



The Cryer

Volunteers made the building of the pinnace Virginia possible. The tall timber masts (left) are horizontal on the ground for the last time while volunteers (right) carefully remove the building enclosure to reveal the ship inside.

Mailed to Bath, Brunswick, Harpswell, Topsham, Bowdoin, Bowdoinham, Bailey Island and Orr's island

Maine's First Ship Launch of Virginia on Saturday, June 4, 2022

Story and photo by Keith Spiro



Maine's First Ship Executive Director Kirstie Truluck watching the walls come down getting ready for the big reveal of Bath's best kept secret.

History and community come together after more than ten years of volunteer labor and the combined forces of the former Bath Freight Shed Alliance and the continuing Maine's First Ship organization. The Virginia Project is about to transition from building a ship to developing a significant cultural treasure that will build community and provide an additional anchor for tourism and business in Bath, Maine.

Guiding the many and varied types of volunteers is a newly invigorated Board of Directors. Now that the ship is ready to move onto the water, Executive Director Kirstie Truluck has mapped out a path sure to engage people of all ages and from all walks of life in a wide variety of programming. Says Truluck, "the building of Virginia will continue through the summer and fall. Rigging and outfitting the vessel and completing the woodwork come next. It will be the opportunity for sailing the vessel that will be the gem in the crown that draws people in."

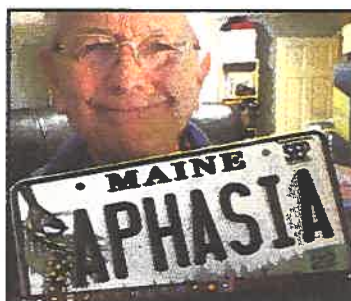
Find Launch day activities and the summer lecture series on page 25.

See the many ways you can participate, engage and respond to the Virginia Project on page 16.

Turn to page 16 and 25

Aphasia Awareness – Part 2, This Thing Called Aphasia

by Thomas G. Broussard, Jr., Ph.D. - Stroke Educator, Inc.



It may affect a single aspect of language deficits, such as the ability to find the names of objects, or the ability to make a sentence, or unable to read. The various language modalities from a stroke are all damaged differently; able to read but not write, able to hear but can't express, able to do all those things with no memory of doing those things.

For many Americans, the first time they heard about aphasia, was when it was reported in the news that Bruce Willis had it.

A more formal report about Bruce Willis' condition is still pending. The snippets heard on the news about his health refers to cognitive decline with no mention of a stroke. He might have Primary Progressive Aphasia (PPA) similar to Alzheimer's Disease. His condition has been referred to as "aphasia" but that could be the easiest way to get through a very difficult condition and conversation to have with the wider public. If he does have PPA, it is a neurodegenerative disease and is not caused by brain injury or a stroke. We shall see...but sad for him and his family.

What is Aphasia? Aphasia is a language disorder typically resulting from a stroke, with language problems including reading, writing, and speaking deficits. It usually affects older individuals but younger people acquire aphasia, too. Brain injuries resulting in aphasia can also arise from head trauma, brain tumors, or infections.

There are about 2.6 million people with aphasia in North America, and about 25% to 40% of people with a stroke acquire aphasia. It is more common than Parkinson's disease, cerebral palsy, or muscular dystrophy, but most people have never heard of it before.

Aphasia can be severe (unable to speak at all) or very mild. Severity is affected by the location in the brain and the amount of time passing without blood and oxygen. It is called 'Time is Brain'.

The main types of aphasia are: Global, Broca's, Wernicke's, and Primary Progressive Aphasia.

Global Aphasia - This is the most severe form of aphasia, and is applied to patients who can produce few recognizable words and understand little or no spoken language. Persons with Global Aphasia cannot read or write. Global aphasia can improve if the damage has not been too extensive. However, with greater brain damage, severe and lasting disability may result.

Broca's aphasia (non-fluent or expressive aphasia) - With Broca's aphasia, speech output is severely reduced. Vocabulary is limited and the formation of sounds by persons with Broca's aphasia is often clumsy and effortful. The person may understand speech relatively well and able to read, but limited in writing. Broca's aphasia is often referred to as a non-fluent aphasia because of the halting quality of speech and expressive aphasia by being unable to express. I have Broca's aphasia centered in the Broca's area of the brain.

Wernicke's aphasia (fluent or receptive aphasia) - People with Wernicke's aphasia have lost their ability to understand the meaning of spoken words and unable to "receive" the information. Ironically, they can still speak relatively well, hence referred to as fluent aphasia although speech is still far from normal. Sentences are difficult to form and often with words that ought not be there. Reading and writing are often severely impacted.

