Casa Colina has provided unique rehabilitation services to the people of this community, Southern California and beyond. Over the past 75 years, it has touched the lives of well over 210,000 people since the first patient arrived in 1938. There is a tremendous tradition here of caring and respect coupled with the positive expectation that progress can be achieved — so each patient will enjoy a better life.

Many have said that miracles have happened here.

We have seen that people’s needs have changed over time, and the health care environment is radically different than years ago. Polio, the principal focus of Casa Colina in the early years, is no longer a major threat for children. Today, autism is a growing issue for children. Vast improvements in trauma care have enabled people of all ages to survive catastrophic injuries and illnesses, but many face living with a significant disability. For many, the simple relationship with a private “family doctor” has given way to membership in a managed care organization.

I would like to recognize all of the changes the Board of Directors has implemented as Casa Colina has steadfastly pursued its mission of service to each patient. It has responded quickly to the changes in the world around it, studying alternatives for the future and committing resources to pursue new directions. It is such an exciting time because of the promise these new services will be able to bring to our community. It is quite humbling for me to be at the helm of an organization with such a history of greatness, so much promise for the future of providing health care services, and so much commitment from the community to the rehabilitation and medical services we provide. Thank you for the support that helps make it possible for Casa Colina to develop new programs, to grow and thrive, and to provide free care for those in need.

Steve Norin
Chairman, Board of Directors
Our Board of Directors provides a special kind of leadership. Its responsible oversight coupled with its forward thinking has enabled Casa Colina to continue to grow in infinite ways and evolve into one of the country’s top rehabilitation facilities. The Board is comprised of physicians, community leaders and previous patients.

As we humbly observe 75 years of Casa Colina offering extraordinary patient care, we credit our Board of Directors for the pivotal role it has played in its continuous success. So we asked each of them to share a few words about why they chose to serve and what it has meant to have such a profound impact on our community by helping people with a broad range of injuries and illnesses. We think you will enjoy reading their responses.
Our Role in Casa Colina's History

When I think of the development at Casa Colina in the last decade and put that in the perspective of Casa Colina's 75-year history, I realize that we, the staff, are simply temporary caretakers of this remarkable institution. It existed before most of us were born, with the firm aptness of its founder, Frances Eleanor Smith. And it will exist to serve patients long after we are forgotten. The best thing that could be said of us is that we left it in a better condition than when we started—providing better clinical services to people, and better able to weather whatever happens in the future. These efforts have resulted in a staff of therapists, nurses, physicians and support people recruited from all over the United States, and is second to none. We have instituted a physician-driven medical model in all of Casa Colina's programs and we have increased access to specialties with the Physician Clinics. Casa Colina is again a national presence, taking a leadership and is second to none. We have instituted a physician-driven medical model in all of Casa Colina's programs and we have increased access to specialties with the Physician Clinics. Casa Colina is again a national presence, taking a leadership

Forsing the Best of Care, Even in the Worst of Times

Just storms rolled across the Midwest, turning day into night. Unemployment reached record levels with soup lines stretching around city blocks. It was the Great Depression of the 1930s. Children faced great risks, too. Polio came in epidemics. Schools, theaters and parks were closed to prevent infection from spreading. Public health officials and concerned volunteers tracked every identified case and organized information campaigns. Among them was Frances Eleanor Smith (1) of Claremont, a polio survivor herself, mother of six and wife to Richard "Pop" Smith, a citrus grower.

A recent scientific advance had given new hope for children with polio. In 1928, at Children's Hospital in Boston, an eight-year-old girl who was near death with respiratory failure from the disease was the first patient placed in a Drinker Respirator. Within minutes she made a dramatic recovery. For the next 25 years, "Iron lungs" helped thousands of children live through the respiratory failure associated with polio.

Back in Claremont, in 1936, Mrs. Smith was selected by the Golden Rule Foundation as "Mother of the Year." Being a modern woman, she traveled back East by air where she gave a national radio address from New York City, then met with First Lady Eleanor Roosevelt and did a national speaking tour. It made her a celebrity (2). When she returned home to Claremont she told her family, "I have all this notoriety. I must do something with it."

