

पूजर्जीवन

Blood Donors of America

“To give blood you need neither extra strength nor extra food, and you will save a life ”



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MAY 2014

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President's Message

Namaste and **Happy Mother's Day** to our readers across the globe.

We are pleased to bring the sixth issue of our online newsletter; **पूजर्जीवन/Life Saver**. Our team is working hard to co-ordinate with all national, regional, and state level organizations, student associations, as well as individuals in the community to host blood drives over all fifty states in the USA and beyond. We encourage all of you to participate in donating the most precious gift of life - **blood** – to save lives in need. One pint of your blood goes above and beyond any kind of donation because it has the potential to save three lives. **Blood Donation is Life Donation.**

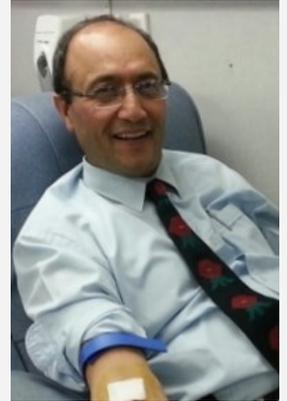
In coordination and collaboration with various organizations, 146 pints of blood has been collected in seven blood drives (Fort Myers, FL, Gainesville, FL, West Palm Beach, FL, Irving/Dallas, TX, Huntsville, AL, Baton Rouge, LA, and Auburn, AL) hosted in the month of April. This is a true reflection of Nepali spirit for community service to celebrate Happy Nepali New Year 2071. This much collection can save up to 438 lives in need. We thank all generous donors, volunteers, sponsors, and organizers for sparing some of their precious private, family, and professional time and resources to serve the community consistently. Every Blood Donor is a **SOCIAL HERO**. We have scheduled five blood drives in May.

In six months, 190 people have become life members; of which, 21 people from nine states have become life members in April. Twenty eight State Coordinators (state coordination committee) have been designated. Of which, 3 State Coordinators (MI, OR, DE) have been selected in April. We feel proud to work for the BDA and would like to join hands with everyone to heighten our identity through community service in the USA and throughout the globe to help save lives of fellow human beings.

We thank Dr. Ananta Acharya, Sujan Shrestha, Manish Shakya and all dedicated volunteers for their relentless hard work to bring this publication to fruition on time. In addition, I admire the spirit of the entire **Executive Committee, State Coordinators, Committees Chairs, Advisors, Former Committee Members**, and most importantly all life members for their willingness to make a difference through community service. All of you have been considered loyal members of this great voluntary team. Together, we can make a difference.

Sincerely,

Lila Bahadur Karki, PhD
President



State Coordinators

Ajaya Satyal, FL
Bhabindra Basnet, GA
Santosh Pokhrel, AL
Dr. Thakur Karki, NC
Basu Bhandari, LA
Basu Shrestha, TX
Satish Chandra Gupta, SC
Buddhi Pant, TN
Kiran Byanjankar, IL
Dr. Nawa Raj Pradhan, MS
Bhusan Lal Shrestha, CO
Gautam Dahal, MD
Manju Sangraula, VA, DC
Tilak KC, WI
Lok Chantyal, PA
Dr. Gandhi Raj Bhattarai, CT
Dr. Lila Raj Dahal, OH
Nima Sherpa, NY
Iswor Sapkota, CA
Sanjaya Shrestha, IA
Bharat Kandel, MO
Maheshwar Pant, MA
Din Bandhu Premi, NH
Dr. Nirajan Dhakal, ME
Hemanta Bhetwal, KY
Anita Adhikary, MI
Dr. Lekh Nath Paudel, DE
Dr. Resham Thapa, OR

Congratulations and welcome onboard new life members of Blood Donors of America (April, 2014)

Binod Roka, NY
Menuka D. Roka, NY
Sushil Sharma, KY
Karishma Shrestha, KY
Dr. Nanda Prakash Joshi, MI
Mrs. Mani Joshi, MI
Sunita Shrestha, FL
Kaji Gurung, AL
Kaji Ram Thapa, AL
Ram Kumar Bimoli, AL
Sharada Devi Bimoli, AL
Basu Shrestha, TX
Ganga Shrestha, TX
Shiva Kafle, TX
Ira Acharya, TX
Lila Shrestha, TX
Balaram Paudel, TX
Ganga Ram Thapa, TX
Prem Prasad Kandel, AL
Shree Ram Sharma Dangal, AL
Samikshya Acharya, AL



Congratulation!!!

Congratulation **Sarita Khanal**, sweetheart of our life member and Information and communication committee member Choodamani Khanal from Florida for being awarded as the Nurse Practitioner of the year at Baptist Health of South Florida. We are proud of you.
Congratulations!!!

Welcome to our State Coordinators

Blood Donors of America (BDA) extends very warm welcome to the following newest State Coordinators onboard:

Anita Adhikary, MI
Dr. Lekh Nath Paudel, DE
Dr. Resham Thapa, OR

Friends, with your presence, we will have the required energy to move forward to save lives in need and heighten Nepali identity in the respective states.



Announcement !

Blood Donors of America proudly announces an essay competition among students from any of the colleges and universities in North America (United States, Canada, and Mexico). The theme of the essay is **saving lives by donating blood**.

Theme: Donate blood to save lives- The most precious gift of life.

General Guidelines

1. Essay must be original work of the participant. Students are encouraged to do research on the subject; but essays must be written in their own words. Any imitation or plagiarism will result in disqualification.
2. Essays must be composed in between 3000 and 5000 words.
3. Essays should be written in English.
4. Deadline for submission of the essays is June 1, 2014. Essay received after midnight June 1, 2014 will not be entertained.
5. All entrees must be electronically submitted by midnight June 1, 2014 via email to blooddonorsofamerica@gmail.com
6. Essays must be double-spaced, typed on 11 or 12 size of Arial font in Microsoft Word or comparable software, left aligned with a margin of 1" on all sides.
7. The essays will be evaluated on four different aspects: originality, real life experience/personal connection, value of blood donation/clarity and strength of argument/thesis, and take home message.
8. BDA will nominate a five-person panel of judges from among distinguished members of the community for evaluating the essays.
9. Three winners will be recognized with cash prizes and certificates of appreciation from BDA.

