

## Christopher Janney

*In May 2019, Lincy and I (Sophie) visited an international conference on BPI in Leiden, The Netherlands. Here, we encountered multiple BPI groups and met Christopher Janney, the current chair of UBPN. We've asked him to share his story. You'll find the original in this document. The Dutch version can be found on our website and in our paper, the bulletin.*



Hello fellow BPI friends and family,

I am Christopher Janney and I live in sunny Los Angeles, California. I grew up in the northeast of America in New Hampshire where I learned to love the great outdoors. Pretty much any adventure in nature like snow-skiing, water-skiing, mountain biking, or sailing always brings me joy. I currently make a living in real estate development and architectural design. Within the past year, I took on the role of president of the incredible and dedicated nonprofit, the United Brachial Plexus Network (UBPN).

On December 15, 2002, at 34 years old, my introduction into the world of Brachial Plexus Injuries began. On a sunny Sunday afternoon, on the way to a pre-show rehearsal for a theatrical play I was in, I had a motorcycle accident, resulting in the avulsions of three Brachial Plexus nerves to my dominant right arm (C5, C6, & C7), my right side accessory nerve, phrenic nerve, and vagus nerve all crushed, along with fractures to the C1 and C2 vertebrae in 4 places, a punctured right lung, and broken scapula in three parts.

During my month-long hospitalization, much to my frustrations and my family's, we started to discover just how difficult it was to determine the extent of the injuries to my right shoulder, lung, arm, and hand. All of which remained completely paralyzed for the first 2 weeks there, with only my thumb and index fingers beginning to twitch by the third week. When looking back on those old medical records, for the first time 17 years, I'm amazed how thoroughly the neurosurgeon documented the persistent

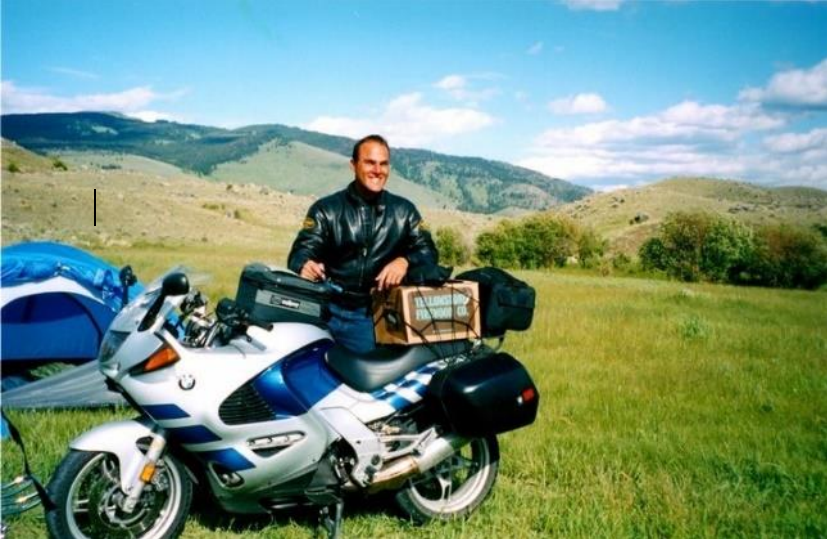
questioning I had for a clear resolve of which nerves were damaged and how we should be putting this Humpty Dumpty back together again soon.

The evident lack of exacting diagnostics scared me from the beginning. During my first week in the hospital, the first conversation I can remember, that could pierce the heavy fog from the morphine drip, was one with my older brother Daniel. Dan had just flown down from San Francisco to join my father, who arrived a couple of days earlier, and my younger sister Jessica, who had been with me since day one in the trauma ward of the hospital. All conversations with anybody before this one with Dan were mixed with a haze of floating scenery drifting behind the heads of any person that came to speak to me. Inching across white institutional ceiling tiles (above and beyond the occasional face peering down at me) where a trail of hieroglyphic riddles, weaving in and out of the cottage cheese paneled surface, charging cowboys and Indians riding around in circles on horseback. This reduced any coherent conversation to a story of the Old West as my focus returned to my personal morphine drip show above.

