Message from the Editor, Barb Butler

As you probably know I am also the conference chair for the BIAC. Our tenth annual conference which this year was held in Kingston Ontario wrapped up at the end of September. From the reports and evaluations I have seen it was a success for all those in attendance. Everyone left renewed and energized and I left to start planning for 2014! I did find some energetic new committee members and have some new ideas to put into place for next year. In this edition of our newsletter you will find many photographs of our Kingston conference. Watch our website for the announcement of dates and location of next year’s conference.

If you have anything you would like to see used in our newsletter I can always be reached at barbutler@biac-aclc.ca.

Your editor, Barb

This newsletter brings you the 2013 conference in pictures as well as the usual informative articles and stories. Enjoy!
Mark Palmer delivering keynote address.

Jeannette Holman Price and Brenda Turley

Theresa Murray

Barb Butler and MaryEllen Thompson

Lori Weeks and Jason Lye

Laura Dann, Gary Scott and MaryEllen Thompson
2013 Thanksgiving weekend has come and gone and during this time I gave some thought about what our community has to be thankful for.

I finished Trevor and Debbie Greene’s book March Forth on the weekend and while reading, I thought of all of the people who are moving forward from a brain injury and the caregivers and friends who support them. My thoughts went to our grassroot communities and how important it is to have faith, hope and charity as well as love and determination to move forward in rehabilitation and re-building friendships.

On the that weekend, a ten year old boy with the support of family and friends designated that guests to his birthday party donate funds to the Brain Injury Association of Canada instead of him receiving gifts. This ten year old raised $1,200 for the BIAC.

I also reflected on the struggles that those living with an acquired brain injury and caregivers face. I particularly focused on the Finlay Family from Napanee, Ontario who have single handedly, with the support of friends and the community, have rallied many to raise funds and commitments for product for a brain injury home so that their son Scott will have a residence along with others from the area. Hugh and Rosemary have cared for Scott for over 30 years. The challenge has been the lack of political and bureaucratic willingness to get the home built and manned appropriately in a reasonable time. Instead the paper work is sitting on a desk gathering dust. This is unacceptable!!

Finally, I reflected on the fine work our executive and board in developing a strategic business plan facilitated by our Development Consultant Timothy Feher. The plan touches on four pillars:

1) ABI Advocacy and Constituency Representation;  
2) ABI Education and Prevention Communications;  
3) National ABI Care Strategy / National ABI Care Delivery Program; and  
4) ABI Research.

We have begun to move forward on implementing this plan within a reasonable time frame and with the expertise of our board the BIAC will continue to move forward.

I would like to thank the members who are leaving the board, Jane Warren, Val Bergeron, Val Lougheed, Bill Pashby, Jeannette Holman-Price, Jo-Ann McInnis, Nick Mercer and Larry Carlson for their service.

In closing, I would like to introduce our new board to you; Dr. Rick Riopelle MD; Dr. Angela Colantonio PhD; Dr. Vikas Dhawan DC, Frank McNally, Lawyer, Neil Nichols, Lawyer, Kim McDonald Taylor, Clinical: Jason Lye, Senior Manager, March of Dimes Canada; Barb Butler, survivor, ABI advocate and volunteer; and Denise Unhola, ABI advocate and volunteer. I look forward to working with you to chart the next few years.

Harry

Harry Zarins  
Executive Director
Tyrone was 32, three years out of graduate school and enjoying a successful career when brain injury struck. He spent 27 months in three hospitals, in the first three of which, he was totally mute. However, aggressive therapies in a rehab program have worked miracles. Fortunately, his setbacks were temporary and not cognitive. After 15 years, his balance is still compromised, but improving.

