

I know there's no more certain - or quick - a death to an audience's attention than wasting *their* time talking about what you are *not* going to talk about, or bogging *them* down in your preliminaries, telling *them your* troubles. But I couldn't help but notice the flyer for today: "...Be *inspired* by the line-up of incredible guest speakers..." Look, I am hardly what you would call on the speaking circuit, but every now and then I'm asked to come up with something...inspirational, something motivational. And I always come up empty. My background's in journalism. Nowadays, the first refuge for an empty-headed journalist is the internet. According to no lesser an authority than Wikipedia, inspirational speakers "deliver a 'warm, encouraging message, sometimes based on a story of overcoming great obstacles', with a desired outcome of enlivening or exalting emotion." (Yikes.)

I've always reckoned the only obligation anyone has to public speaking - to *speaking to the public* - is not to be boring. All I really care about is you don't fall asleep headfirst into your hamburgers. And that you don't lose your lunch (I hope my war story isn't too...graphic). But I should also come clean. If I'd been forced to give this speech a title, it would have been something like "By Way of Contrast..." Simply by virtue of being able to speak this, to have (hopefully) thought this, to have written this (half-well) I'm hardly representative of recoveries from severe brain injury. By way of explanation, let *me* let *you* in on a little disability secret squirrel business: *we* never say "*disabled person*", "*brain injured person*" but rather the correct language is a person is "*living with a disability*". So, I have a glimpse of what living with brain injury is like, perhaps though in the nature of having a brain injury as a kind of housemate/ roommate, a former roommate...who moved on, or perhaps I did. (I can't always tell.) Either way, in the nature of a former housemate/ roommate, my brain injury left a few things behind - odd socks, a pot plant or two. They weren't mislaid, but meant as mementos. To remind *me*. Of him, her...it.

Because I'm short on "great obstacles overcome", it's no trouble telling my story. I can't remember the really juicy bits anyway. Truth be told, I've dined out on "my story" - a bit like today, perhaps - countless times. The real challenge, with the passage of time, is making it not sound...glib. And not coming off as a charlatan. I once lived with a brain injury. I am now a...politician; for people *still* living with one. I'd much rather talk to

*you about them.* And plead with you to see them – when they're often invisible – and give them a go at working, at a job. (Of all disability types, people with a brain injury have the second lowest representation in employment, after autism.)

But let's cut to the chase.

You want to learn the first rule you'd know if you'd ever spent a day in your life as a bicycle commuter, using your bicycle as a *mode of transport*? It's not a matter of *if* you're gonna get hit but *when* and *how hard*. But I thought I had the perfect set up. I don't know how well you know Sydney but I used to live in its Inner West, in Leichhardt, and work at the ABC at Ultimo, just on the fringe of Sydney's CBD. So, a 10 minute...dead straight run down Parramatta Road and back. But not that morning, 8th February 1996.

At 11 minutes past seven in the morning. How do I know this, with such damn precision? I can't remember anything about that day, even getting up, getting on the bike. (I can remember the day, the night before with crystal clarity.) I can't remember anything of my two weeks in hospital – one of the brain's brilliant self-defence mechanisms, perhaps (when it's...transitory). So I asked for a copy of my medical, my hospital, record. As someone who's always kept a diary – who is committed to *print* rather than *memory*, who's always distrusted memory, now even moreso - there's nothing as eerie as reading an hour-by-hour account of a part of your life you can't...account for.

So, what follows is from my medical record. (I like the medical jargon.)

"Fracture mid-shaft right femur."

The first car hit me mid-thigh. Over the bonnet, took most of the force of the impact with its windscreen frame – right here – just underneath the line of the helmet.

"Communituted fracture right zygoma."

My right cheekbone and eye socket were in pieces.

"Three skull fractures, severe head injury."

My sister, who saw the x-rays, said it looked I was...wearing the top half of my skull like a cap, the fractures were so...complete.

“Incomplete avulsion right pinna.”

Car number 1 had a mental sun visor which sliced my ear off.

“Multiple lacerations and abrasions”

There was a fair bit of glass. (I don't know how I thought this, but I thought that they designed windscreens these/ *those* days to shatter into little blocks, not razor-sharp shards.) My body is, well, well-etched.