Dan came down to hug me and told me how lucky I was to not be dead, or a quadriplegic. His eyes fixed on mine, like magnetics, pulling my focus straight again and eyes locked onto his. "I've got some news, it's not good, but it's important," he said with a half-smile of hurt yet full of love. I nodded, "okay, that's good, what is it?". "We're fucked. No one knows how to fix this injury", he paused and kept my stare, "and if it's as bad as it might be, we're going to have to figure out how to fix it ourselves." I wasn't sure I heard him correctly and was expecting the cowboys and Indians to float past behind him on the ceiling. His eyes didn't shift or blink, and it was then I knew I heard exactly what he'd said, and I knew it was a gift to be told this, even though I had no idea exactly what it really meant. I blinked a half-dozen times—hoping it would sort my mind better, choked a swallow I could hear, and in full-belief said "okay, we're gonna fix this."

Between that moment, to every moment just before going under the anesthesia 4 months later, I was in the ring, fighting to "fix" this injury. I didn't care what it would cost or where I'd find the money when I ran out. I bought every 2-kilo textbook on neurosurgery and neuroanatomy I could find on the new miraculous internet bookstore amazon dot com. I flew across the U.S. interviewing all the best BPI surgeons I could find, which was only a handful. Even after my first surgery of 15 hours, with three of the most talented, progressive, and caring BPI surgeons in all of the Americas, I continued onwards to the UK to meet one of the world's only a few neurosurgeons actively replanting the nerve roots back into the spine that had been torn out of it.

During all of this pre-surgery time, my devoted and caring sister Jessica was my champion, my research fellow, my travel companion, my right arm (filling out forms, opening letters, scratching my side), my neuropain confidant, and most importantly the 'quiz the doctor' co-creator of our game to save my limb. Collectively we read every single book and published medical study on BPI we could find. PubMed became our live-action screensaver on our overworked computers. There was so much to learn, to feel like we could have any chance of genuine conversation about the nature of my injury, or even begin to imagine having any thoughts that we could usefully contribute and hadn't been thought of a million times before by



overwhelmingly educated, trained, and seasoned professionals, but we carried on anyway because no one wanted to save my arm as badly as I did, or my dear sister Jessica.

Eventually, the team of BPI specialists at the Mayo Clinic was the clear choice after meeting all of the other available options. Dr. Spinner, Dr.

Bishop, and Dr. Shin worked as a seamless team, yet collaborated as independent thinkers, and would co-create a stream of possible surgical tactics as they examined each part of my injured body, while simultaneously reviewing my diagnostic results. Their attention and focus were laser-like and their genuine patience with our endless questions and prodding was Herculean. They were the obvious leaders in the BPI surgical field within the US and respected globally. They would introduce new surgical procedures to the U.S. which had been developed abroad (in India or the Far East for example), where surgically progressive risk-taking is more acceptable and tolerated. No other medical professional was offering me the possible return of function that the Mayo Clinic BPI team was, and the two specialists I met, after first meeting with the Mayo BPI team, knew it. They reviewed my case with me, and then I'd describe the procedural options the Mayo could offer, and then they both recommended I return to Rochester, Minnesota, and get surgery at the Mayo.

Exploratory surgery is still the best diagnostic to determine the extent of this complex injury, so when you go in under the knife, they've got to have multiple sets of plans to treat whatever has actually happened, along with the skills and experience to execute it at the moment or stage it in part for later. This made having a team of three surgeons (or the "Three Kings" as my mom would dotingly call them), cohesively working together, a perfect solution to remediate whatever was salvageable the debilitating wreckage inside of me.

Because I'm naturally curious, coupled with the fact I was fighting to save my old best limb who was still attached to my side every day— reminding me he needed saving, I didn't feel too awkward or foolish asking all the questions I did. The BPI team's creative adeptness as surgeons and their willingness to engage with almost any of the recently-published research I brought in for their inspection, and hopeful approval (about 95% of which was on stem cell neuroregeneration and done only on laboratory rats). "Lab rats aren't humans, Chris. No one can tell exactly what they would grow into yet, inside of a human's body, including tumors", one of the 'Three Kings' would often remind me a little too often.