A brain injury is the result of some form of assault to the brain. The effects may be the result of defuse damage (distributed throughout the brain), or it may be local damage (only one or a few but different parts of the brain are affected). It doesn’t matter how the brain injury is acquired or its extent but there are signs that a survivor is likely to experience. This is especially true if the survivor is cognitively affected. A survivor may see changes in the ability to plan and organize, and solve problems. There may also be a noticeable difference in the control of impulses and emotions. There are often setbacks in motivation and memory, plus a deficiency in other skills such as decision-making.

Typically, a brain injury survivor may undergo a number of tests, including a neuropsychological assessment to determine independence in making sound, personal decisions. She/he may, or may not come out on top of the tests. If it is determined that the individual needs help in making decisions, a friend or relative may volunteer to be the person’s legal guardian. If nobody is available, a court-appointed legal guardian from the Office of the Public Guardian (or equivalent provincial body) makes non-financial decisions. Financial decisions are made by a court-appointed officer from the Office of the Public Trustee. A companion also makes decisions for a brain injury survivor, but this connection is very informal.

It may be helpful to have the input of a guardian, trustee or companion. However, the person deciding, is not doing so for himself or herself. Therefore, it (the decision) may not be the same, though helpful. A companion may take a survivor to coffee, the movie, a park, a party or other social activity. A guardian may work towards a person acquiring a piece of government-funded furniture or decide on a surgical operation. A trustee may buy a client’s wheelchair from his (the client’s) money. However, a trustee, guardian or companion is unable to influence some unwise decisions. An example is a case where a brain injury survivor sold his truck then, used his money at a restaurant for three months, instead of eating the meals provided for him in his home.
I had waited 16 years to have the opportunity to speak about my brain injury and what was happening in my brain and BIAC gave me that opportunity at the 10th Annual Conference in Kingston.

To the speakers who shared their recovery stories, and I saw my own recovery in so many of the stories and I am grateful for the opportunity to attend the conference and to speak as well.

To the mothers that I met who are dealing with their children’s brain injuries, I admire their tenacity and how they have trusted their instincts throughout the journey to New Brain Living for themselves and their children.

I must tell a couple of stories that proves that everyone, who attended the conference are connected in the present, but the stories I am about to tell convinces me that we are connected in the past as well.

Claire Smith was the speaker before me, and she told about her equestrian accident and her subsequent brain injury. I went over to speak to Claire before my presentation, and told her my name and her mother was standing beside her. When she heard my last name she said “I know Mrs. Oostrom from Merrickville, the one with the large family.” Immediately I knew she was talking about my husband’s family. I introduced Mrs. Smith to my husband and this is how they are connected. Mr. and Mrs. Smith (Claire’s parents) had emigrated from Holland and Mrs. Smith was invited to the then Princess Beatrix’s wedding (eventually she became Queen Beatrix) and she needed a nanny to look after the children when she went to Holland, but the nanny would need to speak Dutch. Her husband Mr. Smith suggested they put an advertisement in the local paper looking for a nanny, and who could speak Dutch, but the ad was written in Dutch too. Well my husband’s mother Mrs. Oostrom answered the ad, and she became the nanny for Mrs. Smith’s children and the young girl was Claire who spoke at the BIAC conference. My husband Cornelius’s sister was also at my presentation and she met Mrs. Smith as well, and you can be guaranteed that she shared the story with the rest of the Oostrom siblings. That is quite a story!!!!

As I was saying my goodbyes at the conference there was a gentlemen Don Matheson in the hallway and we started to speak about brain injuries and eventually the conversation came around to the fact that I am originally from Gananoque. Well as it turned out Don’s father was a policemen in Gananoque when Don was a young child. The Matheson family lived on a country road north of Gananoque and it just so happens that I lived on the same country road as an adult. So our conversation went from sharing brain injury stories, to sharing stories about similar people that we have known. Don told me that I had brought back some great childhood memories in Gananoque.