Prizes:

First, second, and third prize winners will receive **\$500, \$300, and \$200**, respectively.

Prize distribution: Prizes will be distributed at a function during ANA Convention in Washington DC on July 4-6, 2014. Winners are encouraged to be present at the prize distribution ceremony; but attendance is not mandatory to receive the award.

Ananta Acharya, Ph.D.

General Secretary
Blood Donors of America

We kindly request all of you to become life members of Blood Donors of America by using following ink: <http://blooddonorsofamerica.org>

The life membership fee for first person of any family is \$100.00 and is \$50.00 each per additional family member .

Accomplished Blood Drives in the month of April, 2014

Blood Drive in **Huntsville, Alabama** on April, 20

Hats off to Blood Donors of America, Alabama Coordination Committee, Nepalese Association of North Alabama for organizing a successful blood drive on 4/20/014. More than 50 potential donors participated and 15 Social HEROES donated blood. People of Nepali origin who donated blood were:

1. Prabhu R Basnet,
2. Santosh Pokhrel
3. Meena S Pokhrel
4. Madhav P Mainali
5. Sita Ghimire Mainali
6. Anil Khadka
7. Mandira K Upreti
8. Tara KC



You may become a PATRON of Blood Donors of America

Patrons' categories:

- i) Diamond member \geq \$1,000.00
- ii) Platinum member \geq \$ 700.00
- iii) Gold member \geq \$ 500.00
- iv) Silver member \geq \$ 300.00

All patrons are BDA life members

We kindly request all of you to become life members of Blood Donors of America by using the following link: <http://www.blooddonorsofamerica.org>

The life membership fee for first person of any family is \$ 100.00 and is \$50.00 each per additional family member .

Blood Drive in Auburn, Alabama on April 26

With immense pleasure, I would like to share with you that Blood Drive in Auburn, Alabama on Saturday April 26th made a record high of donors in its history; forty big hearted people donated blood. More than a dozen potential donors had to turn away with disappointment as logistics was not enough to cope with a higher crowd than expected. It was the most appropriate forum for the extension of Blood Donors of America, PadmaDal Memorial Foundation, and Nepalese Student Association at Auburn University as the blood drive was organized at the Auburn City Festival. The generous blood donors of Nepali origin were:

Blood Donors of America thanks LifeSouth Blood Collecting Agency, all volunteers, and all blood donors for working a very long day in very hot weather. This much collection may save up to 120 lives in need.

Hats off to all Social HEROES.



Hari Poudel



Rajdeep Shakya



Dr. Sushil Adhikary



Dr. Lila B Karki



Dr. Nar Singh Rawal



Prem Prasad Kandel

Blood Drive in Dallas, Texas on April 13, 2014

A blood drive was accomplished on April 13, 2014 in Dallas, Texas which was jointly organized by Divine Club of Dallas and Blood Donors of America, Texas Chapter. According to Basu Shrestha, Texas-State Coordinator of Blood Donors of America, more than 100 people participated in the event. Out of those, 58 were registered for blood donation. After screening, 22 people were qualified for the blood donation. On behalf of Blood Donors of America, I would like to thank and congratulate all the participants, volunteers, well-wishers and donors. The following 22 big-hearted social heroes donated the blood.

* **Pradip Timilsina,**
* **Ira Acharya**
* **Kishwor Khadka**
* **Krisna Lamsal**
* **Dharma Ghimire**
* **Rabin Basnet**
* **Naresh Kharel**
* **Chitra K.C.**
* **Dhrin Bhari**
* **Kishor Shrestha**
* **Laxman Mahat**

* **Toyana Niraula**
* **Sajjan Poudel**
* **Satish Ojha**
* **Ajay Raj Bagale**
* **Kedar K. C.**
* **Uddhav Poudel**
* **Basu Bhandari**
* **Shekhar Pandit**
* **Min K.C.**
* **Jiban Pyakurel**
* **Bijaya Shree Karki**



१

रातो रक्त जल सरि भित्रि नलीमा के लिएर बग्दछ
के हो यो समस्त प्राणि जगतको जीवन दया बन्दछ
हुन्छ के त्यसमा अति किमतीको, धान्ने चक्र जीवन
आफु स्वस्थ भै उही खटनमा, राख्ने सदा यौबन

२

बन्छ यो कसरी कुन अंग कुन ठाउँ आयु कति हुन्छ नि
गर्छ के यसले भित्रि जिउमा नहुदा के हुन्छ नि
यो बन्छ भित्रि हड्डी नलीमा, सट्टामा छैन केहि
आयु रहयो ६ बिस दिनको, बन्छ नया त्यस पछि

३

बोकी पोषण प्राण बायु उरमा फेलाई चारैतिर
राखी तातो रापिलो जिउ महा स्वस्थ सदा सुन्दर
बोक्दै बिकार जति शरीरको मृगौला को द्वार हुदै
छान्दै पोषण छोडि बिकार ताहा राज हंसकै कर्म के

४

फोक्सो या कलेजो मुटु नै किन नहोस यसकै भर पर्दछन
मस्तिस्कै हुन् या अरु कुनै शरीरका सारा यहि खोज्दछन
यस्तो चिज यो जीवित मनुष्यको सकेन बन्न आजतक
छैन उपाय दान सिबाय अरु केहि प्रविधि बिज्ञान यहातक