She decided to dedicate herself to the growing population of children who survived polio (3), to help them prepare for the rest of their lives, using the techniques of exercise and activity she was using to recover as a child years before. There were 25,000 children with crippling disabilities in California and on public institutions, open to rich and poor alike, where victims of infantile paralysis and bone deformities may, after hospitalization and surgery, receive the latest scientific treatment which can help every crippled child, and restore many to complete health. She gathered a group of area residents. Boys’ Republic granted them the use of the late Margaret Fowler’s large home on the hill.” The organization they founded, Casa Colina Convalescent Home for Crippled Children (5), became the Casa Colina Centers for Rehabilitation that exists today.

From the very beginning the goal was clearly stated in 1937: “Casa Colina is not a home in the sense of an orphanage, but an institution for rehabilitating crippled children to take their rightful places in life.” Through the years the diagnosis and age range has expanded dramatically, but the core idea remains the same: to provide individuals the opportunity to maximize their medical recovery and rehabilitation potential. And today, as that range expands once again to meet changing needs, Casa Colina looks to the community for the support that has been so marvelously consistent for more than 73 years.

Wartime Restrictions Didn’t Dampen Expansion

It took two years to prepare the unused house, raise initial operating funds, build a therapy pool (6) and gather staff (7). Casa Colina accepted its first patient in 1939, and President Roosevelt (8) sent his greetings, calling it the “Warm Springs of the West.” Patients came from all over California, the West and abroad. In 1944, in spite of severe wartime restrictions on building supplies, the West Wing addition increased bed capacity to 35 (9). With Mother Smith as a non-paid Executive Director, the crew of physicians, physiotherapists, nurses, cooks and aides helped children regain the use of muscles and limbs.

In 1946, a schoolroom wing was added and, later in 1949, the Fenton Memorial Wing was built (10). Subsequently, Casa Colina served 58 patients. A polio epidemic that year resulted in 2,720 deaths and 39,993 survivors. It seemed that even the new additions was not enough to meet the needs of the community and, by the early 1950s Mother Smith and the Board of Directors discussed plans to build a new, larger facility. In the world beyond Casa Colina, rehabilitation was being used to treat large numbers of veterans with various war injuries. In the civilian community, advances in medicine meant more people needed rehabilitation after surviving strokes, brain and spinal cord injuries.

In 1952, another polio epidemic resulted in 3,149 deaths and 21,260 survivors (11). But help was on the way. That year Dr. Jonas Salk (12) began the first tests of a polio vaccine. It was still a laboratory project and not ready for large-scale trials, so Mother Smith did not live to see the miracle of the eradication of polio.
of polio. On December 12th, she was on another fundraising mission at a radio station in Hollywood to record an announcement for a benefit dance to be held at the Hollywood Palladium. As she left the KLAC studios following the recording, she collapsed on the sidewalk and was rushed to a hospital where she passed away. Dedicated to the children of Casa Colina to the last, her final words were: “I feel so foolish lying here when there is so much to be done.”

Her passing was noted with great sorrow across Southern California where so many former patients had grown into productive members of the community with their own families. She was deeply missed, but the work of Casa Colina continued (17) and patients continued to fill the beds, many of whom were from the Respiratory Therapy Ward at Rancho Los Amigos, where, in 1953, iron lungs were massed like cars in a parking lot (18).

In 1954, the field trials for the Salk vaccine became the historical peak of 58,000 to only 5,600 in 1957. Across the country the average oral vaccine was licensed and another round of mass polio immunizations followed. The last new cases of this form of polio in the U.S. were recorded in 1979.

Dr. Jonas Salk visited Casa Colina in 1961. While addressing the large audience, he said, “It is interesting that when the hospital is no longer needed for the treatment of patients with polio, it has converted itself to one concerned, not with sickness, but rather with the positive challenge of the fullness of life and health.” However, the next decade was a difficult one for Casa Colina. By 1962, there were only 25 patients in the hospital in a typical month. While fewer children and more adults were treated as inpatients, the commitment to children carried on with the opening of a preschool for children with disabilities. Dr. Anabel Teberg was the pediatrician in 1963. Under the leadership of Dr. Herbert Johnson (28), Casa Colina Hospital for Rehabilitative Medicine came into its own as a hospital and achieved its first accreditation by the Joint Commission on Accreditation of Hospitals Organizations in 1967, an accreditation it has held continuously since that time. But the transition continued to be difficult. During the early years, only 20% of the annual budget had come from patient fees—not enough to sustain it. By 1970, Casa Colina was in financial trouble.