I share these stories because all the people who attended the BIAC conference came together to share stories of recovery, give us the most up to date research for brain injuries but on a deeper level it shows that we come together for a common purpose and end up connecting people from the past and those connections will continue into the future.

www.newbrainliving.com

Jean Oostrom –
The Voice for the Brain Injured Person
Bridgid Ruden delivering her keynote.

Denise and Jason - best conference volunteers ever!!

Delegates visit the WeCare display.

BrainInjuryForum.com display

Harry Zarins with Dr. Emily Nalder

Deliciousness!

Enjoying the sun!
On January 25th 2003, I was 22 years old and worked for RCM Technology and Ontario Power Generation in Pickering Ontario. I had my licence, played lacrosse, rock climbed, went to the gym and wanted to be a police officer just like my Dad. I was dating and my boyfriend had a cottage in then east end of Kawartha Lakes. My ex-boyfriend was driving, I was the passenger, my sister was in the back seat behind my ex-boyfriend and another male friend was in the back seat directly behind my front passenger seat.

We all had our seat belts on except for the male friend behind me, unfortunately another car being driven by a gentleman in his early 70’s swerved into our lane, hitting the passenger side I was on. The male friend behind me was projected into the back of my car seat, crushing the seat over top of me making my seat belt snap in two and I went head first into the windshield. The paramedics and emergency Fire Fighters came to the scene of the crash, cutting us out of the damaged car. After lifting the male friend off my car seat, I was found logged in the leg area of the front passenger compartment. I was in a coma!!!!

The paramedics measured my Glasgow coma scale at the crash scene and I was at a 3-4. I was airlifted to Sunnybrook Hospital by Air Ambulance. When I was brought into the emergency dept. my mom and dad were waiting. They said my face was so swollen you couldn’t see my eyes, my nose or my mouth. The doctors only gave me a 10 percent chance of surviving due to the severity of injuries. When they took me upstairs into the ICU, my lungs had collapsed, my liver split in half and my brain was bleeding.

They cut open my stomach first to re-attach my liver and left my stomach open for 2 to 3 days, next they cut open the left side of my head because I had a defused brain injury, which is scattered bleeding of the brain. I had a blood clot in the back of my brain and the optic nerve was severely damaged. The Hospital said I would be lucky to make it through the night, I was given a Trach in my throat and a feeding tube in my stomach. My Mom and Dad stayed down the hall in a spare room at Sunnybrook Hospital.

There was one night, my Mom was using the washroom in the hospital to get ready for bed. But she said she had a weird feeling and all of a sudden the window started to shake. My Mom looked at the window and said “No”. My Dad was sitting outside the washroom door and he said the door started shake and all of sudden his pager went off. It was the nurse calling, saying that Sarah’s brain pressure had gone off the chart and she was not going to make it. My Mom and Dad went running down the hall asking God not to take me and the second they ran into the ICU and touched my arm, my brain pressure went down dramatically. I remained in a coma for 6 weeks and when I woke up I couldn’t do anything at all. My Mom and Dad tried anything and everything, so my first response was two thumbs up to the music of Josh Groban and the second thing was one night my mom told me that “SHE LOVED ME.” and I responded by moving my lips, “I LOVE YOU TOO.”

The first time I spoke, my Dad was in the room with me and my mom was down the hall. She called on the telephone to see if there was any improvements or changes, Dad responded by saying “No.” Mom said put the telephone to her ear, and my Dad did. Mom said, “Sarah do you know who this is? “I did not respond, so Mom asked me the same question over again. My first words were,”Of course Mom I recognize your voice anywhere.”

Mom couldn’t believe it so she dropped the phone and came running down the hall to hug me. I was sent home after three months in the hospital and my overall injuries are that I am legally blind from the brain injury, I can’t see out of my left eye and a small square out of right eye, I can’t smell or taste and I am dizzy 24/7. I couldn’t speak properly when I came home, it was slurred and difficult to understand. My memory was so bad I didn’t know anyone and everything I was shown was a “STICK.”