५

पिडा छ भित्रि बाहिरी शरीरमा रगतको अल्पता
खाँचो भो बनेन जीवन जलयो पाइन्छ कि यो कता
मिल्छ कि समूह मेरो पनि जीवन बचाउने यो जल
दानी छन् कि कोहि यहि जगतमा घटाउने यो इह



रक्तदान



डा नन्द रेग्मी, डालस टेक्सास अमेरिका
nandaregmi@yahoo.com
Executive Member

६

भन्छन कोहि ज्ञान दान हो जीवनको बिददा माहा दान हो
कोहि भन्छन दान त्यो तुला सरि सर्वत्र अर्को छैन हो
छन् भन्ने कला, शिप, भुमि पनि दान मध्ये के उच्च हुन्
रक्त या अंग दान सम्बन्धत दान कोटिकै उच्च हुन्

७

यस्तो बन्ने नस्ट हुने चिजको दान्पुन्य कमाउन
संकल्प राखी मनुस्य जीवनको सुकर्म समाउन
आजकै दिन हो दिव्य शुरुवात संजीवनी कार्यको
लेखाउने नाम आफ्नो कर्म बाटोको पुराउने स्वर्गको

८

जुटौ हामी सबै एक शुत्र जसमा मानब को धर्म छ
शिक्षित ज्ञानी बिबेकी जीव भै सेवा भाव भर्नु छ
लाम बद्द अभियान बनेर लोकमा हात उठाउ धर्मको
बन्दै अग्रज पंक्ति जनको धर्म सेवा कर्मको

OUR CONTACT INFORMATION

Please send your articles, information, feed-
back and any comments on following address.

Information & Communication Committee,
BDA

Emails:-

blooddonorsofamerica@gmail.com

info@blooddonorsofamerica.org

Website :-

<http://www.blooddonorsofamerica.org>

Tears of a mother cannot save her child, but your blood can.

Blood Drive in Baton Rouge, Louisiana

Blood Drive news by NSA President, Rajan Parajuli. It's our great pleasure to share with you all that the Blood Drive Program was held successfully yesterday. We had 19 blood donors; most of them were NSA members. We wholeheartedly appreciate all 19 people who participated in this humanitarian event and donated their precious blood. Let's give it up for all courageous blood donors, Kudos!! Meanwhile, we would like to thank Mr. Basu Deb Bhandari, State Coordinator, Blood Donors of America for continuous support from the initial step to the end. Special thanks also go to Mr. Krishna Hari Koirala for volunteering during the blood donation program. We would like to appreciate all of you who directly or indirectly helped us to make this event happen. We look forward to getting your help in the days to come as well. Thank you.

The list of the bighearted blood donors:

If you would like to see more pictures of the program, here is the dropbox link:

<https://www.dropbox.com/sh/tjuunddy1bzh7bt/3emleTUCnv>

- * **Mr. Sumit Libi**
- * **Mr. Isaac Sitienei**
- * **Mr. Suraj K. Bajgain**
- * **Mr. Abdallahi Ould Abderracmane**
- * **Mr. Surendra Osti**
- * **Mr. Raju Kumal**
- * **Dr. Uttam Raj Pokharel**
- * **Mr. Yogendra Subedi**
- * **Mr. Wokil Bam**
- * **Mr. Basu D. Bhandari**
- * **Mr. Mukesh Maharjan**
- * **Mr. Krishna Hari Koirala**
- * **Mr. Sunil Paudel**
- * **Mr. Bibek Wagle**
- * **Mr. Abhishek Bharad**
- * **Dr. Amar B. Karki**
- * **Mr. Rajan Parajuli**
- * **Mrs. Lemina Ahmednah**
- * **Mr. Kushal Ghale**





Thank You Blood Donors

Congratulations

Congratulations to our life member and Florida State Coordination Committee member **Bimal Nepal** from FL for being the Chief Election Commissioner for the upcoming central body election of International Nepali Literary Society. Congratulations and good luck to you.

Congratulations

Congratulations to our life member **Kiran Dhakal** for receiving an Outstanding Student Award as the Best performer in the PhD Qualifying Exam & overall Coursework at Georgia State University, Georgia.

Congratulations !!!

Dr. Sanjeeb Sapkota,
Medical Epidemiologist
Advisor, Public Health Section, Blood Donors of America
Former President, Nepalese Association in Southeast America (NASEA)



What Separates Life from Death?

You and I are living because our 50-75 trillion cells in our body are getting constant supply of oxygen that are delivered to each of them via blood. Lungs receive the supply of oxygen meant for these trillions of cells from the atmosphere. The movement of lungs to intake oxygen and exhale carbon dioxide is controlled by respiratory centers in the brainstem, a part of our brain.

What actually kills a person eventually is the lack of oxygen to the brain cells in the brainstem that controls the inspiration and expiration of the lungs. Brainstem is the part of the brain that has centers to control the involuntary movement of the lungs and heart. When cells comprising these centers are killed then the person can no longer get the supply of oxygen. Thus he dies. Whatever the reason that initiates the 'flow chart for death' or 'algorithm of dying', whether a gunshot injury, drowning, starvation, dehydration, stroke, cancer, hyperthermia or hypothermia, the ultimate cause of the death is only one - the lack of oxygen to the brainstem in the brain, the site that controls the automatic movement of the lungs.

A drowning person may have a perfect heart, but the moment she submerges the supply of oxygen to body via lungs is cut off thus killing him. A dying cancer person has invading abnormal cells blocking the lungs to inhale oxygen or giving out clots that block the blood vessels stopping the supply of oxygen to brainstem to control inspiration and expiration. A person shot in the head may have a perfect heart to pump but his brainstem that control the inspiration and expiration is destroyed or he has lost blood to the point he does not have enough remaining to carry oxygen to the brainstem. A starving person would go through a series of adverse changes in the body before finally having cardiac arrhythmia or abnormal beating of the heart that loses the power to pump blood to the brainstem starving him of oxygen before separating him from life. A person dying from dehydration, for example in the case of cholera, would also eventually have erratic heart beat incapacitating the heart to supply oxygen filled blood to the brainstem.