**The End of Polio, a Renewed Sense of Purpose**

A new location for Casa Colina was found in Pomona—a land previously used by “Pop” Smith as a citrus grove. When the groundbreaking for the new hospital happened in 1958 (26), the design called for five-bed wards, quite appropriate for a children’s hospital. Across the country the average annual number of cases of polio was decreasing from a historical peak of 58,000 to only 5,600 in 1957 (26). By the time the hospital dedication occurred on January 15, 1961 (27), the stated purpose of the 78,000 square-foot facility had changed. The new hospital would treat both children and adults, and a complete spectrum of rehabilitation diagnoses. There would be 49 beds for children and 23 beds for adults, however this ratio quickly changed. In 1962, the Sabine oral vaccine was licensed and another round of mass polio immunizations followed. The last new cases of this form of polio in the U.S. were recorded in 1979.

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**A New Standard, a Complete Continuum of Care**

In 1973, Dale Eazell (29) was named president and chief executive officer, and Casa Colina began a new phase in its history and service to the community. A specialized Spinal Cord Rehabilitation Program opened with Dr. Julie Bevin Maldorsky as medical director (30). Casa Colina received its first CARF Accreditation (Commission for the Accreditation of Rehabilitation Facilities). A new outpatient children’s program (31) was introduced with Elizabeth Neumann, Ph.D., as director, and a new building constructed for it (32). In 1977, a Brain Injury Rehabilitation Program opened and pediatrician Dr. John Wilcox introduced the Infant Simulation program for children with intellectual/developmental disabilities (33).

Casa Colina Condors wheelchair basketball team, led by Dave Kiley, won its first national championship in 1979 (34) and they went on to win nine championships in the next 14 years. In 1980, the Transitional Living Center (TLC) began in a house adjacent to the Pomona campus on Melbourne Street. It became a link between acute rehabilitation and a return to home for adults with brain injury, further extending the continuum of care (35). Two more TLC houses were added by 1983. This was a period of great development in rehabilitation across the United States and Casa Colina was a pioneer in new programs and approaches (36). By 1984, new buildings to house Corporate Administration and Adult Day Health Care (37) were completed. Padua Village opened in 1984 and they went on to win nine championships in the next 14 years. In 1980, the Transitional Living Center (TLC) began in a house adjacent to the Pomona campus on Melbourne Street. It became a link between acute rehabilitation and a return to home for adults with brain injury, further extending the continuum of care (35). Two more TLC houses were added by 1983. This was a period of great development in rehabilitation across the United States and Casa Colina was a pioneer in new programs and approaches (36). By 1984, new buildings to house Corporate Administration and Adult Day Health Care (37) were completed. Padua Village opened in 1984 and they went on to win nine championships in the next 14 years. In 1980, the Transitional Living Center (TLC) began in a house adjacent to the Pomona campus on Melbourne Street. It became a link between acute rehabilitation and a return to home for adults with brain injury, further extending the continuum of care (35). Two more TLC houses were added by 1983. This was a period of great development in rehabilitation across the United States and Casa Colina was a pioneer in new programs and approaches (36). By 1984, new buildings to house Corporate Administration and Adult Day Health Care (37) were completed. Padua Village opened in 1984 and they went on to win nine championships in the next 14 years. In 1980, the Transitional Living Center (TLC) began in a house adjacent to the Pomona campus on Melbourne Street. It became a link between acute rehabilitation and a return to home for adults with brain injury, further extending the continuum of care (35). Two more TLC houses were added by 1983. This was a period of great development in rehabilitation across the United States and Casa Colina was a pioneer in new programs and approaches (36).
Colina’s future was once again in question. In 1992, long-term residential services for adults with brain injury. But the advent of managed care and its major impact on payments for rehabilitation services became a new and serious challenge for Casa Colina. While the 60th Anniversary Celebration in 1996 welcomed more than 2000 guests to the campus and honored Dr. Herbert Johnson and his wife, Judy, for their support over 30 years, Casa Colina’s future was once again in question.

A Commitment in Excellence, Now and Forever

Dale Eazell, having served as CEO for 25 years, worked with the Board of Directors in a nationwide search to find the person who could lead Casa Colina to a new era. They found that person in Massachusetts in 1998. Felice Loverso, Ph.D.