Continued on next page.
Sarah Ginn’s Journey continued

I’ve had over 18 operations, and countless hours of speech, physio, occupational and cognitive rehabilitation therapy over the past several years. The one thing that does keep me going during the bad days is the voice of the singer Josh Groban and the song “DON’T GIVE UP.” So I never give up and always give thanks for my second chance in life.

Back in 2010 I became a registered Holistic Nutritionist after graduating from the Institute of Holistic Nutrition in Toronto. I am currently a survivor speaker with Sunny Brook Hospital’s PARTY PROGRAM (Preventing Alcohol Related Trauma in Youth) which runs during the school year every Tuesday and Friday. I also have a small business called A SECOND CHANCE supporting families with traumatic injuries and a motivational speaker to young people in high school. Without the support of my family and friends none of this would be possible.

A special thanks to the staff at Sunny Brook Hospital
“Sarah is an amazing and inspiring young women”

“We thank God everyday for getting so much back in Sarah’s life”, says David and Eveline Ginn.

Tess Kostiak one year on!

Last October we ran a picture showing a young Tess Kostiak with the caption “You are never too young to wear a helmet”. A year later... great news, she is still wearing that helmet!

A former BIAC board member Nick Mercer did a phone radio interview with Jacob Reyes on Across the Table on 104.7 King FM in Sterling, Colorado. We talked about my brain injury and brain injury in general. You can hear it here:

University of Toronto and Brain Injury Association of Canada EMPLOYER AWARD
Awarded annually to an employer who has demonstrated exceptional commitment to the accommodation, integration and support of persons with acquired brain injury in the workplace.

Jason Harps, Ottawa, ON

BONA BUILDING

MERIT AWARD
This award is granted to recognize volunteers who have exhibited exemplary leadership and made significant contributions to advance the cause of acquired brain injury in Canada.

Ann Pavlick, Victoria BC
Yvonne Nielsen, Terrance, BC
Vicki Shepherd, Prince George, BC
Denise Unhola, Ottawa, BC

CORPORATE LEADERSHIP AWARD
This award is granted to a corporation for their leadership in sponsoring an event or a program to promote and advance the cause of acquired brain injury in Canada.

Rx&D, Ottawa, ON
WeCARE, Toronto, ON
TD Bank Group, Toronto, ON

NATIONAL PARTNER AWARD
This national award is granted to a corporation or organization in recognition of their special, significant contribution to promote and advance the cause of acquired brain injury in Canada.

March of Dimes Canada, Toronto, ON

COMMUNICATION AWARD
This award is granted to an individual, group or organization for their outstanding efforts in promoting, advertising or communicating to advance the cause of brain injury in Canada.

Brainworks, London, ON

SPECIAL RECOGNITION AWARD
This award is granted to an individual, group or organization for their outstanding support, devotion or friendship to advance the cause of brain injury in Canada.

Dr. Kirsty Duncan, Etobicoke, ON
Brainworks, London, ON
Prince George Brain Injury Association, BC
Hugh and Rosemary Finlay, Napanee, ON
Coach Robert Brown, Head Women Soccer Coach, Mississauga, ON
University of Toronto, Mississauga Campus

DR. JANE GILLETT RESEARCH AWARD
This award is granted to an individual or organization for their outstanding contribution to advance the cause of acquired brain injury in Canada.

Sandhya and Swapna Mylabathula, Etobicoke, ON
Dr. Michael Cusimano, Toronto, ON

COURAGE AWARD
This award is granted to an individual who has exhibited outstanding, unusual courage in their own personal battle in dealing with the effects of an acquired brain injury, while making a valuable contribution to advance the cause of acquired brain injury in Canada.

Stephanie Nanos, Kingston, ON

DEBBIE AND TREVOR GREEN AWARD OF HONOUR
This award is granted to recognize a person’s extraordinary, heroic contribution to advance the cause of acquired brain injury in Canada.