Four months to the day after my accident, I went under the knife, with all my prayers and hopes on the line. The road there was filled with unexpected bumps and repeating potholes, but I made it and was excited to finally bring on the healing! I was prepped and wheeled up on a rolling surgical gurney bed to my pre-op room where my anesthesiologist was waiting and immediately got to work hooking me up. My mother and sister Jessica came in, sleep and worry in their eyes, followed by the three doctors. It was an odd feeling of pre-game jitters, and if anything was going to

be said, it had to be said now. Each of the surgeons addressed some aspect of what was going to unfold, ensuring my confidence with theirs.

To this day, one of the finest things another human being has ever said to me was said by one of these scalpel specialists. As he stepped away from the other two doctors and closer to me, he looked squarely at me and grinned at the moment we were both in. Putting his hand on my shoulder, he leaned in, and just above a whisper he said "You're going to do fine today, Chris. I want you to know that I'm operating on you as if you were my own brother". He patted my shoulder, eyes smiling, and turned back to join his team. If I had any fears, they were now gone. My last question came out of my mouth all on its own "How about doing an Oberlin procedure to my triceps?" I openly asked like a Hail Mary quarterback with a few too many concussions to take seriously. The lead neurosurgeon twisted his gaze through his glasses, perplexed, "we already have plans for intercostals to biceps", and before I had a chance to respond, "Ah, he said triceps. Oberlin procedure to triceps" interjected my new and temporary 'brother'.



I had the rest of my life to live, and I wanted to save my deinnervated triceps from the oblivion of time and for the unknown adventure of the future. Every other single muscle in my arm that didn't have a life-supporting nerve attached to it wasn't going to be around next year, or ever again. This sucked and was a crappy road to cross, but I was crossing the best crappy road in town, thanks to the Mayo and their team. My body was out of healthy spare nerves to borrow from, and because the triceps weren't a functional priority, innervating it had never been brought up before. But the idea of never horseback riding again, mountain biking, or racing a friend in an impromptu match of 60-speed-push-ups was part of a future I didn't want to accept. So it was now or never, or so I thought, and my "Three Kings" were my only chance to save a part of me I'd always known and was not ready or willing to lose.

I am a lucky man. All of the surgical procedures performed at the Mayo were successful that day (and the years to come), which isn't always the case with the mass obstacles of challenges for successful nerve and muscle transfers to happen. Even though my triceps didn't make the agenda, I couldn't blame anyone for it. The three men had operated on me for 15 hours nonstop and provided me the best possible outcome to reverse paralysis in my country, or likely anywhere else on the planet. That first round of surgeries included: a left side (the healthy good side of neck) hemi-C7 contralateral cross over (nerve taken from my left arm at the neck and grafted across my throat, just under the skin, and over to my shoulder) to my right deltoid, which used a portion of my calve's harvested sural nerve (sexy "stocking" sutures run up the backside of both calves from the heel to the back of the knee) to bridge the difference in distance of nerves between the left side of my neck and my right side deltoid (some 18" between those two junctures). My left leg's gracilis muscle was transferred from my left inner thigh to my biceps to provide my arm with more flexing power than just innervating the biceps alone would. Four intercostal nerves from my ribs were used to innervate my biceps region: 2 intercostals to biceps, and 2 intercostals to the transferred gracilis - again using my other calve's

'angel' sural nerve to bridge the distance for the nerve grafts. One end of my gracilis (which, post-surgery, my doctors admitted was the longest they'd ever seen), was sutured to my right side clavicle, nearest the shoulder, run along my biceps muscle, and tucked around its ligaments at the base near the elbow, while the other end traveled down my forearm and was grafted onto my wrist extensors tendons to compensate for my paralyzed drop wrist. This allowed my hand to cock backward as my forearm gradually lowered towards full extension, which eventually gave my hand access to open up and grasp things. Without this new mechanical pulley arrangement of the wrist extensor tendons fastened to the end of the gracilis muscle, my hand function would be pitiful. By then, it had regained the ability to grasp around things and hold them, but the flail wrist would prevent it from being useful unless I manually moved my right hand and wrist with my left hand. That would've been the recipe for much frustration and future amputation indeed.