A person who has stroke has a torn blood vessel in the brain that leaks blood out preventing the oxygen being supplied to the concerned part of the brain. If the damaged vessel is supplying the brainstem then the lung's movement is stopped. This kills the person. If the damaged vessel is supplying the part of the brain that control the movement of hands or legs, then the person is paralyzed. People trapped in burning buildings die mostly due to lack of oxygen in the surrounding more than due to the fire itself. They breathe smoke that is full of carbon dioxide and devoid of oxygen.

President Kennedy did not survive the gun shot injuries from the bullets he was shot with but the Arizona congresswoman Gabrielle Gifford did. President Kennedy had great loss of blood that deprived his brainstem of oxygen though it did not appear that the bullet passed through his brainstem. The trajectory of bullet that struck the congresswoman Gifford did not pass through the brainstem where the respiratory centers are located. For Terri Schiavo, the much publicized woman in Florida who remained in feeding tube for 15 years in a hospital following a head trauma from who the feeding tube was later removed, did not sustain injuries in her brainstem.

She was breathing on her own and beating her heart on her own. She did not need ventilator to mechanically keep her lungs moving. All she needed was minimum energy for bare minimum body function which she was receiving from the feeding tube. She was described as being in vegetative state which means the part of the brain that control her voluntary muscles to move her hands and limbs and higher functions to speak, see and think were damaged. But the part of the brain that controls her breathing and heart beat were intact.

As long as the brainstem is functioning, the movement of the lungs does not falter and the supply of oxygen to the cells is assured to keep their cells alive. In the case of Jahi McMath - another publicized case of a 13 year old Californian girl who was declared brain dead following the complications of tonsil surgery - ventilator was needed to keep her lungs moving mechanically because she went into cardiac arrest following the surgery. This disabled her heart to pump oxygen-laden blood to her brainstem where the respiratory centers lie to move the lungs involuntarily. These cells in brainstem can wait a maximum of about 4 minutes before oxygen is supplied to them. This is the reason why Cardio Pulmonary Resuscitation (CPR) or a defibrillation conducted on a person after four minutes is often unsuccessful to revive him. What separates life from death is the lack of supply of oxygen to the brainstem that is responsible to keep the lungs and heart moving on their own.

Permanent Deferral Due To Hepatitis C Test Sensitivity after Donation

Dr. Gandhi R Bhattarai
State Coordinator, CT



There are several federal rules to protect the public from spreading infectious diseases. One of these regulations is also dictates who can donate blood and who cannot. American Red Cross, Life-South or any other blood services organization will follow those federal guidelines while making their own safety rules. This article focuses on the hepatitis C testing and potential deferral after positive screening tests.

Pre-screening for blood donors

In order to protect health and well-being of both the donors and recipients, a donor has to go through a two step screening process. In the first step, donors must meet the following criteria to protect themselves from the adverse health effects. If a donor does not meet any one of the above requirements, he or she will be disqualified for that day and will be deferred for a certain time, from a few days to several months.

- Hemoglobin minimum 12.5
- Blood pressure between 80/50 and 180/100
- Temperature maximum 99.5
- Pulse between 50 and 100
- Minimum age 17 years (16 years with parental consent)
- Minimum weight 110 pounds
- Must not have donated whole blood within 56 days

Once donors meet the above minimum health criteria, they will be asked series of questions to make sure that their blood is safe for the recipients. Here are few examples (not exclusive list):

- Malaria precaution – Malaria is not tested in the blood, therefore donors have to wait 3-4 years for the first time if they migrated from malaria zones and wait 1 year after each visit.
- HIV or Mad Cow disease: Permanently deferred if a donor lived in Western Africa or have close relationship with people living in the area. Similarly, if someone will be barred from donation if they lived more than five years in European countries prior to 1996 or more than three months in the UK between 1980 and 1996. If a donor had hepatitis (Jaundice) before.

These screenings help to preserve valuable resources by deferring a donor if they bear potential risk to the recipients. However, a blood is not safe until it is confirmed safe through laboratory tests.

Post-Donation laboratory test of the donated blood

All donated blood, even donations from repeat donors, is tested for blood type, hepatitis, HIV, syphilis, West Nile Virus and other transmissible diseases. If your blood is found positive for any of the communicable diseases, you will be sent a letter indicating the laboratory results, their interpretation and instructions for next steps. The laboratory tests are done with highly sensitive methods. That means false positive rates are more likely than getting a false negative results. Such sensitivity is required to protect recipients from getting an infected blood that was not tested positive. Samples of blood are put together in a mini-pool of sixteen units. This mini-pool is screened for Hepatitis C through antibody tests. If the antibody test is negative, all units of blood in the mini-pool are assumed safe for Hepatitis C.

However, if the screening test is positive, each unit of blood is tested separately using Nucleic Acid Test (NAT) and/or Recombinant Immunoblot Assay (RIBA) tests. The NAT test also checks hepatitis B (HBV) and HIV infections in the blood.

Further details on hepatitis C test results

If your blood tested positive for Hepatitis C, either during the initial screening anti-HCV antibody test or in both screening and confirmatory tests using NAT or RIBA, the results of the tests will be mailed to you with basic interpreta-

anti-HCV Test Result	Confirmatory Test Result	Basic Interpretation	Further Action
Negative	Not Done	Not Infected with HCV	Safe blood, no action
Positive	RIBA-negative	Not infected with HCV	Second testing suggested after 6-9 months to get re-entry in donor pool
Positive	RIBA-positive	Past or present HCV infection	Follow-up with doctor for more tests
Positive	NAT-positive	Active HCV infection	Follow-up with doctor
Positive	NAT-negative	RIBA-negative: Not infected with HCV	Second testing suggested after 6-9 months to get re-entry in donor pool
		RIBA-positive: Past or present HCV infection	Follow-up with doctor

tion and instructions for next steps.