Dr. Loverso and the Board of Directors created a vision for what Casa Colina could become to address the needs of the community. They first rededicated Casa Colina to being a Center of Excellence in rehabilitation with strong medical leadership and with Casa Colina Hospital as the core of its service to the community. With a refocused energy on serving communities, their caregivers, and the people they served, the people of this community have recognized the need and the value of Casa Colina’s ability to serve patients – now at about 10,600 individuals a year and volume of 59,000 treatment visits a year in the Outpatient Center. Early this year, Casa Colina will open a 24,000-square-foot Medical Office Building as the first major element of Phase Two. In addition, collaboration with community partners has expanded to include Casa Colina providing rehabilitation services at San Antonio Community Hospital and, in turn, its management of the urgent care and pharmacy in the new Medical Office Building.

Within a short time, exciting changes began to happen. Medical directors were engaged for every program. A ten-bed expansion at Rancho Pinto Verde brought their total number of licensed beds to 34. The Casa Colina Research Institute reinvigorated its renowned research program. A new Autism Program was initiated in 2000 at Casa Colina Children’s Services Center with the consultation of pediatric neurologist Margaret Bauman, M.D., who was recruited to Casa Colina from Boston.

Then the larger elements fell into place. In 2001, ground was broken for the beginning of Phase One of the project to rebuild Casa Colina from the ground up. A new 22-bed residential facility was completed in Apple Valley and Rancho Pinto Verde added recreational facilities. The Iris and George Belding Building became the new home for Casa Colina Adult Day Health Care, the A. Gary Anderson Family Building opened for Casa Colina Children’s Services, and the Transitional Living Center. Settling into the new buildings, the staff was concerned whether the “miracles” that had been achieved with patients in the old buildings would continue to be accomplished. A banner in the new hospital dining room proclaimed: “The Miracle Continues,” and so it has.

The development did not stop there. Phase Two is now underway. In 2006 Casa Colina Apple Valley added 11 more beds, then eleven more in 2007, for a total of 42, plus a dedicated recreation room. Casa Colina Hospital developed Clinical Pathways for Stroke, Spinal Cord Injury, Brain Injury and Orthopedics. Children’s Services began branching out to deliver more services integrated into the community, and it continued the Annual Autism Conference to educate parents, teachers and health professionals about this growing diagnosis. In 2008, the Casa Colina Azusa Center opened to provide outpatient services to the western Foothill communities. These expansions have increased Casa Colina’s Wounded Warrior Fund.

In March 2009, the new Casa Colina Hospital opened and immediately operated at full capacity, as were all the residential programs and the Transitional Living Center. The dedication in October brought 1,200 people to the campus to celebrate. Phase One was complete with new pools and the Rehabilitation Institute reinvigorated its renowned research program. A new Autism Program was initiated in 2000 at Casa Colina Children’s Services Center with the consultation of pediatric neurologist Margaret Bauman, M.D., who was recruited to Casa Colina from Boston.

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For 75 years, Casa Colina has been a unique place of recovery and restoration. Over those years the therapists, nurses, physicians and the support staff have acted as agents of change to help more than 210,000 people reclaim their physical and cognitive abilities, their dignity, and their “rightful place in the world,” in the words of Frances Eleanor Smith. Casa Colina has faced many challenges to continue its work, but the people of this community have recognized the need and the value of compassionate excellence, and they have supported “the house on the little hill” time and time again. On behalf of all those patients, thank you for that support.
A Look Back

It was known as “The House on the Little Hill.” Despite their serious injuries or illnesses, the patients were very much like the Little Rascals. They were rambunctious kids from all over the U.S., separated from home for treatment that sometimes took one or two years.

Frances “Mother” Smith ran the facility, which had an excellent staff of physicians and therapists. “She was the nurturing one who would offer us a little hug or pat on the back each day,” Ray recalled, “She was especially attentive with the youngest ones and the homesick kids.”

Just like the Casa Colina of today, everything about the facility inside and out was designed to promote healing and comfort. In the mornings, they received their therapy treatments. Dale recalled lots of stretching and time in the hot tub. Ray and Frank had aquatic therapy in the indoor pool, where they both learned to walk again after being in casts for several months.

