

Thanks, Tony. And thanks to the Russell and the National Trauma Research Institute for the invitation to speak to you this evening.

There's no more certain, and no more quick, a death to an audience's attention than wasting *their* time telling *your* troubles. I'm hardly on the speaking circuit, but I struggle – regularly – to find something meaningful to say. This evening was no different. Mostly because I, my organisation, its members, work downstream of you – at the disability end of trauma. And we don't spend as much time as we should looking, working, upstream, and – dare I say – those in trauma care, and trauma research, haven't often looked far enough downstream where brain injury lives. I have no struggle with saying that the Institute – and it's really in the person of, as a result of Russell's drive and determination to engage with patients, consumers, their families, the broader community – represents one of few, perhaps the only, trauma initiative that genuinely...looks both ways.

As long as I've still got your attention, I want to return to my ongoing struggle. One of the few credentials I have for being in this job (as a, what, "lobbyist") is that, to use one of the most odious entries into the vocabulary of marketing – I've been on that patient "journey" downstream, upstream: a survivor of a severe traumatic brain injury, a bicyclist hit not by one, but two, cars. Two weeks in hospital, three weeks in rehabilitation. Back at work full-time six months later. I'm sure, because it's something you can perhaps only understand if you've been through brain injury rehabilitation, to see how you think...the dice get rolled, I'm sure I thought of myself as...lucky. My thinking's, well, matured since then. I've never believed in fate. Nowadays, I don't much believe in luck either - let alone, as I can remember a famous football coach once saying; that his team, his players "make their own luck". I've come to believe, instead, in systems, in structures - whether they be governments, their publicly-funded services - their hospitals - the economies those services depend on for money. When I think about the parts of the United States, Ireland and Australia that I've ridden my bicycle in, I got hit in the right place. For those of you believers in "the golden hour", or "hours", of trauma care - that the sooner you can get the injured to, what, a tertiary hospital the better, I was at Royal Prince Alfred Hospital in Sydney within fifteen minutes of my collisions.

When I say that having been on this...journey is one of my few credentials for being in this job, it's also – another part of my ongoing struggle (are you still with me?) – it's also pretty much a Kellogg's credential. And whenever I speak about my injury, I always feel like a...charlatan. Part of the maturation of my thinking about my extraordinary good luck is that I've come to believe also in the key role that communities, that families play in the recovery from trauma. Make no mistake, I'm sure an individual's - whatever you choose to call it - his/

her motivation, drive, determination are crucial, perhaps even indispensable, to recovery from any injury, any adversity. But one of those screamingly obvious life lessons you can only truly learn in the crucible of going through something like rehabilitation and recovery from brain injury is that; all of us live and operate in the world armed with, and protected by, the stories we can tell about ourselves. And our life stories – all those accidents of birth, birthplace, of family, and of a person not just born but created. Look, my purchase on the memory of my rehabilitation and recovery from brain injury may not be crash hot - and I don't deny for a moment that the distance in time can distort things - but I still reckon the greatest part of the reason for my recovery is my life story - the kind of formed, created and supported person - supported by family, by communities of friends and work colleagues - the person I was before I hit the cars. And all the relative advantages they bestow, that I took with me into - and through - my brain injury: that my father is a neurosurgeon; that both my mother and sister are also doctors; that I had private health insurance; that because I was travelling to work, to a job, I was also covered by worker's compensation. However exceptional my recovery has been is largely due to a medical care that was hand-picked and a...patient advocacy unavailable to 99.9 per cent of the people that I represent.

I'm intrigued - as someone working in disability advocacy from a background in journalism - by our preference for stock narratives about individuals "overcoming disability", by the parade of - some say - "super-crips", "super-cripples". And I'm worried - not out of sentimentality, out some sort of hand-wringing but as a matter of pure pragmatic reality - that within a broader culture of creeping competitive individualism (of sink or swim with some safety nets) we risk losing sight of the role that these structures - of governments, their publicly-funded healthcare, of communities, of families - the role that they play, as they always have done, and as they did with me. And call me quaint - I just don't think that a society's capacity for "overcoming", its quotient of resilience (of rebounding from adverse events, from trauma) gets shared around equally. Between individuals, between communities.

I travel a fair bit. I'm hardly an inspector-general of brain injury rehabilitation facilities, but the experience that strikes me as being typical of brain injury - especially in regional, rural and remote Australia - is that patients exit hospital and fall off the edge of a cliff. And even if there's an ambulance at the base of that cliff to catch them, it commonly transports them to generic, non-specialist, non-brain injury specific rehabilitation services. Neither am I any manner of official visitor to the nation's trauma centres. But I am aware of the variations in patient care. And while it would be crazy of me to address you as if you were agents of government, I know that most of those variations can be explained by population, economies

of scale, the vagaries of cash-strapped State and Territory government funding, along with hospital cultures, individual physician training and so on.

This is why the work of the Institute is such an asset, upstream and down[stream] – not only in lobbying for better and more trauma care, but – in ensuring evidence-based best practice – compensating, correcting for, levelling out such an uneven distribution of patient advantage. Moreover, return to the community for survivors of brain injury can be as intimidating as the edge of another cliff - especially when you've changed but it, the community hasn't. Brain Injury Australia's, its State and Territory Member Organisations' experience is that the community's awareness, its understanding, of brain injury lags around 20, 30 years behind that of other disabilities. And what we're told daily is that this is the most re-disabling aspect of living with a brain injury. The benefits flowing from the Institute's work in minimizing injury and consequent disability will be realised by all – survivors, their families, their communities. And which is why Brain Injury Australia, with like-minded partners such as the Institute, will persist with its work until each of these cliffs is transformed into level ground.

Thank you.