I'd made a personal promise along this journey of discovery; if I couldn't shake another's right hand with my right hand, then it was to be removed for good. I will always remain indebted to Dr. Spinner, Dr. Bishop, and Dr. Shin for the rest of my days.

A month later I was flying to London, and since my accident, it was the first time meeting a surgeon alone, and without my beloved teammate. I had years of hardcore recovery in front of me, and still years of surgeries too.

Dr. Thomas Carlstedt and I shook hands. My left hand turned over upside down and reached across to his open and extended right. This was my new way of shaking hands, and in the beginning years, it silently crushed me inside. The act of shaking hands had always meant something to me, as a young man and to this day. A brief cordial moment to connect and sample the bond with another you've just met, or have known a whole lifetime. There's a certain juxtaposition, of a perfect fit, when two hands come together to shake each other's. When you shake another like-minded man's hand you know, and that shake is the beginning of some unknown future adventure. My mission, in part, was to return that underrated tradition of connecting to another, back within my own powers again.

As I sat down across the desk from Carlstedt, the open folder of my medical records was closed, he asked me "what can I do for you, Mr. Janney"? I explained, "I would like you to operate on my damaged brachial plexus", which he replied, "I don't understand. You have just had surgeries at the Mayo Clinic in Minnesota, just this last month. There isn't anymore that I can do than what's been done". I confirmed with him "Yes, as many possible reconnections were made to save as many muscles that we could, and hopefully they all take and will eventually work, but all of the transferred nerves that were used to reconnect to those muscles will only provide a fraction of the power of those original nerves— that are now essentially just floating in limbo, disconnected and severed at two places. First, at the spine, and then severed again, to make way for



a live connection from a different and weaker nerve, like the intercostal nerves from my ribs to my biceps. When I'm eating pork ribs I never notice I'm eating through a pig's intercostals because they're so thin and thread-like." I patted the right side of my neck with my left hand. "I would like you to replant my three avulsed nerves." I continued "Now there is no risk if the replanted nerves take or not— my muscles have been re-targeted with alternate live nerves." Carlstedt shook his head, still not understanding my crazy yet. I went on, "after 6 or more months, we could test the replanted nerves to see if they've regenerated at all from the spine, and if they have, we can reconnect them back to their original muscles." He shook his head again and said, " I'm sorry, Mr. Janney, it's too late for any replantations to work, it has to be done within days after injury to have any chance of regeneration from the spine. It's been 5 months since your injury". I agreed with the ingenious researcher surgeon, "I know, that is why I want to incorporate the work of Professor Geoffrey Raisman, and harvest the Olfactory Ensheathing Cells (OECs) from my nose, to secure that the replantations can regenerate and bridge the attachment through the scarring at the spine." Dr. Carlstedt leaned back in his chair a moment while looking at me curiously, and cheerfully laughed "Hmmm.. not bad. This is a good idea. A very nice idea indeed" he smiled. "Huh!" He coughed out, almost to laugh to the challenge. His seat went straight and quickly explained, "but this is impossible, even if I thought it was possible, I'm not at liberty to do anything of such a nature here in England, with my current position". Dr. Thomas Carlstedt is Swedish by birth and conducted much of his innovative research on replantations at the Karolinska Institute in Stockholm. He was now teaching and researching at the University College of London, (the same College Professor Raisman was) and I was prepared for that, "There is a medical facility in Lisbon, Portugal, run by Dr. Carlos Lima, that has been transplanting OECs at the site of a spinal cord injury for their patients with varying levels of success, they could assist us with my brachial plexus replantation." The answer was the same, an appreciative and apologetic 'no'.

It was a shot in the dark and shot at my future. I would've let myself down forever if I hadn't taken this chance. I needed to know I'd tried my best, above and beyond what was the status quo or even yet available. My right arm had literally been my greatest companion and ally of my whole life, I wasn't just going to walk away and accept it was over.

Roughly three years later, I was done having surgeries, and for the time being, done putting Humpty Dumpty back together again. It would be another 5 years before I'd have to sell my little house in the Hollywood Hills, which I'd proudly purchased 10 years earlier with my income as an actor. In between all of that would be countless hours of physical therapy, far too little mental therapy, a few too many self-pity parties, more humps, more bumps, more hurdles, 4 am anger bouts, spontaneous tears, and enough pain medications to kill a few elephants.

