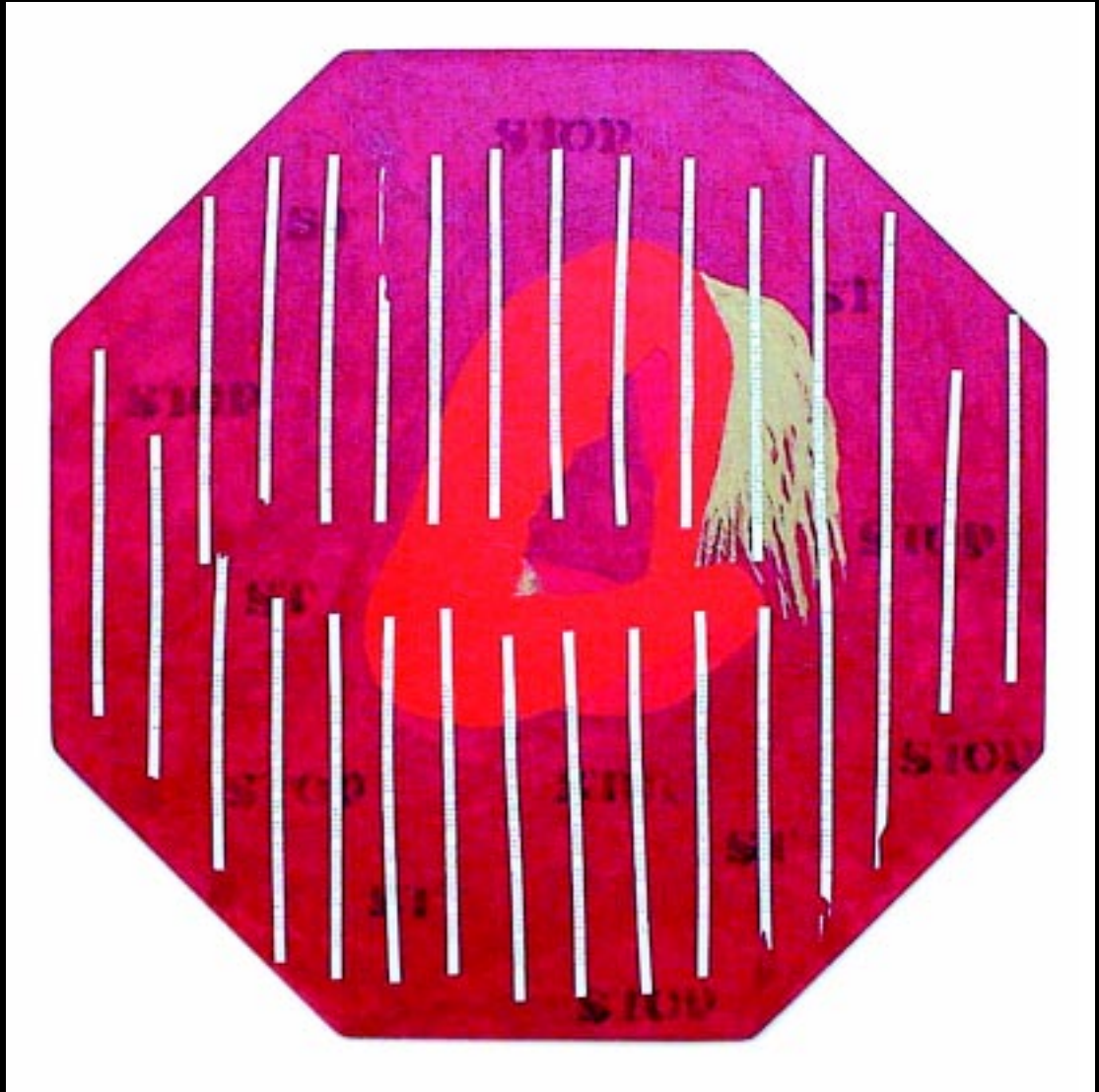


**Head Injured  
Relearning  
Society**



*achieving greater personal independence*

## **ANNUAL REPORT**

*April 1, 2001 – March 31, 2002*

## A PARTICIPANT'S SUCCESS STORY...

For some individuals, independence means living unassisted in an apartment or house, returning to school or work, or engaging in other productive activities in the community. For others, it means living to their highest potential with varying degrees of assistance or adaptation.