If you result in a positive screening and positive NAT and/or RIBA test then you are put in permanent deferral. Being permanently deferred means you are not allowed to donate blood anymore due to current federal rules. You should also seek medical advice from your primary care physician.

If your blood tested positive for screening anti-HCV test but subsequent RIBA and NAT tests were both negative, this is likely case of false-positive due to high sensitivity. Federal rules and regulations on blood products require that any person with a repeated positive screening test results be removed from the donor pool. Since this is the first time a donor is tested anti-HCV positive, he or she will be deferred until a second screening anti-HCV test is done at least six to nine months apart. You can make an appointment with blood donation center for your second blood test after 6-9 months. A re-entry into the donor pool is possible if your second screening test is negative. However, if the second screening test is also positive, you become candidate for permanent deferral regardless of the second confirmatory tests using NAT and/or RIBA methods. In this case, it is recommended that you see your primary care physician for further testing to rule out any past and active HCV infection.

References:

Alter, M. J., Kuhnert, W. L, and Finelli, L (2003) Guidelines for Laboratory Testing and Result Reporting of Antibody to Hepatitis C Virus. *Morbidity and Mortality Weekly Report*, Vol 52 (RR03): 1-16. National Center for Infectious Diseases, last accessed on May 2, 2014 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5203a1.htm>

"Infectious Disease Testing" – The American Red Cross, last accessed on May 2, 2014 <http://www.redcrossblood.org/hospitals/infectious-disease-testing>

Current Good Manufacturing Practice for Blood and Blood Components; Notification of Consignees and Transfusion Recipients Receiving Blood and Blood Components at Increased Risk of Transmitting Hepatitis C Virus Infection. Federal Register Vol. 72, No. 164 / Friday, August 24, 2007, last accessed on May 2, 2014; <http://www.gpo.gov/fdsys/pkg/FR-2007-08-24/pdf/E7-16607.pdf>

Donation of blood means few minutes to you but lifetime for someone else.

Welcome to our New York State Coordination Committee

State Coordinator :
Nima Sherpa

Members:

- * **Narendra Thapa Magar,**
- * **Buddha Chemjong,**
- * **Saroj Shrestha,**
- * **Vhayo Sherpa,**
- * **Wakasha Bantawa Rai,**



- * **Homnath Gautam,**
- * **Prakesh Thapa,**
- * **Amar Tamang,**
- * **Temba Dongba Hyolmo,**
- * **Tsepak Dorje Gurung,**
- * **Mekh Gurung,**

Welcome to California State Coordination Committee



Iswor Sapkota, State Coordinator
alpineiswor@gmail.com



Youba Raj Bhatta, Castro Valley
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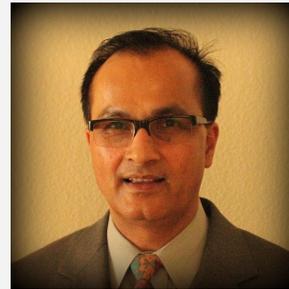
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समबेदना !!!



ओहायो राज्य कोअर्डिनेसन कमिटी का सदस्य डा. हेम राज जोशी ज्युको ममतामयी आमा हरीप्रीया जोशी को मार्च २६, २०१४ मा निधन भएको दुःखद खबरले ब्लड डोनर्स अफ अमेरिका स्तब्ध भएको छ। यो दुःखद घडीमा हामी उहाँको आत्माले शान्ती पाओस भन्दै सम्पूर्ण शोकाकुल परिवार प्रती गहिरो समबेदना ब्यक्त गर्दछौं ।

ब्लड डोनर्स अफ अमेरिका {BDA}

Scheduled Blood Drives in May, 2014

When	Where	Time	Hosting Partners	Contact Persons
May 11, 2014	Chian Federation, 44-01 Broadway, Astoria NY 11103	10:30AM to 4:30PM	Blood Donors of America and 24 Nepali organizations in NY	Nima Sherpa, 646-620-7460 Narendra Thapa Magar, 917 680 5172, Buddha Chemjong 646 496 5722, Saroj Shrestha, 718 812 8011, Vhayo Sherpa, 347 935 9283, Wakasha Bantawa Rai , 646 385 9921, Homnath Gautam , 516 754 7396, Prakesh Thapa, 347 548 1538, Amar Tamang, 646 744 8324 , Temba Dongba Hyolmo , 646 239 4985, Tsepak Dorje Gurung, 917 579 5143, Mekh Gurung, 917 330 7958
May 11, 014	West Hartford, CT	9:00am-2:00pm	Nepalese Association of Connecticut, Congregation Beth Israel & Blood Donors of America	Pralhad Paner, 8609704623 Gandhi Raj Bhattarai, 860-690-8057
May 17, 2014	Boulder, CO	11:00-4:00	Rocky Mountain Friends of Nepal, Nepali Ghar	Sharad Acharya, 7202991866 Bhusan Lal Shrestha, 7203412398 Naryan Shrestha 303 638 1320
May 18, 2014	6555 Hoffner Ave, Orlando, FL 32822	11:00-3:00	NCCO, United FNA-FANS, Blood Donors of America	Meena Shkya/Hariom Pradhan, 4077709292 Bikash Devkota, 4074531732
May 24, 2014	California	11:00-4:00	Lions Club of Berkeley Annapurna and Blood Donors of America	Chandra Dhital, 4158286049, Iswor Sapkota, 6507146114 Hema paneru, 5103236802, Ishwar Sitaula, 510-207-8560 Ramchandra Dhakal, 510-499-9053, Tilak Sunar, 510-260 5502, Laxmi Chaudhary, 510-387-3123
June 1, 2014	Kathmandu Kitchen and Grill 926 Montreal Road, Clarkston, GA 30021	11:00-5:00	Nepalese association of Georgia, Nepalese Student Association @ Georgia State University Blood Donors of America	Dr. Ananta Acharya, 4047344092 Krishna Devkota, 6787930499 Bhabindra Basnet, 4043243473 Arjun Khapangi: 678-733-2886
June 14, 2014	Taledo, Ohio	11:00AM to 4:00PM	Blood Donors of America and Nepali Organizations	Dr. Lila Raj Dahal, 4192975524 Dr. Suresh Sharma, 3345242226
June 14, 2014	Nashville, TN	10:30AM to 4:30PM	Nashville Nepalese Association and Blood Donors of America	Ghanshyam Bhatt, 6159442034 Kishor Shrestha, 6157203780
June 14, 2014	Youngstown, Ohio	10:30AM to 4:30PM	Blood Donors of America and Nepali Organizations in Youngstown	Dr. Lila Raj Dahal, 4192975524 Dr. Suresh Sharma, 3345242226

