conventional wisdom" about TBI. This consensus contains three great truths.

**I. TBI IS A PROCESS, NOT AN EVENT**

In August 2010 Drs. Brent Masel and Douglas De Witt published an article in the Journal of Neurotrauma , vol 37 in which they asserted that TBI is not like a fractured bone which can be set and allowed to heal. You don't "fix" a TBI. It is a CHRONIC DISEASE PROCESS THAT MANIFESTS ITSELF OVER TIME. When a TBI occurs, structures in the brain that function as message relay centers get torn or sheared. These structures, called axons, are microscopic filaments covered with a white fatty substance called myelin. There are billions of these filaments in the brain and they constitute what is called the White Matter. The brain cells themselves are called neurons and they are termed the Gray Matter. There are over 100 billion neurons in the human brain, as many neuron cells as there are stars in the Milky Way Galaxy. Axonal shearing or tearing breaks the circuits for message conduction in the brain and results in the blockage of information the brain requires to function properly. When axons break down from trauma, they emit toxic substances which infect adjacent and nearby axons, setting up a process of deterioration which results in a multiplier effect of axon damage, a kind of cascade of pathology, with attendant consequences developing over time. A TBI thus evolves, with its consequences manifesting themselves over weeks and months. Studies have shown that in comparison with the general population, within one year of injury survivors are 37 times more likely to die from seizures, 12 times more likely to die from septicemia, 4 times more likely to die from pneumonia and 3 times more likely to die from respiratory conditions. The sequelae of TBI are ongoing and insidious. TBI survivors don't live as long and don't earn as much as non-injured persons in the general population. They have a life expectancy reduction of 7 years. Other kinds of post TBI morbidities include epilepsy , sleep disorders and psychiatric disorders. Five percent of all epilepsy is from TBI. Brain injury is the

leading cause of epilepsy in the young adult population. Sleep disorders such as obstructive sleep apnea are common following TBI.

Psychiatric disorders are far more common among TBI survivors, including suicide (18% of TBI survivors attempt suicide within five years), substance abuse, emotional instability, and mood changes. Job performance suffers as well (32% of TBI survivors are unemployed after 5 years.)

It is increasingly apparent that cognitive function gradually decreases after TBI, with greater declines with increase in age. This would be a natural process anyway, but TBI accelerates it. TBI is thought to be a risk factor in Alzheimers Disease. Repetitive blows to the head, such as those experienced by boxers and football players can cause chronic traumatic encephalopathy (CTE, also known as "punch drunk" and dementia pugilistica). There have been confirmed findings of CTE in retired professional football players verified by autopsy, according to Masel and De Witt.

## II. LOSS OF CONSCIOUSNESS IS NOT NECESSARY TO A DIAGNOSIS OF TBI

The Center for Disease Control has eliminated loss of consciousness as essential to a TBI diagnosis. Any alteration in brain function, i.e. dizziness, post traumatic amnesia or confusion can contribute to a TBI diagnosis.

## III. TBI IS OFTEN PERMANENT

Another myth goes down. This is true even of the so-called "Mild" TBI, a term with increasingly diminishing meaning. It is estimated that perhaps 15% of all "mild" TBI is permanent.

In view of the foregoing, the term "TBI Survivor" is a euphemism. For many years half of all moderate to severe victims died within a year.

TBI IS PERHAPS THE FOREMOST HEALTH ISSUE IN AMERICA TODAY. Professional athletes, returning vets from war zones, and the injuries of schoolboys have all pushed TBI to the forefront of controversy and concern in public health. Almost everyone is directly or indirectly affected by it.

## HANDLING THE TBI CASE

TBI cases are tough cases! They are expensive to prepare, and often difficult to win. The majority of litigated TBI cases fall into the category of "mild" TBI, or MTBI cases. Jurors are skeptical. There is a high plausibility threshold, partly because most MTBI will not show up on regular imaging studies, such as CT and MRI. The core of defense strategy in MTBI cases is to deny their existence. The client is said to be malingering, manufacturing an imagined condition for secondary gain. A whole expert industry has grown up around the attempt to portray TBI injuries as bogus and fraudulent.

So how can we turn the EMERGING CONSENSUS ON TBI to our clients' advantage and obtain justice in the form of the ADEQUATE AWARD?