Laurel Cormack is a western Canadian artist with wide showings in galleries and her work is in public and private collections in Canada, the United States and Europe. Her Calgary dealer is Virginia Christopher Galleries, and she has current work available. Laurel is scheduled for a solo show in September of 2003. She is working hard on a new marine series from Lake Okanagan in the Summerland area where she now lives. As a past participant of the Brain Injury Rehabilitation Centre, Laurel is an advocate for both brain injury and domestic abuse.

*"Journal Pages" is a very personal painting to me, and is about my brain injury. This painting has never been exhibited. The special "stop sign" stretcher frame was built for me by my framer in Calgary. After painting the image and background, I collaged strips of paper from my daily journals which have gone through a paper shredder. The painting shows a woman's figure (me) in a dejected and sorrowful pose, with the word "Stop" super-imposed in red paint in many places over the surface of the red background of the piece. This painting is a strong statement against domestic abuse."*

### **HEAD INJURED RELEARNING SOCIETY**

#300, 815-8th Avenue SW  
Calgary, Alberta, Canada T2P 3P2

Tel: 403-297-0100

Fax: 403-234-8860

[www.brainrehab.ca](http://www.brainrehab.ca)

## FROM THE PRESIDENT

Each year passes with increasing speed. How can time speed up in the same period as we humans seem to need more of it to accomplish the same tasks? Now that is a puzzlement!

However, we continue to get the job done. I note that most non-profit organizations are in the same boat. That sameness creates some level of “comfort”. However, there is a feeling of “unease” when that boat rocks and of late we find both comfort and unease to be constant companions.

The Foundation’s Fundraising and Communication Committee, chaired by Joanne Demetrick, involves the Society Board and the Foundation, and continues to raise funds through donations, a Casino and on a chosen evening, selling a portion of seats for a Theatre Calgary performance. This effort covers some but not all the costs of our services. The “Foundation” fortunately has been able to fill the financial gap. We recognize that this cannot continue indefinitely. Our rent is a large component of the budget and

therefore options to decrease that cost must be identified and pursued. To that end, a Facility Committee, ably chaired by Bob Campbell, is once again at work. Bob deserves special recognition for his leadership here, as well as being our Treasurer. Furthermore, he took over our accounting functions when we were without staff in this position. Sharon Penner, President of the Foundation, also was at hand throughout.

On the horizon, with a potential impact on our Society and most importantly for the brain injured community, is the effort by the Provincial Department of Community Development to enhance the provision of services by working with organizations throughout Alberta. The funding available thus far is limited, but does commit the Provincial Government to continue expansion into the future. I feel very positive about the personal dedication shown by the Minister, The Honourable Gene Zwozdesky, and department staff charged with this responsibility.

Our Society remains dedicated to serving the brain injured. Our Executive Director, Gerrit Groeneweg, is providing excellent leadership in bringing about co-operation among like-minded Calgary organizations. Along with these other organizations, we will persist in our efforts to raise the profile of the needs of the brain injured and will continue to develop and deliver the programs to enhance their quality of life.

It is also a great pleasure to work with a dedicated Board whose collective volunteer time is 786 hours. No small feat for very busy people. Last but not least, a big thank you to our Donors and Volunteers who continue to be a major key in our success.



Connie Osterman  
President



### BOARD OF DIRECTORS

#### *Honorary Members*

Bob Blair, C.C.  
Kaye Brock  
Michael Ho, LLB

#### *Honorary Chairperson*

Georgina Wilks, M.P.A.

#### *President*

Connie Osterman

#### *Past President*

Mark Podwysocki, B.Sc.