Robert Wein, Ottawa, ON

VOLUNTEER OF THE YEAR AWARD
This prestigious award, created in 2004, is granted to a volunteer who distinguished herself or himself by making an outstanding contribution to promote and advance the cause of acquired brain injury in Canada.

Barb Butler, Regina, SK
Ann Pavlick - awarded in absentia

One of the BIAC award winners not able to attend was Ann Pavlick. This is a short summary of her work. Ann M. Pavlick, before her MVA and brain injury, was a special education teacher and was instrumental in the development of the Peabody Language Kits for disadvantaged children. After her accident, remarkably, she was able to co-author, with her late husband Leon E. Pavlick, former curator of botany at the Royal British Columbia Museum in Victoria, Red Pines on the Ridge, the mid-level nature book accepted by the departments of education in BC and New York for science, language art and fine arts. They were also able to draft two further nature books - Foxes on the Ridge and Aspens on the Ridge - which Ann has now self published and pledged to help the brain injured. She also co-authored “Pavlick’s Passages”, the unique biography, in poetic format, of the Pavlick’s. As a survivor of brain injury, Ann has experienced first hand how easily she was manipulated and taken advantage of. It is for these reasons she has started a campaign to promote change for the greater protection of the brain injured through the website acquiredbraininjuryawareness.com

But perhaps most impressive of all, this 70 year old lady refuses to give in or give up.

Larry Mueller,
Co author, Pavlick’s Passages

P.G. Brain Injured Group manager awarded

ICITIZEN STAFF
PJAMES@PGCITIZEN.CA

Vicki Shepherd was taken aback on Wednesday afternoon when the class she was teaching at the Prince George Brain Injured Group was suddenly interrupted for an impromptu news conference.

Shepherd quickly found out that it was because she had recently won an Award of Merit from the Brain Injury Association of Canada. “It’s pretty overwhelming,” she said moments after receiving her plaque in front of a large gathering of clients, staff and board members. “I don’t feel I should be singled out because we work as a team. We just do what needs to be done to help survivors.”

The award recognizes the leadership Shepherd has shown and acknowledges that she “made significant contributions to advance the cause of acquired brain injury in Canada.”

The Prince George Brain Injured Group (PGBIG) was also honoured by the national body with a Special Recognition Award which is handed out annually to “an individual, group or organization for their outstanding support, devotion or friendship to advance the cause of brain injury in Canada.”

In her 18 years working at the Prince George Brain Injured Group, Shepherd has helped to develop and administer programs for people recovering from a brain injury, train staff and work with staff and clients in both group home and community care settings.

A registered nurse, Shepherd first got interested in working with people with brain injuries when she met someone with the condition when she was working on a psychiatric ward.

“I’d never talked to anyone who had a brain injury,” she said. “It was fascinating listening to hear and what had changed and how she didn’t understand what going home meant.”

She eventually got on with the Prince George Brain Injured Group where she developed a six-month program for brain injury survivors which is now used across the province and internationally.
Carole Cressaty and Teresa Testa

Jason Cromer and Justin Chee

Caroline Kagan and Dr. Mark Bayley

2013 Conference

Penny Welch-West, Elizabeth Skirving and Julie Hughes

Jane Warren and Jean Oostrom

Harry Zarins with Dr. Emily Nalder

Francis Etmanski

Deborah Dee, BC and Larry Carlson, SK

Diana Frasca, Alexandra Oatley
The Courage to Come Back
Triumph Over TBI – A Story of Hope

is the moving account of Michael’s journey facing the challenges of Traumatic Brain Injury. His life has been changed forever and it’s been changed for the good.

Share his story and his hope. Learn, in his own words, what it takes to succeed in the face of tremendous obstacles. Uncover the secrets we all share deep inside - the secrets to face our biggest challenges and come out the other side triumphant. Find your own hidden strength and courage. Discover how to support friends and family with TBI.