The afternoons gave them time to play makeshift ping pong or basketball games or create arts and crafts projects. Ray also recalled the competitive races that took place with the kids on gurneys and in wheelchairs. “I grabbed a spare pair of crutches to propel my gurney forward like a canoe with a paddle,” he recalled.

They all prayed and ate healthy meals together in the large dining room with a fireplace and murals of Little Bo Peep.

And to the Present

They all went on to live extraordinary lives. They found rewarding careers, married, and had children and grandchildren.

ECHOING THE WORDS OF RAY AND DAVE, FRANK STATED, “MY EXPERIENCE WITH CASA COLINA FROM THE TIME I WAS 12 TO 77-YEARS OLD HAS ALWAYS BEEN SUPER POSITIVE. I’VE ENJOYED WATCHING IT GROW IN BOTH THE QUANTITY AND QUALITY OF ITS SERVICES.”

The Boys of Casa Colina

Dale Briggs contracted polio when he was 15 years old in 1955. He had a high fever and within a few days his left leg became extremely weak. He was rushed to San Antonio Community Hospital in Upland where he was placed in an isolation ward for twelve days.

Ray Valenzuela’s physician thought he had polio at the age of six in 1945. However, they later found he really had osteoarticular tuberculosis, a painful disease that caused rapid deterioration of his hip.

Frank Alvarez developed osteomyelitis, a bone marrow infection, when he was only two weeks old in 1935. His condition was so grave that the doctors at St. Joseph’s Hospital in Oxnard had already filled out his death certificate, just waiting to complete the hour.

They each underwent surgery that required both of their legs to be placed in a double cast from their toes to their chest and joined at the knees by a metal bar. What did these three boys have in common?

Dale, Ray, and Frank were among children treated at Casa Colina’s first location in Chino, California, which began as a children’s rehabilitation facility. They all recently visited the Pomona campus to share stories of this special place that did so much for them as children.
A Tradition of Caring Continues

Casa Colina is humbled to celebrate 75 years of providing excellent service to our patients and the community. With the tremendous help of our valued donors and partners, we have continuously and consistently delivered quality patient care, offered education, conducted breakthrough research, provided free care to those in need, and served as a pillar of support to our local, regional and national communities.

In commemoration of our 75th anniversary, we invite you to help us honor the values of our founder, Frances Eleanor Smith, and ensure Casa Colina continues to provide first-class medical rehabilitation care for generations to come.

The following are ways that you can become a part of the Casa Colina tradition of caring and create a lasting personal legacy.

Charitable Bequests
A bequest enables donors to leave a percentage of their estate or a fixed dollar amount to Casa Colina in their will. Another option is to name Casa Colina as a residuary beneficiary, leaving Casa Colina what remains after specific bequests to loved ones are distributed.

Charitable Remainder Trusts
A charitable remainder trust is created by transferring your assets to a trust that typically pays you and/or your spouse an income for life or a term of up to 20 years. At the end of the trust, the remaining trust assets are transferred to Casa Colina as a charitable gift. There are several tax savings and tax advantages to this type of trust, including the complete prevention of long-term capital gains tax on the sale of appreciated property sold after it has been transferred to the charitable trust.

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Appreciated Securities
The only one of ways to avoid substantial capital gains tax on appreciated securities is to make a charitable gift of the property to Casa Colina. In most cases, the donor may take a deduction based on the full market value of the property held for at least one year, rather than just its cost. We wish to thank everyone who made a gift to Casa Colina by purchasing a brick. We appreciate your commitment to providing quality patient care.

Life Insurance
Another method to establish a significant gift in the future is to designate Casa Colina as a recipient of all or a portion of the proceeds of a policy that is no longer needed for family protection. There is also the option to contribute a paid-up policy during your lifetime, thus realizing a charitable deduction for the policy's cash-surrender value. A gift of insurance can also be made by purchasing a new policy and naming Casa Colina as the beneficiary or co-beneficiary.

Retirement/Pension Plans
Making Casa Colina a beneficiary of a retirement or pension plan is another way to support this institution. By completing a “Change of Beneficiary” form provided by the plan administrator, the gift can pass to Casa Colina without being subject to estate and income taxes.

Memorial Tributes
Memorial tributes and remembrance gifts to Casa Colina are lasting expressions of appreciation or love. When the gift is received, a special letter of notification can be sent to the person or family that the donation recognizes. These generous contributions are tax deductible.