#### *Vice President*

Gary Bigg, LLB

#### *Treasurer*

Bob Campbell, CA

#### *Secretary*

Niki Cote, CA

#### *Directors*

Joanne Demetrick  
Alvin Effa  
Joanne Ingram, LLB  
Lorne Sulsky, Ph.D.  
Sharon Penner, CA  
President – HIRSDF, ex-officio  
Gerrit Groeneweg, Ph.D.,  
C.Psych.  
Executive Director

### COMMITTEES AND TASK GROUPS

#### *Fund Raising and Communications*

Joanne Demetrick (Chair)  
Gary Bigg  
Isabel Henson

#### *Facility Advisory*

Bob Campbell (Chair)  
Alies Carruthers  
Rick Charlton  
Gerrit Groeneweg  
Alvin Effa  
Bill Faulkner  
Dale Williams

#### *Human Resources*

Lorne Sulsky (Chair)

#### *Finance*

Bob Campbell (Chair)  
Catherine Henry

*The President and the Executive Director are members of all committees on an ex-officio basis.*

## EXECUTIVE DIRECTOR'S REPORT

The 2001-2002 annual year saw the Head Injured Relearning Society reach its 16th anniversary since incorporation and its 12th anniversary since it provided its first services for its first clients. While these initial dates may appear to be relatively recent in comparison to many other societal institutions and agencies, the time that has lapsed has appeared to pass simultaneously with both lightning speed and at a glacial pace. The reasons for this obviously contradictory experience are undoubtedly attributable to numerous variables and circumstances, some of which may be readily explainable by current neuropsychological models of mind and consciousness. However, perhaps the overriding conclusion that any analysis of time and circumstance in the field of community-based rehabilitation for individuals with a brain injury may provide is that in many ways the more things have changed, the more they have in fact stayed the same.

In this regard, 2001-2002 was both a year of change and a year of stability.

### PROGRAM

For 2001-2002 the Society's programs and services to survivors of brain injuries and their families remained its core business, and was effectively delivered through its primary operating division, The Brain Injury Rehabilitation Centre. As in past years, the Centre's services and supports centered around the five major areas of cognition; physical capacities and daily living skills; psychosocial functioning; education; and vocational reintegration. The most note worthy particulars of activities and developments in these areas are summarized elsewhere in this report. However, a few significant highlights warrant special note.

At the broadest level, the agency continued to operate within an increasingly competitive and demanding consumer environment defined by both survivors of brain injuries and the purchasers of services on their behalf. To remain competitive, the program made several adjustments to its operations based on an accumulating amount of evidence from both within the organization as well as from the published research literature. Most notably, since 1989 the Brain Injury Rehabilitation Centre has been identified substantially by its cognitively based interventional approach. This general approach remained in place during 2001-2002 based on a vast and diverse animal and human literature ranging from studies on neuron growth and dendritic elaboration, to the effects of stimulation and environmental opportunity on skill and knowledge acquisition. However, based on a variety of studies examining the demonstrable benefits of specific cognitive interventions on the acquisition of functional skills in survivors of brain injuries, refinements were made to the use of, as well as the timing, duration, content, and type of support provided for some of our computer- and paper-and-pencil-based interventions. These resulted in the elimination of some interventions, and the de-emphasis of others.

The increasing demand for and the demonstration of improved functioning in the physical capacities and functioning of individuals in their community environments, led to the increase of staffing in the occupational therapy area. Early results from this improvement of staffing resource demonstrated both an increase in the number of individuals served and a decrease in the amount of

time that individuals had to wait for this type of intervention.

In spite of these selective improvements in service, the overall accessibility to agency services and supports remained frustratingly long for most participants, (see Chart 2). This was particularly so for those individuals whose only source of access was through public funding, (see Chart 3). Most disturbing for 2001-2002, however, was a scenario that has been evident at the Centre for several years. Namely, as long as funding is available for a client's required services, there are virtually no constraints or limits in the Centre's ability to respond to and deliver those services in a timely manner. However, when funding restrictions are in place, as they are for those individuals who rely on public dollars, extensive waiting lists and times come into effect. As a consequence, a two-tier system of accessibility has emerged at the Centre with publicly funded individuals being in a less advantageous position than those who have the benefit of independent or non-public funding. In the forthcoming year, Centre personnel will be examining the potential long-term consequences of this differential accessibility in terms of the length of time required by these different groups of individuals to achieve their program goals, and the long-term outcomes achieved by those individuals.

