

**This is a sample submission of a letter to be sent VIA REGULAR POST to the Standing Committee on Health.**

**Standing Committee on Health (HESA)**

Sixth Floor, 131 Queen Street  
House of Commons  
Ottawa, Ontario K1A 0A6  
Canada

**Janelle Breese Biagioni**

123 Canada St  
Victoria, BC  
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July 8, 2024

Dear Members of the Standing Committee on Health,

**Re: Support for Bill C-277 An Act to establish a national strategy on brain injuries**



My name is Janelle Breese Biagioni, and I am writing to express my strong support for Bill C-277, the National Strategy on Brain Injuries Act. This support is deeply personal, stemming from my experience as a family member of brain injury survivors, and in memory of my husband, Constable Gerald Breese, Reg. No. 30967, who died in 1990, five months following a police motorcycle crash in Penticton, B.C.

Gerry was a dedicated and courageous member of the law enforcement community. Tragically, after seventeen years of service, his life and career were profoundly affected by a severe brain injury. The impact of his injury extended beyond Gerry himself, deeply affecting our entire family and community. We faced countless challenges in accessing the necessary care, rehabilitation, and support services. The journey was fraught with emotional, physical, and financial hardships.



My husband was in a coma for five days. When he woke up, he had no terms of reference or memory. He did not know who I was, nor did he understand what the term “wife” meant. He had no memory of our children, his family, or that he was a police officer. His language was jumbled, and word retrieval was challenging. He was inappropriate in conversation and sexually aggressive towards the nurses. He swore and threw things at me when I visited. The hospital staff were not prepared for his level of care. In fact, they insisted I attend, or have family attend,

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by 4 a.m. and stay until he was asleep around 10 p.m. because his behavior was so challenging. After three weeks, I took him home—not because he was ready, but because I couldn't keep up the pace of being at the hospital while trying to care for two young children at home. He was discharged, and his rehabilitation was completely left up to me. Thankfully, our auto insurance provider assigned an occupational therapist who provided some guidance, but community supports were non-existent.

In the blink of an eye, Gerry went from a strapping, confident, strong decision-maker to an impulsive, depressed, terrified, child-like shadow of himself. It took everything for me and our daughters, then aged 12 and 10, to get him through the day. He was reduced to tears at the simplest request, such as asking what he would like to eat. He was no longer an equal partner or parent in our relationship. The roles and responsibilities in our family shifted with unbearable distinction. Our children nurtured him alongside me, spent time consoling him, and tried to make sense of what had happened to their father who could no longer make them pancakes, chase them in a game of tag, sit through a movie with them, or reciprocate their hugs with the bear-like squeeze they had been raised with.

Gerry, a veteran in the RCMP whose career had been dedicated to traffic enforcement, no longer perceived the consequences of his actions. For example, shortly after coming home from the hospital, he woke our children up at 3 a.m. with car keys in hand and tried to take them for a drive to get ice cream. One afternoon, while under the care of a support person so I could get groceries to feed our family, I arrived home to find him standing on our roof, inspecting it to see if it needed repair.

It was clear to me, and everyone around him, that returning to work as a police officer was beyond his capacity. He was deeply distressed by how life was unfolding and nowhere—nowhere—could I get the mental health support he needed. The one person I thought could help was his neurologist, yet his response to Gerry's anxiety and emotional lability was to "get a grip, buy a mountain bike and power yourself out of this." After five months of intense chronic stress, meaning he was never able to return to a baseline of relaxation, he suffered a catastrophic heart attack, suffering as much brain damage that night as he did the night of the motorcycle crash. He did not survive the heart attack and died at 37 years of age.

Gerry's story is not unique nor is it a time-isolated challenge. Thirty-five years later, our communities are still struggling to provide support. Mental health and addiction services are siloed and not adequately provided. Families are left to struggle on their own. Still, to this day, a brain injury survivor can be discharged from hospital to home and no follow-up or community supports are provided. Communities with these supports are struggling to meet the demand, often resulting in long waits, or being able to provide only limited supports.

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Brain injuries can have devastating and long-lasting effects, often requiring extensive medical care, rehabilitation, and ongoing support. Despite the significant burden these injuries place on individuals and the healthcare system, there is currently no comprehensive national strategy in place to address these challenges. Bill C-277 is a crucial step towards filling that gap and ensuring that all Canadians have access to the care and resources they need.

In memory of my husband, Constable Gerald Breese, and for all those affected by brain injuries, I urge you to support Bill C-277 and help ensure its swift passage through the legislative process and consider the following key points in support of this bill:

1. **Establishment of a National Strategy:** The creation of a national strategy will provide a unified framework for addressing brain injuries. This will help ensure consistency in the quality of care across the country and facilitate the sharing of best practices and resources.
2. **Collaboration and Coordination:** The bill emphasizes the importance of collaboration between federal, provincial, and territorial governments, as well as with healthcare providers, researchers, and advocacy groups. This collaborative approach is essential for addressing the complex and multifaceted nature of brain injuries.
3. **Education and Awareness:** Enhancing education and awareness about brain injuries among healthcare professionals, caregivers, and the general public is vital for early recognition, appropriate response, and better outcomes. This bill will help promote the necessary knowledge and understanding to reduce the incidence and severity of brain injuries.

In conclusion, passing Bill C-277 will mark a significant advancement in the support and care for individuals affected by brain injuries in Canada. I respectfully urge you to support this bill and help ensure its swift passage through the legislative process.

Thank you for your attention to this important matter.

Sincerely,

Janelle Breese Biagioni

Cc: Alistair MacGregor, MP -Cowichan-Malahat-Langford