One major personal victory was getting that procedure done at the Mayo Clinic to save my triceps from oblivion. It turned out that there was no published record of any surgeon ever performing that procedure before. Understandably, my docs at the Mayo were very resistant to reentering my healing yet unhealed arm, and risk damaging the elaborate work they'd already done to resuscitate it, along with the possibility of more loss of hand function from a partial ulnar the nerve transfer the surgery would require. The procedure would 'barrow' a third of my ulnar nerve's

fascicles to reinnervate the long head of my triceps muscle. The ‘pins and needles’ shock sensation that comes from hitting your elbow’s “funny bone” is caused by the ulnar nerve, and its function is mostly provided to the ring and pinky fingers, it was a possible trade-off I was very willing to make. As far as I understand it, I’m the first patient to come up with his own ‘world first’ neurosurgical procedure to be performed on himself. Knowing that this procedure is available to be used again, on another hurting soul caught in the crossfire of ‘no more forever’ or ‘yes, we can do this, is one of the greatest gifts that came out of this all.

The relationship I was in for 2 years before my injury went south fast, along with big chunks of my self-esteem. For a guy who’d never lost an arm-wrestling match since the day he beat his oldest brother, at the age of 15, I learned the hard way that much of my passion and identity was wrapped up in my right arm, and a right arm working extremely well. Pre-injury I’d taught white water kayaking and rafting, spent weekends mountain climbing for fun, and raced sailboats when I could find the time, and quit hand gliding because I loved it too much and was too you to be a kite junky. I had a lot to lose, and a whole lot more to learn. It would take me years to fully accept my injury, and honestly, for me, it’s been a constant practice, not a one-time mountain to climb, to get over the summit and you’re free of it all. In that way, I try and appreciate it as something to learn from and regularly learn to flex that muscle of appreciation. Genuine gratitude is a priceless quality to truly earn and behold.

Of all of the obstacles and challenges this injury has thrown at me, it’s the persistent and pervasive nerve pain that has been the most damaging and difficult to stay at peace with. Chronic pain likes to piggyback on the slightest whisper of frustration, anger, depression, or misery. It multiplies it and turns it into a parade. More often than not, no one has the slightest clue of how I’m feeling inside, because if they did they’d have me medicated or shot. When I hear a dog incessantly barking, I think, ‘ah yes, if that was x200 that would be what my pain sounds like if you could hear it.’ The paralysis and loss of function is a small fraction of the cost. As my TBPI friend says, “the paralysis sucks, but it’s the pain that’s thecrippler”.

I remember before having any surgeries before I’d met so many surgeons, a time when I found myself at home alone again for the first time. My mother and sister had brought me back from the hospital after my accident and a few days had gone by with my mother staying behind to help me get settled back into my own life again. My sister would come by to discuss the surgeons she was finding information about from a website that was solely dedicated to BP injuries. I was a bit horrified, and yet amazed, about the website’s existence— Really, a website where everyone’s lives have been turned upside down from losing their arm to paralysis? I wasn’t ready for that yet.

One afternoon, Jess came over to take mom out for a walk and pick up some food for dinner. About a minute or two after they left I realized how quiet it was. Odd that I hadn’t thought of it before, but for the first time in 5 weeks I was alone with myself, and it felt good. Glowing on the table was my sister’s laptop still open and on. As I



was closing it I noticed the BPI website she'd been mentioning (United Brachial Plexus Network) was opened on the browser. It gave me a pang in my gut. What a weird feeling that was, thinking of all of these people, collecting together, and exchanging information and stories trying to fix this problem my doctors in Los Angeles couldn't. I sat down to take a closer look and before reading anything my chin was buried into my chest, teeth clenching my jaw in two. I slid to my knees and all my mind could see was the white-out blizzard of nothingness from absolute blinding pain. The grunts bursting out of my pressed lips were barely perceptible to my muffled hearing. I gripped my limp hand with all of my might hoping to squeeze the pain out of it and keep my fingers attached to my palm. The bones within each finger felt like they were being split down the center of their length by gardening shears inside a pot of boiling oil.