Matching Gifts
Matching gifts are an opportunity for you to leverage your donation by having your employer match the amount of your gift. Please check with your human resources department to see if your gift to Casa Colina qualifies for your company’s matching gift program.

Recognizing Extraordinary Support
Wall of Honor
As announced in the 2012 Keystone, a recognition program for our generous donors is underway. Every gift to Casa Colina is important and appreciated. For donors who have contributed a cumulative support amount of $25,000 or more, Casa Colina will pay tribute to them by placing their name on a Wall of Honor, permanently displayed in the main hospital.

Naming Opportunity
The opportunity to affix your name to one of our buildings or signature programs is available at various giving levels, starting with a gift of $250,000.

If you are not currently a Wall of Honor donor, we urge you to consider a gift at this level. If you are already listed among our most generous contributors, we thank you and graciously urge you to continue your support and encouragement of our patients by helping to meet their medical needs through the challenging rehabilitation process.

Frequently Asked Questions
Q: How does my gift help?
A: Every gift, no matter the size, is deeply appreciated and results in improved programs and services for current and future patients of Casa Colina. Your contribution supports free care, community outreach programs, community education programs, valuable research, and further development of our Centers of Excellence and refinement of our continuum of care.

Q: What are the tax benefits of making a gift?
A: As the tax benefit of making a gift can differ greatly depending on the type and amount, it is important that you contact your financial advisor and/or legal counsel to obtain specific information.

Q: What are the different ways I can make a gift?
A: Gifts can be made by sending a check or credit/debit card information to Casa Colina Foundation, or online by visiting our website at www.casacolina.org.

Q: How will I be recognized for my gift?
A: All donors receive a letter of acknowledgment and tax receipt. Our most generous donors will be recognized on our Wall of Honor, permanently displayed in the main hospital.

Join us for a Lunchtime Social
On the second Wednesday of each month from February through October, at noon to 1:30 p.m., we will provide an opportunity to learn more about what we do to help our patients after a serious illness or injury.

There will be a brief presentation on the 75 year history and mission of Casa Colina, a few words from a grateful patient, and a tour of our 20-acre campus. Please come and enjoy a light and healthy lunch, learn about our renowned continuum of care for adults and children, and see “rehabilitation in action” as we help our patients discover what is possible. For more information and/or to RSVP, please call 909/596-7733, ext. 2232.

In August 2012, commemorative bricks purchased during the “Forever a Part of Casa Colina” campaign were given a permanent home in the central courtyard of our Pomona campus. We wish to thank everyone who made a gift to Casa Colina by purchasing a brick. We appreciate your commitment to providing quality patient care. If you have not purchased a commemorative brick yet, you may still do so. Your brick will not only be a permanent and personalized addition to the Casa Colina campus, it will also help us provide the best rehabilitation care possible for patients now, and in the future.

An inscription of your choice will be professionally engraved on each brick purchased. A commemorative brick can honor a loved one, celebrate a special occasion or simply recognize the donor. There are two choices for your tax-deductible gift: 4” x 6” for $250 or 12” x 12” for $2,500. For more information about Foundation bricks, activities, and events, call 909/596-7733, ext. 2222 or email foundation@casacolina.org or visit our website www.casacolina.org.

Commemorative Bricks
Lay a Foundation
Your Name and Special Message Here

The Casa Colina family extends its warmest thoughts and condolences to the families and friends of those cherished supporters who passed away in the last year:

Celia del Junco
Rogers Severson

Their spirit, community involvement and compassion for the needs of others will be remembered as a tribute to their own lives and an example for us all.

In Memoriam

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In Memoriam
With Dignity and Determination, a Soldier Battles Back

Cory Remsburg couldn’t wait to enlist in the Army. He always wanted to be a Ranger. His dad wouldn’t allow him to join at 17. So he waited. On February 26, 2001 at 5:30 a.m., there was a knock at the Remsburg family’s door. It was an Army recruiter. That morning, on his 18th birthday, Cory signed his delayed enlistment papers.

After high school graduation, he began his military training at Fort Benning in Columbus, Georgia. He completed enlistment training, jump school, and the most rigorous of all, Ranger school. Cory joined the 75th Ranger Regiment, an elite special operations unit and was assigned to Hunter Army Airfield, Savannah, GA.