I continued over the top of the first car and landed on the bonnet of the car of some poor sod waiting in the side street for the lights to change. I understand that all three of us – me and the drivers of both cars - went in the ambulance off to hospital, the other two suffering from shock.

The orthopaedic surgery was, relatively speaking, a piece of cake. I think this is right; the force of the impact - my leg going one way, the car's bumper going the opposite - made the fracture one of the cleanest the surgeon had ever seen. (In the olden days, they would have had your leg strung up in traction for six weeks. And you're bedridden. Nowadays, they drive a foot-long nail down the centre of the femur, screw it in at both ends and pop you on crutches.)

The plastic surgery, however, was a piece of miracle-working reconstruction. Easily, one of the most salient lessons from my experience is as follows; next time you're out and about, pay close attention to peoples' ears. When it came to choosing a metal plate to fill the space where my right cheek, eye socket and right forehead used to be, the plastic surgeon - I'm led to understand - had hundreds to choose from. So, they CT scan your head, look at the space they need to fill – now full of non-viable, “comminuted”, pieces of bone – and pick out, what, “Plate 302B”. When it came to my "right pinna" – right ear. I've been told there was some argy-bargy in the operating theatre. The orthopaedic surgeon was down one end of me doing heavy carpentry. The plastic surgeon was up the other doing fine embroidery. My ear – dangling from its one artery - was getting in the way. Hundreds of facial plates to choose from. Prosthetic ears? What – perhaps one, two, five

sizes fit all. I've paid an awful lot of attention to people's ears ever since. They're as unique as fingerprints.

Two weeks in hospital.

Three weeks in rehabilitation.

I was hit in February.

I was back at work in August.

Which makes it all sound like a bit of a diversion, an...escapade. 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 rugby league coach once saying; that his team, his players "make their own luck". I've come to believe, instead, in systems, in structures - whether they're governments, their publicly-funded services, the economies, the businesses – like yours – that those services depend on for money. And I believe in communities, in families. Don't mistake me, I'm sure an individual's - whatever you choose to call it - their drive, their determination are crucial, perhaps indispensable, to recovery from any injury, any *adversity*. (I'll come back to that idea later as well.)

But because I was on my way to work – *in New South Wales* – I was covered by worker's compensation.

I got hit...in the right place - when I think about the parts of the United States, Ireland, the parts of *Australia* that I've ridden my bicycle – I was minutes by ambulance to a *major metropolitan* hospital.

I had private health insurance. I have no idea whether I ever had a private room in the hospital. I wasn't really in any position to exercise my choice of doctor. But my family were. You see, my father's a...brain surgeon. My mother – perhaps less useful at the time – is a gynaecologist. My sister's a doctor as well. Not only did they hand-pick my surgeons, but – unlike 99 per cent of the individuals and families I represent, where the very first time they hear the words “brain injury” is upon entering hospital to visit their injured loved one – my family knew brain injury backwards and, crucially, were directly involved in my care *almost* at equality with the staff of the hospital. For instance, I was the

standard issue head trauma patient – agitated, aggressive, clearly a... flight risk - in need of both pharmacological and physical restraint. My family was able to engage in the highest level discussion - and debate - with the hospital's psychiatrist about the kind and amount of anti-psychotic medication and sedation I was being administered.

Because I sustained my brain injury in New South Wales, I was transferred from hospital to one of that state's 14 specialist brain injury rehabilitation centres. I travel a fair bit in this job. And, while I'm hardly an official visitor - let alone some inspector-general - of brain injury rehabilitation services in the other States and Territories, the experience that's typical of recovery from brain injury - especially in regional, rural and remote Australia - is that you exit hospital and fall off the edge of a cliff. And even if there's an ambulance at the bottom of that cliff to scoop you up, it commonly takes the form of access to generic, *non-specialist, non-brain injury specific* rehabilitation services – geared for broken bones, not brains.

Because I was covered by worker's compensation, because I *had a job*, because I had a job in *an organisation as large* as the ABC, my return to work became the responsibility of a dedicated rehabilitation manager.