With respect to participant program goals and long-term outcomes, during the last year a number of individuals continued to identify employment or engagement in productive activity as an important or primary expected outcome of their rehabilitation and support through the Centre. By year-end approximately 3525 hours of productive return to the community had been realized through the

employment- and volunteer-related activities of participants involved through the Centre's vocational component. This translated into approximately \$41,240 in terms of direct and equivalent wages. It is important to note that the vocational support services of the Centre were only available as the result of a single anonymous donor providing the necessary funding to support the staffing and related costs in this area. While the Centre was able to realize additional revenues for this service through its fee-for-service efforts with other third-party purchasers, these additional revenues alone would have been insufficient to sustain the necessary services in this area. It is clear that without the benefit of the donor the foregoing productive returns to the community would not have been possible. In this regard, we are continuing our efforts to obtain sustained funding in this area for individuals whose vocational support needs do not fit within existing publicly funded programs, or who are mistakenly considered by other funders or service providers to be unemployable or to have negligible productive potential. We are grateful and extend our deepest appreciation and thanks to the anonymous donor who has acknowledged both the productive potential of these individuals and the Centre's ability to help bridge the gap between aspiration and realization.

A final note at the program level concerns the ongoing need for all staff to have ready access to quality information regarding brain injury and rehabilitation. While there has been a proliferation of information on the Internet in recent years, many sources and sites are of uncertain or questionable reliability. Therefore, generalized searches for high

quality and contemporary information using this technology must be conducted with caution. In an effort to facilitate the access to informed sources and documentation, during the summer of 2001 the Centre began a process of electronically cataloguing its library materials consisting of journals, books, guides, etc. This project was expanded into other collaborating agencies serving individuals with brain injuries within Calgary, and over the next year should consist of a virtual library of resource materials. A vision for the future is that this database can be expanded to a provincial level using a common system and template amongst several agencies. An advanced development would be for this database to be accessible via the Internet to other users and interested persons locally and provincially, as well as nationally and internationally.

### **STRATEGIC DIRECTION**

During the last fiscal year the Board of Directors continued its planning and strategic direction setting processes by: receiving area reports from each of the program staff; reviewing agency progress in meeting previously established goals and targets; and by updating the organization's existing strategic plan to reflect and respond to conditions both internal and external to the organization. Amongst the major areas identified for focused action are: initiatives to improve and broaden client service; heighten the agency's public profile and revenues; improve staff compensation levels; obtain a long-term and affordable location for agency operations; maintain and build community and corporate partnerships; and develop new methods and models of service delivery through innovation and research. In establishing

these action priorities the Board acknowledged the significant challenges that would be faced in the context of an organization and a cause that currently has limited resources and faces stiff competition for public attention from more established and visible charitable and social causes.

### **STAFFING**

Continuing a trend, which started to emerge mid-way through the previous year, during 2001-2002 the agency was faced with an exceptionally high rate of staff turnover. A major factor contributing to this turnover was the relative uncompetitiveness of the agency's compensation package. Although demonstrable evidence of the impact on the program was hard to find, the agency received comments from both its clients and partnering agencies regarding their frustration in experiencing discontinuities in services and the time required to get to know and work with new staff. Efforts are currently underway to address this critical issue through improved funding levels and other revenues.

### **ADMINISTRATION**

The 2001-2002 fiscal year saw several developments in the administrative and support areas of the agency's operations designed to improve efficiencies and effectiveness, increase benefits to the organization, and to reduce costs. Of significant benefit to clients and staff alike was the receipt of 22 Pentium-level computers donated by Trans Canada Pipe Lines, Ltd. These computers replaced the agency's 386 and 486-level computers which were providing increasing problems in reliability and which precluded the agency from upgrading its software to more contemporary and efficient versions.

## EXECUTIVE DIRECTOR'S REPORT (cont'd)

In early 2002 the agency improved its efficiencies in the accounting area by outsourcing its payroll and contracting its accounting services. Other than reasonably expected start-up and transition "glitches", the revised processes are operating as hoped and should provide the organization with the planned efficiencies expected.