Blood drive was organized in Gainesville, Florida on 12 April 2014

On the occasion of Happy New Year 2071 celebration at University of Florida, Gainesville on 12 April 2014, a blood drive was jointly organized by the Nepalese Student Association of University of Florida and Blood Donors of America. 21 Social heroes donated the blood in this drive. This blood drive was sponsored by many local organizations. Blood Donors of America thanked to all donors, main coordinator Mr. Uttam Gauli, all volunteers, participants and administrative team of this drive. In this event, the president of United FNA-FANS Mr. Bikash Devkota was honored for his outstanding social service to Nepalese Community in the state of Florida.



Blood drive was organized in Fort Myers, Florida on 12 April 2014

A blood drive was organized in Fort Myers, Florida on 12 April 2014 successfully. A total of 15 donors donated blood within a period of four hours. The blood donation program was hosted by Satya Sai Group of Fort. Myers and Blood Donors of America at the India Festival held at Jet Blue Stadium in Fort Myers, Florida. Mr. Ajaya Satyal, State

Coordinator for Florida, kicked-off the event by donating the platelets in the morning. Blood Donors of America thanks the participants for their time and donation. Blood donation saves life.



Accomplished blood drives in April, 014

Location	Collection (Pints)
Gainesville, FL	21
Fort Myer, FL	15
West Palm Beach, FL	14
Irving/Dallas, TX	22
Huntsville, AL	15
Baton Rouge, LA	19
Auburn, AL	40
April total	146

A blood drive was organized in a New Year 2071 picnic gathering in West Palm Beach, Florida on 19 April 2014

A blood drive hosted by the Blood Donors of America with the help of United FNA-FANS and INLS, Florida Chapter at United FNA-FANS' Nepali New Year's picnic in West Palm Beach on April 19th, 2014 was a great success. At this event 14 individuals donated blood, one for the first time. The donors' (social heroes) names were as follows:

1. Dr. RudraAryal
2. Mrs. Yamuna Aryal
3. Mr. Ashish Chalise
4. Mr. Utpal Chalise
5. Dr. Dharma Acharya
6. Mr. AjayaSatyal
7. Mr. Jaya Satyal
8. Mr. Sunder Joshi
9. Mr. Mark Pasenalle
10. Mr. Brian Daley
11. Mr. Bimal Nepal
12. Dr. Bijaya Kattel BijuMaila
13. Dr. Archana Kattel
14. Mrs. Madhuri Sapkota Sharma



Causes and Prevention of Teen Depression:

A focus on Asian-Pacific American Population

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Introduction

Depression is a mental disorder that causes long periods, usually two weeks or more, of sadness, low moods, and loss of interest, worthlessness, and suicidal thoughts. Common symptoms of depression include apathy, lack of energy and/or concentration, sleeping too much or too little, an increase or decrease in appetite and/or pain. Many factors contribute to this disorder, and people of almost any age, including children and teens, can become depressed. It is estimated that one in eight teens suffers from depression in the United States currently, and one in five will suffer from it at some time in their teenage years (Bjornlund, 2010). Teens are especially susceptible to depression because of their changing hormone levels, peer pressure, as well as greater expectations as they approach adulthood. Teens must learn to cope with more than they have been used to as they look towards the future, or begin to make different relationships.

The symptoms of depression in teens and children may differ from adults and may include complaints related to illness, long-lasting moodiness, oversleeping or staying up all night, and drastic negative changes in behavior or personality (Duckworth, 2010). It is estimated that during sometime in their teenage years, 20 percent of people suffer from a form of depression. This is a concern because depressed teens are more prone to substance abuse, have difficulties maintaining relationship, may suffer academically, and may also attempt suicide (NIMH, 2014; Teen Help, 2014). If depression goes untreated, it can cause a ripple effect that produces more problems that can potentially ruin a teen's life. A depressed teen may self-medicate with alcohol or drugs to escape the terrible sense of hopelessness. However, alcohol and drugs can seriously affect the neurotransmitters, which are known as the "messengers of the brain". Recent studies suggest this damage can be long-lasting and even permanent (Tapert et al., 2014;

Trudeau, 2010) A WHO report estimates that Major Depressive Disorder is the leading cause of disability among Americans age 15 to 44 (NIMH, 2014). There are many options to treat depression; it can be overcome with medication and therapy.