He was promoted several times and earned numerous medals, including a National Defense Service Medal, Afghanistan Campaign Medal with combat star, Iraq Campaign Medal with combat star, and an Army Commendation Medal for valor. On his tenth deployment to Afghanistan, he was a squad leader and a backup platoon sergeant.

While securing an airfield on October 1, 2009, Cory’s squad was hit by an Improvised Explosive Device (IED). The blast launched his body into a nearby canal. He was found under water minutes later by his fellow Rangers and transported to a trauma hospital in Kandahar. His condition was so grave that the NATO surgical team didn’t think he would survive.

He was alive, but in a coma. He had a traumatic brain injury, an eye injury, two collapsed lungs, left arm paralysis, burns and damaged vocal chords. His parents flew to be by his side at Landstuhl Regional Medical Center in Germany. He was moved to Bethesda Naval Hospital in Maryland, and then, Veterans Hospital in Tampa, Florida. Three and a half months later, Cory came out of his coma. He was awarded a Bronze Star and Purple Heart.

After 15 months, he was ready for another type of rigorous training – residential rehabilitation at the Casa Colina Transitional Living Center. “I like the way they incorporate everything,” he stated slowly and deliberately. “They teach us how to manage our injuries, our energy, and our feelings.”

Now on a mission to inspire and help others, he’s continued six hours of therapy each day – and anything else he can sneak in – through early 2013. He has a recumbent bike that he uses in therapy. After hours it’s kept in his room on a stationary stand, so he can continue working out with it by safely logging extra miles on his own. Rehabs is his job now, and he does it well. So well, that he was just promoted to Sergeant First Class in front of 1,200 fellow Rangers back in Savannah, Georgia.

Always Putting Others First Put Her Life at Risk

Shantel Barnes was a busy working mother who typically put in 14-hour, non-stop days. After sending her two boys off to school, the 39-year old fit in chores before her job. Then she worked as a full-time customer service supervisor at a call center in Ontario until 8:00 p.m.

On September 18, 2010, Shantel wasn’t herself. She felt dizzy and clumsy, but her stubborn work ethic kept her from leaving work early. During that shift, two supervisors suggested she take the rest of the day off before they left.

Shantel stayed because she was the last supervisor on duty. She thought, “Why go home and crawl into bed? She didn’t realize she was having a stroke. When her condition worsened, a human resources supervisor called a nurse’s hotline for guidance and then 911. Shantel was transported to San Antonio Community Hospital in Upland.

If she hadn’t gone to the hospital when she did, she wouldn’t be alive. Fortunately, if she had received treatment within four hours of her first stroke, a breakthrough medicine could have minimized its effects. Instead, she had multiple “mini” strokes over three days. This left her with paralysis on the right side of her body and slurred speech. As a result, she couldn’t feel her husband’s hand.

On September 21, 2010 she was transferred to Casa Colina Hospital. Shantel was depressed. It was painfully clear that ignoring her health had contributed to the stroke. She hadn’t taken her blood pressure medication daily. She’d never gotten screened for diabetes, even though it ran in her family.

And now she couldn’t face her facial paralysis in the mirror – or the possibility that it might take months or even years to walk or regain the use of her hand. After meeting with her Casa Colina medical team and therapists, as well as a patient who was recovering from a similar type of stroke, Shantel committed herself to therapy. “I prayed. I did all my exercises,” she explained.

In outpatient therapy, she quickly went from struggling to pick up paper clips to lifting 20-pound weights. Miraculously, she was able to walk again within only three weeks.

Shantel’s life changed after her stroke and, in some ways, for the better. She reduced her stress by asking her loved ones for more help, instead of trying to do it all on her own. She became an example for everyone in the family – her husband, parents, sisters, cousins, and sons – to take better care of themselves. For Shantel, that means taking her medications daily, eating better, dancing with her boys to Xbox 360 games, and going for long bike rides whenever she can.
How a Truck Driver Helped Other Patients Shift Gears

Carlos Chavez was working the late shift on January 17, 2012. Married and the father of four grown children, he was transporting heavy medical equipment on the I-10 Freeway. It was a clear night as he drove through Colton, but there was no time to react when a car, driven by a young driver, crossed over the transition road to go westbound. As it crossed the gore point, the vehicle lost control and collided with the right side of Carlos’ truck.