The administration area was also the beneficiary of revised and enhanced staffing. Specifically, with the addition of an Executive Assistant position, the Board, Executive Director and overall agency have benefited from improvements in communication, office management, fund raising, etc. It is expected that the real dividends to the organization will be seen even more clearly within the forthcoming year.

### REVENUE

A review of the financial statements elsewhere in this report will indicate that the agency continued to face significant challenges. With levels of public funding continuing to be below those required to provide the level of services that our clients are requiring, the society has struggled to remain viable. A major boon during the past year has been revenue that the organization was able to obtain for its operations from a casino fund raising event, a major donation for the agency's vocational services from an anonymous donor, and a property tax rebate from the City of Calgary.

### BIG PICTURE

A major and long awaited development was the release of a provincial report on brain injury. The work leading up to the report assisted in the creation of a new line item in the Provincial budget on

brain injury. Late in the fiscal year the Provincial budget for 2002-2003 increased this line item by more than a million dollars, thereby demonstrating a new commitment by the Province to address the long-standing needs of individuals with brain injuries and their families in the province. The Society was able to capitalize upon the availability of these new dollars by having 3 project proposals accepted for funding by the Department of Community Development. These projects, all collaborative in nature and submitted on behalf of the Brain Injury Coalition of Calgary, will enable the Coalition to develop and deliver a provincial brain injury conference, develop a common template and database for inter-agency resource and library collections, and assist agencies both locally and elsewhere in the province to develop or enhance their respective web pages and have them linked so that the various stakeholders throughout the province will have a ready vehicle to access current information on services, resources, etc. All of these developments and initiatives clearly bode well for the improved future for individuals with brain injuries and their families in the province.

### COLLABORATION

As noted above, the agency has continued to place a high value on collaborative efforts with other agencies. These efforts have spanned the continuum from prevention, to intervention and support, to education, to system improvement. Notable partners during the past year have included, but are not limited to, the Calgary Injury Prevention Coalition, the Safer Calgary initiative, member agencies of the Brain Injury Coalition of Calgary,

the Calgary Health Region accreditation and program indicators initiatives, the Provincial Brain Injury Coalition Action Group, the Champions Career Centre, and various post-secondary institutions including Mount Royal College and the University of Calgary. We are convinced that without these partnerships the already difficult task of providing and improving services and supports to individuals with brain injuries and their families would be immeasurably more difficult. We look forward to our continued work together with these valued partners.

### THANK YOUs

We would also like to extend our deepest and most sincere thanks and appreciation for all those individuals and groups who have made the success of the organization possible over the last year. These include our incredible Volunteers who continue to give so unselfishly of themselves and without whose help our overall program and support services would be significantly reduced. This includes the members of the Board of Directors who have the unenviable task of making sense of, and establishing direction in, an area that is immensely complex and daunting to even the most informed individual. The work you do is critically important and we can't thank you enough for your efforts.

We would also like to thank all our donors and sponsors whose gifts and contributions have enabled us to carry on our work. We would especially like to thank our Anonymous donor whose contribution has enabled us to preserve a critical piece of our rehabilitation and support program. You can rest assured that your generosity has, and will continue, to make a difference now and

in the future. Our only regret is that we may be unable to capture the true and long-lasting benefit that your donation will have rendered perhaps 25 to 30 years from now.

A final thank you must also go to the various employers and community sponsors who have enabled and welcomed individuals with brain injuries to reintegrate to the world of work through their businesses. Your support has not been so much a hand-out as a hand-up. We thank you for your willingness to lay aside any biases and apprehensions, and applaud you for your ability to recognize that ability, talent and contribution to society comes in many forms.

### **OPPORTUNITIES**

While significant difficulties continue to face the organization in its efforts to deliver quality services and supports to survivors of brain injuries and their families, we simultaneously recognize numerous opportunities are available for improved services. Amongst these are the opportunities for consultation to the legal and insurance sectors in the form of expert opinion and advice regarding the rehabilitative and employability potential of survivors, and future care costs. Certainly a major factor in fully realizing the potential of this opportunity concerns the ability of the organization to retain its best and most knowledgeable staff.