First, we must TELL THE CASE STORY. ALL TBI ADVOCACY IS STORYTELLING. I recommend you get a book entitled Head Cases by Michael Paul Mason. It was published by Farrar, Straus and Giroux in 2008. Mason is a brain injury case worker based in Tulsa, Oklahoma. He relates the story of Julie Myers, who suffered a severe head injury in 2000 when the car in which she and her seven year old daughter

Christina were riding was struck by a train at a railroad crossing in Kansas City. Julie Myers was in a coma for two weeks. Christina did not survive the wreck and died shortly thereafter. Julie Myers has no memory of her daughter nor of her 14 year marriage to her husband Rick. She lives in the perpetual present. The memory impulses carried by her brain's axons were canceled out when those axons were sheared and torn in the wreck. She can remember what you tell her or what she sees on television for about five minutes; then it's gone and she starts over. Julie has procedural memory (i.e., she can clean, cook, wash clothes) and semantic memory (she can remember some names and days of the week), but she has lost episodic memory, (i.e., all memory of her daughter is erased, as well as her courtship and marriage and life with Rick). He keeps Christina's picture on the mantle, hoping that one day there will be a flicker of recognition. But there probably won't be since the memory circuits were destroyed and probably won't regenerate. Julie Myer's TBI is a severe one, perhaps more severe and life-altering than the typical TBI case you will handle. But it perfectly illustrates the devastating effects a TBI can have on a person's life. A TBI erases the self, destroys the "Me" that is most people. It is the amputation of the soul. How would you go about telling that story?

What is the goal of the case story and its presentation? It is to cause the jury to "see that which is invisible", just as the scriptures say Moses did (Hebrews 11:27). Modern imaging techniques such as DTI (diffusion tensor imaging) and high power 3 Tesla MRI can portray axonal atrophy in areas like the corpus callosum, which joins the two hemispheres of the brain. But those are rather abstract images. It is the story of affected people that makes those images real and powerful and moving.

### **THE THREE PARADIGMS OF ADVOCACY IN A TBI CASE**

#### **I. PORTRAYAL PARADIGM**

This paradigm involves the depiction and demonstration of the injury and its diagnosis and treatment. It involves educating the jury on the nature and extent of brain injury and this of necessity involves teaching about the anatomy of the brain. The jury cannot begin to grant an adequate award if they don't know what you are talking about when you mention the term traumatic brain injury. Every personal injury lawyer who wants to do this type of practice should take a course, for credit, in human anatomy and physiology in their local state college or nurse training institution. This will provide facility and confidence when discussing the impact of brain trauma upon the brain and body. Having armed himself/herself with knowledge by availing himself/herself of such training, the advocate should assemble a team of medical specialists from both treating and retained expert professionals in the field.

Use the treating neurologist to teach the jury about the brain's anatomy, substance and structure, as well as the effect of trauma upon it. The use of a first-rate medical illustrator is essential. A good one is Medi-Visuals of Richmond, Virginia, who can provide your expert with graphic depictions of axonal shearing, evolving and continuing axonal deterioration, subdural bleeding and the functional impact of injuries such as coup-contracoup injuries in rear-end collisions. Most TBI cases you will handle involve the so-called mild TBI, a common cause of which in auto wrecks is the rear-end collision. It is important to show what happens when the brain, a 3 pound object with the consistency of jello is shaken back and forth inside the skull. The interior of the skull has a jagged surface characterized by sharp, bony ridges. When the brain is impacted against these bony ridges, axons are torn, twisted, may actually be broken (sheared), with attendant calamitous consequences on brain function from memory

to cognition and beyond to personality. Animations can be obtained generically showing the dispersion of toxic substances from torn axons to adjacent or nearby axons that very clearly depict the process of TBI and its evolving manifestations.

The science of neuro-imaging is advancing. Whereas lawyers used to have to struggle to prove the existence of actual brain lesions because of the absence of findings on conventional tests, new machines and techniques like diffuse tensor imaging and 3-Tesla MRI and beyond are beginning to break the barrier of negative findings in many cases. The battle for admissibility is on and has been extensively argued and briefed in many states, but it can be said today that the trend is unmistakably toward admissibility. There are experts who are becoming known for their work in this area and they can be retained to testify in cases after performing diagnostic tests on the client involving the new techniques. Bear in mind, however, that such testing and its accompanying testimonial proof is expensive. At this point in the evolution of the technology you're going to have to spend money to get money----a lot of it.

The portrayal paradigm involves the medical proof. It is suggested that your approach to the medical proof in a seriously disabling TBI case should be syncretic: i.e. involve several medical specialties that impact your client's treatment.

The proof may involve the personal physician (PCP) of the injured person. This is usually the first doctor who sees the client after he or she is released from the ER. This doctor's observation of the client over time, from the beginning of the instant treatment on through to the referral to various specialists in the course of treatment provides perspective. This is the doctor who has the most comprehensive knowledge of the client's past health history. It is vital for you and the treating and evaluating medical experts to know the client's medical history and whether they have any past occurrence of head injury, treatment by head injury providers and past litigation experience for personal injury. None of the treating doctors must be blind-sided. The treating PCP can present the facts regarding the gradual worsening of the client's condition, i.e. memory loss, difficulty thinking, job performance issues, emotional instability, marital discord and behavioral problems. As stated previously, the treating neurologist can explain brain anatomy to the jury and testify as to the usefulness and diagnostic validity of other medical specialties.