Continued on page 17

ECRWSS
PRSR STD
US Postage
PAID
Permit #130
Portsmouth, NH
POSTAL CUSTOMER

JUNE 2022

Community News from Brunswick, Topsham, Harpswell, Bath, Freeport and neighboring towns since 1985

WHAT'S INSIDE

Region 10 Technical High School Honors	4-5
Business Leaders Challenge Community	6
Brunswick High School Latin Honors	7
Topsham News and Information	11
Happening at Topsham Public Library	12
Boston & Maine Connection by Keith Spiro	14
Launching Maine's First Ship June 4	16 & 25
Mt. Ararat High School Top 10 Seniors	18
Coastal Foodie by Linda Perry	23
The children featured in Sound of Music	28
Morse High School Class of 2022 Top Ten	29
Maine Made Market at Brunswick Landing	32
MSMT Celebrates Mother's Day	36

Turn to page 39 for the Business & Services Directory

2ND FRIDAY

June 10, 4 - 7PM

M.S.A.D. No. 75 Foundations Newsletter

Bowdoin • Bowdoinham Harpswell • Topsham

"News Around the District" June 2022

Inside Center Section pages 19-22

BRUNSWICK Pages 15 & 26

For daily news and calendar of events visit: www.thecryeronline.com

Aphasia Awareness – Part 2, This Thing Called Aphasia

by Thomas G. Broussard, Jr., Ph.D.

Continued from page 1

Primary Progressive Aphasia - Primary Progressive Aphasia (PPA) is a neurological syndrome in which language capabilities slow and progressively impaired. Unlike other forms of aphasia that result from stroke or brain injury, PPA is caused by neurodegenerative diseases, such as Alzheimer's Disease or Frontotemporal Lobar Degeneration. PPA results from deterioration of brain tissue important for speech and language. The disease strips the myelin sheath (myelinated fiber) from the neurons (brain cells) and can no longer communicate between them.

The Beginning of my Therapy

I had a stroke in September 2011. I was an associate dean at The Heller School at Brandeis University when I fell down on Main Street, Waltham, MA. I lost my language and could not read, write or speak well.

During therapy, I learned more about conventional (~50 hours) and intensive (~150 hours) therapy programs. My therapy included 30 sessions/twice weekly/30 minutes each for 15 hours of formal therapy spread across four months. I thought I had good insurance given that many of my friends had therapy of 8, 12, or 16 sessions.

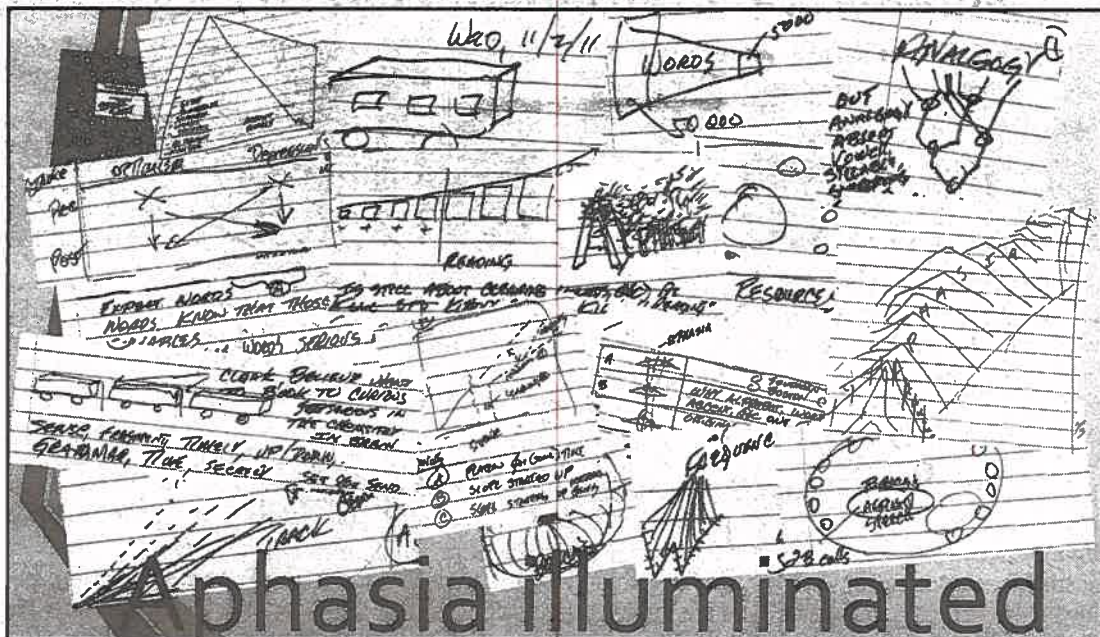
After a month or two, I asked my therapist (as best I could) if there were any intensive programs in the area. She recommended one but it was very expensive (\$25,000 plus hotel) for 6 weeks/30 hours/weekly of speech therapy. It was much too expensive for me and after studying their program on their website, it looked quite like my own "program." Of course, at the time, I didn't know that my "program" was as accidental (and therapeutic) as it turned out to be.