A common disorder related to depression is Manic-Depressive Disorder or Bipolar Disorder. People suffering from Bipolar Disorder often go through periods of times where they experience manic symptoms, which include elevated, expansive, or irritable mood, decreased need for sleep, rapidly changing or racing thoughts, motivated behavior, and may also feel as if they are on top of the world. Shortly, they sink into a drastically low time and exhibit the same symptoms as depression (Teen Health and Wellness, 2014a). In a recent NIMH study, one percent of adolescents ages 14 to 18 were found to have met criteria for Bipolar Disorder or Cyclothymia in their lifetime (NIMH, 2014). Bipolar Disorder is just as important to recognize as depression, as it can potentially have the same negative effects on teenagers' lives. Some 20% of adolescents with Major Depression develop Bipolar Disorder within five years of the onset of depression (Birmaher 1995, cited in NIMH, 2014). Unfortunately, the cycle of bipolar disorder is often overlooked as mere teenage phases. During high times or mania, teens with Bipolar Disorder may be compelled to partake in uncharacteristic activities, over-estimate themselves and take unnecessary risks. During depressive phases, they may feel worthless, irritable, and suicidal and lose all hope and energy. Untreated bipolar disorder worsens over time and has long lasting consequences but fortunately, there are medicine and therapy options available to treat it. An issue with bipolar disorder is that it is commonly misdiagnosed as depression because depressive symptoms are more obvious, while mania symptoms are difficult to pinpoint and commonly overlooked (Teen Health and Wellness, 2014b).

Demographic Distribution of Depression in Teens

Studies have shown that teenage girls are about three times as likely to suffer from depression as teenage boys (Bjornlund, 2010). It is very difficult to compare depression statistics along race profiles. Often, African Americans are not properly diagnosed or treated, many health services are not utilized by American Indian and Alaskan Native populations, and some languages do not include a word equivalent to depression. In Asian-Americans and Pacific Islanders, documented depression rates are very high and also the second greatest cause of death. More young Asian women die from suicide attempts than people from any other race (NAMI, 2014). Similar to the American Indians and Alaskan Natives, Asian Americans and Pacific Islanders do not usually seek help when suffering from depression. There may be a correlation between the high suicide rates and unwillingness to utilize mental health services. Among these populations, those fleeing from harsh living conditions in their former country are also more likely to suffer from other mental illnesses along with depression.

The factors that cause depression can differ from person to person. However, connections can be made between possible teen depressions and many established risk factors. Some of these include family history and genetics, a significant tragic event, major life changes, family or relationship problems, work overload, high amounts of stress, and bullying or social pressures. Children with a family history of depression are more likely to develop depression symptoms than children without such history.

Cultural Differences and Teen Depression

For bicultural teens, a clash of cultures and way of life may lead to depression. For those teens, generally the time, place and values their parents grew up with are changed. Bicultural teens specially may have difficulty adjusting the new surroundings, new people and norms of society that are different than their parents practiced. Struggling between two cultures, they feel rejected, judged or pressured by their peers and misunderstood by their parents. Rejecting traditional cultures and values and immersing themselves into a new one can create conflicts within the family, especially with parents and other caregivers. On the other hand, they also feel pressure to meet the expectations of the new culture so that they are able to fit in and make a place for themselves. Balancing their own values and the values of others is often stressful for teens, which can lead to bipolar disorder or major depression (Brown, 2013).

There is a stereotype among Asian-American families that the children must excel in academics and be high achievers. Parents set high expectations and children must put much effort to meet these comparative standards. Not everyone is able to be on top, and their best effort may produce lower results than others. Their career goal may be different than what their parents aspire that leads to different qualifying standards. If they have recently moved, teens may have problems ad-

justing to different educational and social standards. Not being able to meet these expectations can cause extreme stress as well as feelings of guilt, worthlessness, and hopelessness, which may lead to depression. This may ultimately result in a drop in academic achievement, further worsening the situation (Kam, 2013). This does not indicate that hard work and putting in their best effort are less important, but assessing the needs of every teen can help them achieve their best without putting their mental health at risk. This includes improving communication between teens and parents, offering support through difficult times, and seeking help from professionals such as therapists when needed.

Studies have shown that more Asian-American girls exhibit symptoms of depression than any other group (NAMI, 2014). However, there is a higher cultural stigma or negative association surrounding depression in Asian communities, which prevents many Asian-Americans from seeking help in dealing with their depression. They are afraid of the shame it may bring to their families or they are not accustomed to expressing these types of emotions. The percentage of people who seek help is very low at only 27% among the potentially depressed population (Nikolchev, 2010). This means that 73% suffer alone and contribute to the high suicide rate. Certain cultural norms and parental values sometimes prevent Asian-American teens from experiencing activities common among teenagers living in the USA, such as spending time with friends, attending sleepovers, developing close relationships outside of family, and greater independence and flexibility. In some cases, this may be beneficial as there are many negative aspects to the freedom that most American teens have, however, it also restricts any outlets for relieving stress and expressing emotion.

Preventing Teen Depression

Prevention is the key to dealing with problems associated with depression. Having a strong support system within the family is essential to improving mental health performance and preventing depression in growing children. With mutual respect, love, trust and open communication, a strong positive relationship is built between parents and their children.

If teenagers understand depression and other mental disorders and ways in which they can deal with the causes, they can increase their quality of mental health and reduce their chances of developing such disorders. There are many programs in place to treat depression, but there are fewer to prevent it. One important system developed for prevention is the Penn Resiliency Program (PRP), in which groups of students learn important skills from trained teachers, counselors, and clinicians. It includes a series of twelve lessons focusing on thoughts and how it influences our emotions (Gillham, 2009). PRP begins with the ABC model which was developed by Albert Ellis, an American Psychologist who greatly influenced the field of psychology and developed rational emotive behavior therapy (For details, see <http://albertellis.org/>). This model explains that there is an activating event or adversity (the A), which prompts an automatic

belief or interpretation of the situation (the B) that in turn leads to an emotional and/or behavioral consequence (the C; David et al., 2004). This means that an event is interpreted by a person's ideas and thus, a response is produced. In other words, beliefs or ideas are what cause a specific reaction to a situation. In this program, teens initially develop an idea of what adversities exist in their lives, what their internal beliefs are, and how the beliefs influence their emotions. They also learn to develop their beliefs by thinking deeply about the problems they encounter, in order to produce more positive consequences. Along with the ABC model, teens are taught problem solving and communication skills, how to deal with situations that cause stress, and how to control and regulate their emotions. In various studies, this program has shown to reduce depression rates by up to 50% in the following two years after completion of the program (Gillham, 2009).