Many, if not most, TBI practitioners will use the services of a neuropsychologist who can administer a battery of tests designed to measure loss of cognitive ability. The defense has promoted the use of defense neuropsychologists who will accuse your client of outright malingering and swear that there is nothing wrong, but that the client is making the whole thing up. A very useful work on the cross examination of deceptive defense doctors by Dorothy Clay Sims of Ocala Florida has proven invaluable in many cases. Some plaintiff practitioners in recent years have stopped using neuropsychologists in their cases because they believe their findings are so contentious and hotly disputed that their persuasive utility is questionable.

Neuropsychiatrists deal with the neuropsychiatric sequelae of TBI, such as depression, lessening of executive functioning ability, emotional instability and loss of inhibitions as a result of frontal lobe injury to that part of the brain that controls such behavior. When people are clinically depressed they become much more susceptible to suicide. The neuropsychiatrist is essential in describing the modes of therapy, counseling and treatment required in these cases.

Life care planners are professionals who are expert at drawing up plans for the meeting of lifetime needs in medical treatment, counseling, special services, nursing care and various types of continuing treatment. They will assess the cost of these services over the likely lifetime of the client. Their findings can involve very significant sums to add to the claim for special damages for economic loss. In a time when non-economic damages are increasingly susceptible to being capped by state legislatures, this type of testimony becomes more vital than ever to the achievement of an adequate award. Vocational economists are also important in these cases since brain-injured persons earn considerably less over their lifetime than the general population. Prove that in your case with a vocational expert.

The PORTRYAL PARADIGM embraces the technical and physical aspect of your case. It should be visual, vocal and vital. Doing it right is essential. But there are yet two more legs to the tripod of getting an Adequate Award. They are decisive.

## II. THE PERSUASION PARADIGM

We must have experts, with all the difficulty and expense they add to the case. But you can put on all kinds of evidence about sheared axons, diminished cognition and reduced lifetime earnings and still draw a zero. What actually persuades the jury on damages and causes them to give large verdicts? In 2013 a medical-legal seminar on TBI was held at the Carlton Hotel in Miami. A participant asked the whole group of about sixty lawyers what they thought was the more crucial ingredient in obtaining a substantial damage verdict; the testimony of experts or the testimony of lay witnesses. To a person, the answer was lay witness testimony.

In many cases jurors regard the expert testimony as a wash. They expect both sides to go out and hire professionals who will bolster their case. Unfortunately you will not get to the jury without an expert in a TBI case, but the exact value of the expert is up for debate. What is not debatable, however, is the powerful compelling word of a salt-of-the earth lay witness, a friend, a neighbor, a co-worker, a supervisor, a fellow church member, someone with no ax to grind, who tells how the light has gone out of the client's eyes, how they have lost their spark, how they are a different person. This is persuasive dynamite. The word of such a sincere and credible lay person can be worth all the hired experts in the world. In addition to lay witnesses, use before and after videos, recordings, photographs and recollections from people. **"BEFORE AND AFTER" THIS IS THE CRUX OF PERSUASION IN A TBI CASE!**

You must tell the client's story, and in order to do that you must live it. You do this by entering the client's life, by becoming for a time a part of the family; by visiting the home, eating meals with the family, getting to know the lay witnesses. Know the pain involved in a TBI, not only for the victim, but for their family. Very often the client's personality will change, they will become unstable, angry, moody, demanding, irrational and abusive toward family and friends, even toward you. Understand why, and put it to work in persuasive power.

### III. THE POWER PARADIGM

This is the last leg of the Paradigm Tripod. The Persuasion Paradigm gets you to the jury. The Power Paradigm gets the jury to you. With Power you get their hearts. It makes them want to help. When a person loses his or herself; when they cry out, "I'm not 'ME' anymore!" they have reached the ultimate issues of life. As Moe Levine once said, "If all we have left is survival, who needs it?" The Advocate must articulate the meaning of that loss, what it means to lose one's memory of a loved one, of smelling the roses, of laughter long and forever erased? Discover what moves you, what really matters in life. Then give it vitality in your words in summation. Advocacy in a TBI case is essentially a spiritual exercise.

The victims of TBI wander in darkness. They need hope. Supply that hope. By effective advocacy that secures justice and makes a difference, you punch holes in their darkness. This is the meaning and the highest privilege of advocacy: to let in the light.