That is among the issues to be considered regarding aphasia recovery. I got better based on the cognitive activities that I had started (almost) from the beginning. It was my habit to "keep track" of my life long before my stroke without knowing that what I was doing after my stroke was highly therapeutic as well.

Conventional therapy is designed to help start the process of repairing the language of patients. But the short bursts of intermittent therapy are not the silver bullet that some might think. Nothing about recovery is fast or immediate.

Repetitive, persistent language activities (diary/journaling, voice/video recording, pictures, walking/exercise and more) themselves are the fuel that rewire the connections among and between the neuronal networks that drives recovery and language improvement.

My personal therapy included,



what turned out to be, a 500-page diary. I wrote with text, graphs, charts and metaphorical drawings with words that didn't make any sense. All my entries looking fine to me until 11 months later while writing in my diary. I felt a click in my head and knew that something had happened. I reviewed the first entry again and said, "Who wrote that? It looks awful!"

It was the first time I could tell the difference between good and bad. At that point, I wrote as fast as I could, telling the world that if I don't write this down, I will forget it in a minute.

I wrote these words between 8:30 and 10:40 AM, August 3, 2012 at the point of awareness of what had happened: "It is interested [sic] that as much as I read and wrote, (10/27-4/30/12) my sentences up until 4:30 were still terrible! I thought (or I used to think I had done better on my sentences) but until now seeing as my sentences then thinking then that I was doing well...I cannot tell (then) how terrible my sentences were until now (about then). And now the sentences now which seem to look pretty good still were bad (again) after a couple of months (gone by) so by to look back and 'see' them again with new eyes (are required.)"

So, my 'new eyes' can get older faster (and that is a good thing) as my grammar acclimated to this new altitude and my 'eyes' become new (almost) every day.

"Terrible" - It isn't bad at all. It is simple the 'now' of its kind. But the (aphasia) beast itself is doing the best it can to communicate its thoughts."

I also recorded my thoughts with 202 recordings over two years. I would listen to my voice each time and it too sounded just fine. It wasn't until after I have the tapes transcribed and saw the problems I had been trying to express badly.

Photosynthesis and plasticity - Photosynthesis is a process that converts sunlight into green leaves. The plants and leaves

contain light-dependent reactions that provide almost all the energy required to sustain life on earth. The leaves change sunlight into chemical energy (usually sugar) and give off oxygen as a waste product.

As I got better, I started reading about the brain and plasticity. The full term is called *experience-dependent neural plasticity*. The activity-dependent reactions convert thought (it might as well be sunlight) and cognitive activities (reading, writing, and speaking among other things) into neural (brain) matter.

Photosynthesis



Photosynthesis is a wonderful metaphor for plasticity, especially for people with aphasia, who regain their language through plasticity which creates dendrites and synapses, the metaphorical branches and leaves of photosynthesis.

Experience-dependent neuroplasticity is the lifelong process of creating, organizing, and shaping the neural connections that occur as a result of a person's life experiences. Differing life situations and circumstances influence how areas of the brain develop and continue to grow in certain directions.

A stroke destroys a random set of neurons and the associated dendrites and synapses. As a result, the effect of the damage is also random across many different neural networks. The remaining neurons can still produce more dendrites and synapses based on similar experiences used by previous habits and well-established experience-dependent neuroplasticity-inducing activities.

The brain is built to shape and repair the living environment by using the same tools, the same activities, and the same habits that had been used the first time the links were established. The activities induce plasticity and create the dendrites and synapses that are needed to rebuild the learning (synaptic) field.

People with aphasia are typically exposed to a therapeutic environment during conventional therapy

but are still not consciously aware of the brain processes largely hidden within the learning machine. It isn't enough to demonstrate one set of activities or another for a few minutes in any speech therapy session and consider it to be therapeutic enough to induce plasticity and the resultant long-term learning. The activities themselves must become habitual such that once they are deeply rooted, induce plasticity and keep the momentum going. That is the direct link between cognitive activities, plasticity and rewiring the brain.

Ongoing Therapy - I got better over the years but it is almost impossible to explain the day-to-day healing trajectory that my brain was traveling, "fixing" itself every day while I was still unaware of what was being fixed every day.