Today Michael serves as an inspiration, motivational speaker and catalyst for Traumatic Brain Injury survivors around the globe.

He’s raised money for Wheels In Motion and started his own foundation, The Michael Coss Brain Injury Foundation, www.secondchancestepbystep.org, to increase awareness of HBOT. He speaks for WorkSafe Canada and participated in the Stand up for Mental Health program.

“Each year more than two million people suffer a traumatic brain injury. Anyone who has suffered TBI, or knows someone who has, can learn from Michael’s story. He’s an inspiration and reminds us of the amazing power within each one of us. The power to learn, grow and become the best person we can be - even in the direst of circumstances.”

Annette Elton, daughter of a TBI survivor
**Our Cause**

Mild and severe head trauma can be a very common injury. Sometimes even mild or innocuous incidents can cause an injury to the brain.

*An estimated 1.5 million Canadians are living with an Acquired Brain Injury (ABI).*

Globally ABI is the leading cause of death and is more common than breast cancer, spinal cord injury, HIV / AIDS, and multiple sclerosis combined.

*ABI costs the Canadian economy more than 3 billion dollars annually.*

These financial and tragic social costs to people’s lives can be alleviated through a determined agenda for change.

**Our Agenda for Change**

- Enable greater awareness of ABI and the need for early detection and treatment
- Create new opportunities to put prevention awareness near the top of our social and educational agenda
- Support increased research funding in areas that will improve the lives of those living with ABI
- Increase funding and services for residential care and day programming services
- Address the regional disparity across the country for access to services
- Improve the ability of ABI survivors and care givers to navigate the care and advocacy system.

**Building Organizational Capacity**

For ten years the Brain Injury Association of Canada has struggled to build a national movement with the capacity to create a better life for those who suffer a brain injury, along their families and caregivers. Like any volunteer organization guided by compassion and vision, BIAC needs functional business capacity to accomplish its goals.

Recently our national leadership team created an ambitious 3-year business plan centered around 4 important pillars for addressing ABI in Canada. We request your financial donation to help us accomplish these four objectives. To assist our capability to build our national movement we ask our major gift donors for a sustained commitment for each of the next three years.
BIAC Organizational Capacity Building Plan 2013-2016

1. Sustain basic core funding to maintain our single staff member/Executive Director (Full time).

2. Hire an Administrative Assistant (or share part time with another charitable organization.)

3. Enhance communications/educational awareness capacity through re-tooling and re-design of our web presence, automated on-line functions, improved creative content, branding, site visitor data collection, member registration etc.

4. Hire a Communications Manager/webmaster/ (Full time)

5. Continue to retain our part time Development Consultant recently engaged to help us design and launch our 3 Year Plan. (0.50 FTE)

6. Hire a National ABI Care and Policy Coordinator to be the key resource and spokesperson on a range of national ABI issues and programs. (Full Time)

7. Hire a Fundraising Assistant to resource and coordinate the large scale fundraising initiatives and partnerships. (Full time)

8. Create a fund for national meetings, consultations and partnership engagement.

9. Distribute capacity building grants to enable provincial and regional ABI organizations to adopt and deliver new national programs.

10. Create a granting program for research projects consistent with BIAC’s national research priorities.

11. Create a granting and project coordination program for Residential Care capital projects (in partnership with government and other service delivery partners)

12. Development and delivery of various ABI related training programs accredited by continuing education institutions.

Financial Plan Summary

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising Revenue</td>
<td>450,000</td>
<td>650,000</td>
<td>1M</td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustained Core Admin Expenditures</td>
<td>200,000</td>
<td>250,000</td>
<td>250,000</td>
</tr>
<tr>
<td>Expanded and Sustained Program Capacity Expenditures</td>
<td>250,000</td>
<td>300,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Granting Capacity Expenditures (for Research, National Care Delivery, and Regional ABI Organizations)</td>
<td>100,000</td>
<td>400,000</td>
<td></td>
</tr>
</tbody>
</table>
Summary of BIAC Business Plan and Performance Objectives 2013-2016