It's one of those screamingly obvious life lessons you can only truly learn in the, well, crucible of going through something like recovery and rehabilitation from brain injury: that all of us live and operate in the world armed with, and protected by, the stories we can tell about ourselves. – in my case an *innocent* bicyclist hit by not one, but two, cars. Double victimhood. And double heroism. The heroism of the physical. I was barely post-prime of life, in the peak of fitness. And...I was on my way to work, to a job. Perfect. The pseudo-“heroism” of my story still, to this day, plays and pays. No embarrassment, no shame, no guilt.

Others in the brain injury rehabilitation unit weren't, it seemed, as well-armed, well-protected. Most of the visiting families looked locked in shock, others...beaten. But there were one or two who you'd swear were there almost under sufferance. Their visits were behind gritted teeth. I was bold/ brazen/ brain injured enough to ask my social work counsellor about them, their...stories. She was, well, unprofessional enough to answer. She told me; with one family their drunken son had insisted on

driving the sober best friend home from a party. The accident had killed the best friend, and their son was – by any reckoning - well, a write-off. What looked to me like gritted teeth was some mark – when you contemplate the collateral damage to families, to communities (plural) - some mark of their shared sadness and shared shame.

But there are also our *life* stories – all those accidents of birth, birthplace, of family, and of a person not just born but created. Look, my purchase on detailed memory of my recovery and rehabilitation from brain injury ain't crash hot - and I don't deny 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 that bestowed, that I took with me into - and through - my brain injury.

To go back a step, many steps, to the beginning: this thing called *acquired brain injury* - or ABI - refers to any damage to the brain that occurs after birth...damage caused by an accident or trauma, by a stroke, a brain infection, by alcohol and other drugs or by diseases of the brain like Parkinson's disease. Brain injury is common. Over 500,000 Australians have one. It's 10 times as common as spinal injury and produces – on average – 3 times the level of disability. Because it's the *brain* that's injured, the consequences for the individual can be global - affecting them physically but also how they think, feel and behave. My...“constituents”, I believe, comprise some of the most severely, multiply and complexly disabled Australians. Three in every four of them are aged less than 65. And around two-thirds acquired their brain injury *before* they turned 25. Three in every four are...men.

In the 8 years I've worked in this sector, initially as a volunteer, in the last 3 years in a paid capacity, I've become convinced that anyone involved in the “human services” business, [in *any* business] – your business, my business, has to at least try and transplant themselves in imagination into something of the life circumstances of their client, their customer. As both a starting point and first principle.

So, I ask you to transplant yourself, in imagination, to *recall/ recollect* (for some of you) *to dredge up* (for others...for those of you in the warm September of your years, with your...salad days now a little brown around the edges)...to your own under-25 "prime of life", what it was like to be at that threshold of adulthood, in that time of life of maximal expression of independence, of risk-taking – [transplanted] into an 18, 19, 20 year-old man or woman about to leave home, start full-time work, full-time study, travel overseas, move in with their boyfriend or girlfriend, perhaps starting a family. And because of, perhaps, a moment's inattention on a highway, the casual brush up against someone in a nightclub that escalates into full-blown interpersonal violence...then, say, add to that that these severe, multiple and complex disabilities that are the result, were - or, at least, you thought they were – your...fault.

While I've...captured your imagination, I want to transplant you back into *my 1996. To its* September. I was one month into one of those "graded" returns to work; 1 day a week, then 2, then 3. I...*imagined* that my return to work was going well, a couple of small prices to pay notwithstanding. Journalists tend to work in open-plan offices. They're tethered to their telephones or typing 8 hours a day, 5 days a week. Getting my disarrayed brain to focus when surrounded by so much competing noise was a trial. I'm sure my fuse was shortened with colleagues. Prior to the accident I was a pretty efficient two-finger typist. I wasn't as efficient then, am not now. From *this* vantage point, it's readily lived with.

But my recovery hadn't hit that slow, abject taper that I was told was normal 6 months after brain injury. I was in a weird, brain-injured, post-traumatic euphoria. In that loopy fog, I swear to you that there were individual days when I could report - "report"; it felt like being seized by that kind of childlike excitement with which you'd rush home filled with tales of what you'd learnt at school that day - there were individual days, and I'm sure that, breaking it down, there were individual hours, minutes, seconds when I knew that I was "stepping up" in recovery. I could almost sense what I imagined were the damaged, the dormant, parts of my brain reconnecting, refiring. Neuroplasticity, so-called, at work.