Clocks are designed to tell time and are "geared down" (physically linked) to the second, minute, and hour hands moving at different increments of time. People can't see the movement of the minute or hour hand of a clock. It is below the level of visual perception. The radial velocity of the minute hand is 60 times less than the second hand. The hour hand moves 12 times slower than the minute hand. Hence, only the passage of time allows one to see the minute or hour hand advance.

A similar sensation occurs as brain and language injuries recover; much of it taking place below the surface of conscious awareness and perception. The brain possesses a clockwork-like machinery that runs millions of operations per second at the molecular level and "sum up" the intervening work packages of information (within, between, and through cells), eventually becoming an item, an idea, or a word that can be expressed. But it takes a long time to "see" recovery until after the changes become noticeable and visible. Much of the effort can still give the appearance of being for naught without understanding the underlying cogs and wheels that makes the neural clock work.

Here are the principles for lifelong, self-directed therapy:

1. Study Your Past - Learn more about your personal history looking for the motivational habits that made you who they were, before your stroke. Motivation is the start of almost every recovery but it comes from within.

2. Various Stimulus - Start regular journaling/diary, voice/video recording, pictures, walking & exercise, and other activities. Review the evidence of your activities and feedback that comes.

3. Timing - Start early (likely through your family before you are able) the long-term therapeutic & habitual processes long before the end of conventional therapy. Habit and the underpinning cognitive structure require the repetitive actions to flourish in order for recovery to take effect over time.

4. Materials - Ask for (or ask your family to ask for) educational materials about aphasia (i.e., The ABCs of Aphasia: A Stroke Primer) before being discharged at the hospital.

5. Recovery Plan - Ask for help for a long-term recovery plan before conventional therapy ends that begins the lifelong, self-directed therapy that is needed. There are also high- and low-tech activities, social groups, books clubs, and others that can help support the creation of your recovery plan after your formal therapy have ended.

The basis for recovery for people with aphasia is about the need for long-term, purposeful, self-directed activities. Those activities are the Rosetta stone for aphasia recovery. They provide the fuel that induces neuroplasticity and the resultant learning.

For more information, please contact the following organizations: **National Aphasia Association (NAA)** [www.aphasia.org] The National Aphasia Association (NAA) is a non-profit organization founded in 1987 by Martha Taylor Sarno, MA, MD, (hon) as the first National organization dedicated to advocating for persons with aphasia and their families. NAA provides access to research, education, rehabilitation, therapeutic and advocacy services to individuals with aphasia and their caregivers; **The Aphasia Center of Maine**, 675 Old Portland Road, Brunswick, ME 04011 207-237-2123 [www.aphasia.centerofmaine.org/] The Aphasia Center of Maine is a 501 (c)(3) nonprofit, whose mission is to enhance the lives of persons with Aphasia and to help them grow; **Mid Coast Hospital Stroke Support Group** [midcoasthealth.com] The Stroke Support Group at Mid Coast Hospital promotes wellness in those who have survived a stroke. Each month features a guest speaker and the opportunity to ask questions and learn from others. A stroke survivor and a speech-language pathologist from Mid Coast Hospital facilitate the group. The group was suspended during COVID, but will start soon; **Aphasia Nation, Inc. (ANI)** [www.aphasianation.org] The purpose of Aphasia Nation is to educate the wider public about aphasia and particularly the healthcare and hospital communities. About 25-40% of people with stroke acquire aphasia yet few in the public are aware about aphasia and the link to stroke; **American Heart Association (AHA)/American Stroke Association (ASA)** [www.heart.org]; **American Speech-Language-Hearing Association (ASHA)** [www.asha.org/]; **Boston University Aphasia Resource Center** [www.bu.edu/aphasiacenter/]; **Brooks Rehabilitation Aphasia Center (BRAC)** [brooksrehab.org/locations/aphasia-center/]; **Aphasia Center of California** [www.aphasiacenter.net/]; **Lingraphica** [www.aphasia.com/]; **Tactus Therapy** [tactustherapy.com/].

To reach Thomas G. Broussard, Jr., Ph.D. 207-798-1449 or e-mail: tbroussa@comcast.net. He will gladly speak and send information to you or your groups about aphasia.

Tom Broussard's First journal entry	Hours = 3
THURS, Oct 27, 2011 = 1	
DESIGN BEING CALENDAR AND DAY OF THE DESIGN. DAY IS BEING DURING "DAY" AND "MONTH" (BRAIN SETTLE SET ONE AGE OF SET SETTLE)	
LESSONS TO DO SPELLING AND SENDING OF DIAC SPELLING	