1. ABI Advocacy and Constituency Representation

- Develop performance objectives and a work plan.
- Develop and update a comprehensive set of national ABI policies to assist BIAC in setting a national agenda as the voice of ABI survivors and caregivers.
- Develop national mechanisms and programs for representing and responding to the needs of individuals with ABI, including collaboration with and support of existing provincial, territorial and regional organizations.
- Negotiate formal collaborative partnership agreements with provincial and regional ABI organizations in an effort to strengthen the synergy of a national ABI movement.
- Develop collaborative program partnerships with existing provincial organizations to help adapt current successful provincial ABI initiatives to the national stage.
- Create and support a national cabinet of regional ABI organizations, survivors & caregivers, to facilitate a formal operational and policy dialogue with the BIAC national board of directors.

2. ABI Education & Prevention Communications

- Develop performance objectives and a work plan.
- An all-encompassing ABI public education program utilizing various media for delivery.
- A sophisticated redesign of BIAC’s web presence, creative media tools and use of social media.
- Launch educational campaign streams (for example):
  1.) Sport injury awareness and prevention
  2.) The various disorders and health conditions which cause, or originate from ABI
  3.) Early detection awareness
- Design of various ABI related training programs, accredited by and delivered through continuing education institutions for nurses, doctors, lawyers, occupational therapists etc.
3. National ABI Care Strategy/ National ABI Care Delivery Program (Design Phase)

- A long range visionary program which will enable the national delivery of a) an advocacy strategy to improve the lives of those with ABI across Canada through public policy and other mechanisms; and b) a direct service delivery program to enhance community services for Canadians with ABI and their caregivers.
- Develop the draft Strategy.
- Develop the draft Care Program.
- Recruit and negotiate engagement with delivery partners and funders.
- Launch a national consultation process for program design.
- Finalize program design, delivery and funding models.

4. ABI Research

- Develop a draft Research Strategy to present to ABI researchers across Canada.
- Develop a national Research Strategy consultation process with researchers (launching at the BIAC AGM September 2013).
- Appoint ABI Research Cabinet Chair and Cabinet of Researchers to facilitate program and policy dialogue with the BIAC board or directors.
- Coordinate with other ABI research initiatives across the world.
- Develop BIAC research priorities.
- Launch a “major gifts” fundraising campaign for ABI Research and engage major funding partners.
- Develop a BIAC adjudication and science-based evaluation process to distribute research grants to BIAC priority research projects.
- Promote research findings.
About Our Cause: Acquired Brain Injury

In an instant a life is changed, forever. Every day, we participate in activities that produce endless risks for sustaining a brain injury: car accidents, a fall from a bike, or a blow to the head. It is estimated that thousands of Canadians incur a traumatic brain injury (TBI) and mild traumatic brain injury (mTBI), also known as a concussion, each year, the majority being young adults. Statistics indicate that the incidence of brain injury is two times greater in men. The Brain Injury Association of Canada strives to raise awareness of the incidence of acquired brain injury (ABI) in Canada.

A brain injury may make it necessary for the injured person to require full time assistance. Families often become the primary caregiver and support person. Many families are left to cope on their own. They sometimes have little understanding of the effects of the injury and the demands that will be made of them by an injured family member. Families need support from others who understand the effects of acquired brain injury. The Brain Injury Association of Canada (BIAC) provides a shared forum for the support of both families and survivors. BIAC also advocates for the enhancement support services.

Prevention through public education, and safety legislation is the key to the reducing the occurrence of ABI amongst Canadians. The Brain Injury Association of Canada engages in extensive public education initiatives through its many local community associations across Canada.

Medical and safety research is another key to addressing ABI. The Brain Injury Association of Canada endeavors to support and promote research in Canada and internationally.