Treatment of Depression

Treatment for depression includes therapy and use of antidepressant medications. Before depression can be treated, it must be recognized. Not only do parents have to be willing to listen to their teens, teens must also have the courage and the ability to speak to their parents and ask for support. There should not be any delay in seeking professional help once the teens show signs of depression. Teens should be evaluated by a psychiatrist or psychologist. After correct diagnosis, proper counseling and short term medications can help them overcome the symptoms and regain control of their lives. It is important to note that while psychologists, psychiatrists, licensed social workers, or licensed family counselors can provide therapeutic services, only psychiatrists can prescribe medications (Downs, 2014).

The most common method of therapeutic treatment for depression is Cognitive Behavior Therapy (CBT). CBT is a style of therapy in which the therapist and patient collaborate to change the patient's thoughts and beliefs. CBT focuses on the connection between thoughts, behaviors, and emotions, which is similar to the 'beliefs' and 'consequences' notion of Albert Ellis's model. CBT has been successful because it challenges the internal beliefs that cause the symptoms of various mental disorders, including depression. If a teen is depressed because he or she feels worthless and pathetic, he or she will work with the therapist to change that belief. That way, events that once caused the consequence of depressive symptoms will not have the same effect. Once the teen's outlook is less negative, he or she can continue on the path to recovery, which includes incorporating positive events into every day (Duckworth and Freedman, 2012).

Other styles of therapy include group therapy, psychoanalytic therapy, and family therapy. In group therapy, groups of teens with similar problems come together to talk about their situations. This creates a sense of communal understanding, and teens may feel more relaxed and be open about their emotions. For this therapy to be successful the therapist leading the session must be able to provide suggestions or solutions as the

teen's peers may not always be able to help him or her deal with the problem itself. Psychoanalytic therapy is the traditional style of therapy, where a teen speaks with the therapist about himself or herself, the problems he or she might be facing, and the people in his or her life. The therapist would use this information to discover the root of a teen's depression, and methods of how to manage the symptoms. In family therapy, the entire family of a teen with depression works together with the therapist to figure out how to manage depression or determine if family influences are worsening a teen's depressive symptoms (Teen Health and Wellness, 2014a).

As mentioned before, many Asian-Americans may hesitate or refuse to seek help because of the social stigma associated with depression. To aid depressed Asian-American teens in dealing with their symptoms, alternative medicines can also be utilized. These include yoga, tai chi, meditation, massage therapy, relaxation techniques, music and art, and acupuncture. Most of these remedies are not specific to depression and do not require doctor approval or recommendation. Asian Americans may be more accepting of alternative treatments because they no longer have to contend with the stigma of antidepressants or working with a therapist. Relying solely on these therapies is generally not enough to treat depression but will be helpful when provided in addition to medication and psychotherapy (Mayo Clinic, 2014a).

Depending on the severity and cause of a teen's depression, medication may be necessary for proper treatment. The teen's therapist may recommend an evaluation from a psychiatrist to determine if he or she should receive a prescription for anti-depressants. Anti-depressants work by altering the brain chemistry of a depressed patient. The most common class of drugs, Selective Serotonin Reuptake Inhibitors (SSRIs), works by increasing serotonin levels in the brain, a naturally occurring chemical messenger (neurotransmitters), which are used to communicate between brain cells. SSRIs block the reabsorption (reuptakes) of the neurotransmitter serotonin in the brain. Increased serotonin seems to help brain cells send and receive chemical message, which in turn boosts mood (Mayo Clinic, 2014b).

Some patients do not respond well to SSRIs alone, therefore, SSRIs are mostly used in conjunction with other medications and psychotherapy in order to address more complex underlying causes of depression (Mandal, 2014). Another class of anti-depressants is Tricyclics, which elevate the activity of serotonin and other similar chemicals in the brain. Monoamine Oxidase Inhibitors (MAOIs) cause the brain to delay the reduction of neurotransmitters after they are used. In the past, Lithium used to be a major element in the treatment of depression, but it is more commonly used today for treating bipolar disorder. When using medicine to treat depression, teens should be closely monitored because many have severe side effects and can increase the risk of suicide. Individuals may also react differently to certain medicines, and it may take time for an antidepressant to take effect. In some cases, one drug may not be

effective at all and the teen may have to be switched to another drug (Teen Health and Wellness, 2014a). It is crucial that a patient completes his or her prescription or continues taking it until the prescribing psychiatrist informs them they may stop. Proper adherence to medication treats the condition and keeps the patient from relapsing.

Conclusion

Teen depression is more common than most people realize. It can significantly impact crucial years of a teen's life and his or her future. Both parents and teens must work together to create comfortable, trusting family environments that promote mental health and support clear communication. Being comfortable with complex emotions, having the ability to express inner thoughts in a clear manner, and creating appropriate outlets and methods for dealing with stress can contribute to a teen's mental stability and prevent depression. Parents should also be able to recognize the signs of depression in their teens, and be willing to give them the help and support they need. It is the social stigma surrounding depression that prevents many teens from receiving necessary treatment and also from voicing negative emotions and problems that lead to stress. These can compound and worsen the symptoms of depression. In many cases, depression is preventable and entirely treatable, but it must first be recognized as a serious problem.

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