My second neuropsychological assessment knocked me off my step. (These assessments, often a requirement of return-to-work rehabilitation, are designed to test specific brain functions such as

memory, attention and concentration, new learning, planning and problem solving.) Mine found that my Performance IQ had “declined significantly”, that my “attention, concentration and memory” were “significantly impaired”, and that my “academic potential” would be “significantly compromised”. This, for someone working full-time as a journalist, in postgraduate study part-time, and coming from a family of intellectual over-achievers - rendered, I thought, still think...sometimes, rendered dumber, permanently.

That day was my recovery's dead reckoning. However the neuropsychologist was – and his report was professional and detailed - I've always reconstructed him in memory as wearing a labcoat, perhaps with a stethoscope slung around his neck. I think he walked me through the report. I can't remember whether he offered me counselling to go with it. I can't remember whether he offered me any hope.

But I certainly remember the sunset.

I took the report and headed home on the train. Walking down the street near where I lived, I was asking then, as I'd been asking with every step down from the neuropsychologist's office, what would being “significantly compromised” [intellectually] make me into? I looked up into the sunset, one of those sunsets where the colour was so brilliant, so bright as to be...gaudy. Hot pink clouds, with fluorescent orange linings. The colours were so...unnecessarily bright, they made me smile. Though, at some other time, they might have made me laugh. I thought then: if this is what being “significantly compromised” feels like, amounts to, I can probably live with it. And turned the corner to home. Though it's a delicate distinction, I know that this was an expression of *resilience*, not *resignation*.

Let me explain. Colleagues of mine – especially those who work in injury prevention - will regularly say that “brain injury doesn't discriminate”. And, believe me, if you're working in injury *prevention*, you want to aim at capturing as many pairs of ears and eyes to your message as possible, to include as many *people* as possible within the ambit of risk of the injury you are trying to prevent. However, the truth is that those people at the greatest risk of a brain injury are drawn from exactly the same populations as those at risk of *any* injury – from low incomes,

backgrounds of low levels of education, high levels of unemployment, poor housing, histories of abuse and neglect, parental alcohol and other drug abuse, marital breakdown and so on.

For those of you who know Sydney at all well - half of the severe brain injuries in the Sydney metropolitan area occur in its "Greater West", in effect between the, what, longitudes of Parramatta and Penrith. And that's not the... "world" that I came from. And I'd hazard a guess - whether it's transplanted to Adelaide, to Perth, to Melbourne - that most of you don't come from that "world" either. I'm no bleeding heart - working in journalism for any length of time'll put paid to that - but many, perhaps the majority, of my constituents were already born behind society's eight ball (the wrong side of Sydney's Parramatta Road, for example). Their brain injury mostly serves to add, and add significantly, to their disadvantage.

I'm intrigued - as someone working in disability advocacy from a background in journalism - by our preference (insofar as the media mostly serves our appetite) by our preference for stock narratives about individuals "overcoming disability" - a bit like "beating" cancer - and by the relentless parade of "super-crips", "super-cripples". And I'm worried - not out of sentimentality 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 systems, these structures - of governments, of communities, of families - the role that they play, as they always have done, and as they did with me. Dare I say, the role you, your businesses, *could play*. 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) gets shared around equally. Between individuals, between communities.

So whenever *I choose to remember* my neuropsychologist in his labcoat with his stethoscope, I realise I've never really forgiven him for letting *not me* - but the next someone, or the next or the next, someone with perhaps fewer...resources - simply take that kind of report and walk off into the sunset. It is, I believe, no exaggeration to liken it to saying; here's a hand grenade. I want you to hold it for me while I take out the pin. Now goodbye and good luck.

Every life, I reckon, comes complete with its built-in threat events. Perhaps I've had mine, my...one. But no one escapes that kind of brain injury...completely unscathed. Some people have glass jaws. I retain my glass IQ. And I'll long wonder whether this speech tried a little too hard to be too smart by half.