I wish I could say this is an exaggeration, but it's not all. I've had these sensations repeatedly for over 17 years day and night. These "whiteout" flurries are unexpected sensory avalanches, a primal overload to the system. Everything shuts down and any other outside stimulation amplifies it and evokes a reflexive defensive rage.

Pain medications are a wonderful invention and a godsend for the right occasion and duration. Every pain recipe under the sun has passed through my system and am deeply grateful to be off them all still. I only wish that had happened sooner. Five years is too long to live under a wet blanket of sedation and depression. For 5 long years, I was convinced my depression was due to the paralysis that changed my life, but within 1-2 weeks of getting off the cocktail of pain meds 80% of my depression was gone like it were never there, and the rest I could handle more grace and dignity now that my spirit was back from the dead. To adapt to getting off the pain meds, and learn to manage the very pain they were masking, I attended a pain clinic at Stanford University with a two-month course load; five days a week, eight hours a day. It was an injury recovery godsend, to be around others who knew the depths of the challenges I'd been experiencing, and nerve pain that came with it. I learned everything imaginable about the nature and biology of pain and was introduced to the power of mediation.

Pain management is like snake charming. Say you've got three random holes around your bed, three holes that are each home to three large black cobra snakes. Have

fun getting to sleep. Take this drug and it covers up holes. Great, give it to me! Wait, what about the other two, Oh, you'll need to take two other types of drugs for those. What do they do? Help you sleep by covering up those holes. Great, I'll make them now! Two years go by and you've never left your bed. In fact, you've forgotten about the holes and more importantly have forgotten about the rest of your life beyond your bed. So you decide- Screw this, take back your pills! What about the snakes? Fuck, well I'm not using that bed anymore, ha! Sorry, sir, this is your bed for life, and those holes will always need covering if you want to sleep there again. And this is how I live without pain pills. I've become a snake charmer that gets bit nightly.





Later that year I was accepted into a clinical trial for long-term chronic pain at Stanford, harnessing the recent invention of real-time MRI machines as multi-million dollar biofeedback devices. The trial was to train us to redirect the blood flow in our brains, away from the three main pain regions which are responsible for the brains' interpretation of pain. With a plastic mesh face mask bolted down into the MRI retracting table, my head was immovably secure, I would watch the actual blood flowing through my brain for hours at a time, in real-time, and noticed how certain thoughts or emotions would start to redirect it so the brain wouldn't have the 'fuel source' to expend on interpreting the pain. "Energy flows, where attention goes". To my thrill, I was a fast learner at this and enjoyed the levels of dedicated concentration needed to abruptly manipulate the less mysterious world behind my eyes. My fast success came from an unconstrained imaginative variety of sensorial and emotionally supercharged visualizations, a technique that I'd learned and practiced during my old days as an actor. It was satisfying putting those years of training to use again, and it was the first time I felt empowered with this daunting experience of pain. That was important for me in my healing. I was beginning to get back into the driver's seat of my own life again.

Over the years I learned to put the pain into the background for much of my waking hours. The real problem is sleep. During sleep, I can't control my mind like I can during my waking hours. "Energy flows where attention goes" was one of my inner mantras I'd repeat when experiencing pain in the day, or when waking up exhausted again. I wouldn't let myself think about it, it served no purpose in my life. But the absence of restorative sleep has its price to pay. Seventeen long years of it and things like short-term memory become a hit-or-miss reality.

Five days a week I hit the road by 6:30 am to unlock the studio and lead a morning meditation group of dedicated and seasoned mediators. Four years ago I totaled two vehicles, over 10 months, from driving sleepless in the morning. No one was hurt besides me, thank god. My incessant drive to find an answer for this pain came back in full vengeance again after the second accident.