The young, careless driver walked away unharmed. When the highway patrol officers arrived, they found Carlos’ medium-sized truck on its side, having collided with a large tree.

Carlos suffered catastrophic injuries. His body slammed into the steering wheel and his legs were crushed. While the officers worked frantically to free him, he lost consciousness from significant blood loss.

Paramedics transported Carlos to Arrowhead Regional Medical Center, where his surgeons had no choice but to amputate both of his legs. They were very concerned about the risk of a serious infection while the open wounds of both femurs healed.

After two weeks, he was transferred to Casa Colina Hospital for rehabilitation. He was placed in a special isolation room to minimize the chance of infection.

“We could tell that everyone – the doctors, nurses, and staff – knew exactly what was happening with me and what I needed, day or night,” he recalled.

For Carlos, that meant the support of his family. So his loving wife, Mirian, stayed by his side 24/7 during his four-month stay.

When Carlos was discharged from the hospital he couldn’t wait to be at home with his family, and so began the next phase of his rehabilitation at the Casa Colina Transitional Living Center (TLC) day treatment program. His wife and children fueled his desire to make the most of every rehabilitation session.

In therapy, he was surrounded by several new patients who also had life-changing injuries, and quickly realized some of them were facing the struggle to recover on their own.

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eloquently described Katherine’s long recovery. Her journey included learning how to get out of bed when she was as weak as a rag doll, learning how to walk again with a cane when her sense of balance was gone, and learning how to swallow safely again and celebrate with a spoonful of pudding.

Every doctor, nurse, and therapist at Casa Colina who was a part of her care was eager to honor her recovery at Tribute to Courage. The event was also attended by five of her UCLA physicians and 20 family members.

The audience of 808 attendees, the largest Tribute to Courage event ever, was moved when Katherine received her award. She and Jay spoke with appreciation for her care at Casa Colina and how they were given the tools to rebuild their lives. Katherine punctuated her progress with a joyful, spirited dance at the end of her acceptance speech.

Proceeds from the gala black tie event raised nearly $500,000 for Casa Colina Centers for Rehabilitation’s programs and services, including its nationally renowned Brain Injury Program.

A special thank you to the major sponsors of Tribute to Courage 2012

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**Gold**
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Construction crews have been hard at work, putting the finishing touches on the new Casa Colina Medical Office Building conveniently located on the Pomona campus. When the structure is complete in early 2013, it will offer 24,000 square feet of space for an urgent care center, outpatient pharmacy and durable medical equipment sales on the first floor.

The additional space on the first floor and the entire second floor will be used for primary care and specialist physicians’ offices, which will enable Casa Colina to significantly increase its outpatient services while offering a one-stop center for the community’s health care needs.

The doctors’ wide range of expertise and care will help prevent chronic disease and disability. Their practices will be supported by Casa Colina’s state-of-the-art imaging, lab, and technology equipment.

The new building features a sheltered piazza, reminiscent of Mediterranean town squares, visually anchored by a 96-foot-tall bell tower. It will extend the professional care that has been a hallmark of Casa Colina’s reconstruction since 2000. Additional parking for a total of 692 vehicles to accommodate the new patients and staff is already complete.

The new Casa Colina Medical Office Building is part of the final phase of Casa Colina’s campus renovation which began in earnest more than a decade ago. There will also be an addition of 31 medical/surgical beds for Casa Colina Hospital that will allow Casa Colina to care for patients at earlier stages of their acute illness or injury. These new buildings and services will create 150 jobs to care for 2,000 more people each year.

Casa Colina Operating Entities* Financial Performance (Unaudited)

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<th>2012</th>
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<td>Revenues</td>
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<tr>
<td>Gross patient and other services</td>
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<td>Other operating revenue</td>
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<td>Transfers from Foundation for uncompensated care and community benefits</td>
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<td>Total Revenues</td>
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<td>Net Income from Operations Prior to Depreciation, Interest and Amortization</td>
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*Excludes Foundation

Casa Colina Balance Sheets (Unaudited/Consolidated)
March 31, 2012 and 2011

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<td>Liabilities and Net Assets</td>
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<td>Total Liabilities and Net Assets</td>
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