Onward I traveled to Kyiv Ukraine's EmCell to receive fetal stem cell treatments on Valentine's Day 2018. The first round of injections leveled that old black mountain of torture to a miraculous molehill of 10% of what it had long-been since December of 2002. That experience was like no other I'd allowed myself to imagine. Through the following days, tears would spontaneously free flow down my cheeks from the overwhelming surges of unceasing hope my spirit was finally liberated with. This bliss lasted ten glorious days, and then my old angry companion was back like it'd never left. The effects were believed to be cut short because on the return flight layover in NYC to LA, I caught a bug and got sick. EmCell warned me of this threat and that a virus would waste the fetal stem cells in the line of fire with the immune system. In the following 19 months, my only hope was to have enough money to return to Kyiv for another round of treatments. Covid19 all on hold until finally, I returned this past September. Sadly, the second treatments were less effective than the first. I always knew the risk of this uncharted territory and I'm glad I took it.

Unless a miracle jumps in my lap (like Dr. Carlstedt!), I'm waiting to get the DREZ (dorsal root entry zone) surgery done soon as possible, like yesterday. This my last defense, and it's a bit frightening, to be honest. It is a destructive procedure, not a

healing or regenerative one. I see it akin to cutting off a broken limb and cauterizing the stump to stop the pain of a broken body part instead of setting the bones straight and casting it long enough to heal. But if setting the bones and casting them are not available (or invented yet), after enough time, the amputation becomes a rational prayer. Replanting avulsed nerve roots with OECs has not only proven to regenerate torn-out peripherals nerves back into the spinal cord but has also proven to remediate the resulting neuropathic pain due to avulsions. Yes, pain, the truecrippler has been healed... with the lab rats.

This science evolves terribly slowly. I could write for days with all of the evidence, systematic faults, and supporting reasons why this is so. Ridiculously, if someone could patent the "stem cell", so no other but one entity could profit off of it unless licensed, the cure would've been here already. Now it's the Wild West of stem cell technology and medical tourism is leading the way. If governments invested in this science more seriously and rationally the face of medicine would change forever. The day will come not too far down the road, but in the meantime, I'll be getting some good night's rest, finally!

UBPN has been a source of inspiration and healing for me in my own way. I've remained active with it all of these years to help minimize the gauntlet for anyone afflicted with this injury. The great majority of TBPIs are/were motorcycle riders (70% and upwards). BP Birth injuries have been proven to be brought down to 0% over 10 years in specially trained medical centers. The particular irony between the differences of the two types of injury, OBPI versus TBPI, is archetypal, to say the least. I haven't solved this riddle yet, but this awkward and untapped matching is going to make this injury a thing of the past. An innocent infant being born comes to be afflicted with the same tragic injury as a daredevil motorcyclist. Somehow together we will rise above and make this all be a memory of the history books.

This is my goal and this is my belief.

At UBPN we are working on establishing much healthier relationships and exchanges with the medical community that serves us and the research community too, that works so diligently onward. We want a medical advisory board to work with us to establish assessment and treatment protocols for birth injuries and more importantly prevention training protocols that will hopefully be mandated by health insurance companies for all birthing centers to be trained in.

We need to start looking at other countries that have established anything like this already. If there's nothing out there, then we would look into teaming up with other international BPI groups to have a stronger and louder voice to get more attention where it is needed.

Much work to be done!

Christopher Janney



## BPI QUICK TIPS

Get a very good bed that works for YOU. Spend real-time testing out as many as possible and lay on the ones you like for at least 20 minutes, 1 hour straight if you are buying. This can change your life dramatically. My old bed before was very good, and I thought my aching was “acceptable” but my new one is great! Laying on my injured side doesn’t hurt after 15 minutes, so I have to roll over.

Dating: choose wisely and live with an open heart. Make light-hearted friends with your injury. Others are impressed and inspired by how well we treat the tender parts of us, while still having a genuinely good laugh at them too. Learn to play around with it if you haven’t. And if a date doesn’t like that, how great, you found out early it's not worth your energy.

Energy flows where Attention goes. What we focus on becomes our reality. Pain can throw this off regularly, so I use the pain as my training grounds/dojo to keep my mind sharp and attentive and not holding on to anything at the same time. Turn all of the life obstacles into opportunities. BPI experience is a training ground of much mastery to own.

“Whether you think you can or your can’t, either way, you are right” ~ Henry Ford  
Find meaning with your injury. It is a gateway into a more appreciative understanding of life.

"The least of things with a meaning is worth more in life than the greatest of things without it" ~ Carl Jung