Another major opportunity and need for the organization is to consolidate its program indicators into a few select indices which are highly informative regarding client progress and program success, and which enable easy comparison to comparable services elsewhere throughout the world.

A major step in this direction is for the organization to significantly improve its database system such that relevant client and program information is efficiently collected, impeccably accurate, and enables easy analysis and interpretation. In the forthcoming year it is anticipated that significant advances will be made by the organization through a review and updating of its technological requirements.

### **SUMMARY**

2001-2002 was a year with challenge and opportunity. With promising developments on the Provincial horizon, an increasingly clear sense of direction and priorities, and numerous new opportunities available, the organization is looking to the next year with renewed hope and vigor.



*Gerrit Groeneweg, Ph.D., C. Psych.  
Executive Director*

**Our mission is to facilitate the self-determination, community integration and well-being of individuals with acquired brain injury.**

**Our vision is to be recognized as developer and provider of leading-edge, effective and innovative programs in the treatment and support of individuals who have acquired a brain injury.**

## PROGRAM REPORT: 2001 TO 2002

### PROGRAM OVERVIEW

The main objective of the Brain Injury Rehabilitation Centre (BIRC) is to assist survivors of acquired brain injury to resume their lives after the devastating consequences of brain injury. BIRC achieves its objective through the dedication of a team of staff members, volunteers and Board members. We have been fortunate to have so many committed individuals assist us. This past year has seen a number of team members move on to other career opportunities and we wish them well. At the same time it is encouraging to see the new team members developing in their positions and assisting BIRC to meet its mission.

We are maintaining and improving our ability to help people who have acquired a brain injury. We have listened to research that indicates that cognitive rehabilitation is most efficacious when it is closely tied to practical application in a person's home or work environment. To that end, we have increased our resources in the occupational therapy component of BIRC. This has allowed us to do more individual work with our participants at their home, at their work site, or elsewhere in the community. It has also allowed us to offer more services to our participants.

We have also been able to maintain our educational services so that we can assist participants to improve academically in such areas as reading and math skills. We have been able to help participants towards their goals of achieving their high school diploma or obtaining certification in a trade. We have also assisted participants to find appropriate computer training in the community.

Our cognitive services form the basis of our approach to rehabilitation. With our improved memory component, participants have reported that what they learn in the memory group helps them remember and perform daily tasks. We are also providing more individualized services in the cognitive area. We have been able to assess the level of need, address it, and have been able to flexibly address problems of attention, concentration, memory and executive skills.

For many participants adjusting to the changes brought on by brain injury is overwhelming. Survivors often feel sadness, worry and anger. Our psychological consultants have been helpful in assisting our participants adjust to new challenges. We continue to offer our core psychosocial groups in the areas of anger management, self-esteem and brain injury awareness.

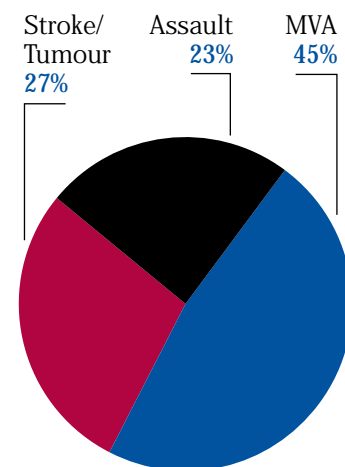
Another important desire for participants is finding valued and meaningful ways to occupy their time. Most participants are unemployed when they start rehabilitation at BIRC and they spend most of their time at home. For a number of participants we have been able to find purposeful leisure activities. Leisure activities often reduce social isolation and improve physical functioning. Other participants desire to return to employment. We are able to help participants prepare resumes, develop interview skills and try working. This past year we have had participants become employed in a wide range of occupations varying from telephone operator, to day care worker, to car detailer.

### PROGRAM ADMISSIONS

During this year 22 new people were admitted to the program. As seen in Chart

1, the most frequent cause of brain injury was motor vehicle related. Of those admitted, forty-five percent (45%) acquired a brain injury as a result of a motor vehicle collision. Twenty-seven percent (27%) had a stroke or tumour and twenty three percent (23%) were victims of assault. This year there was an increase in the number of assault victims that were admitted to the program. This increase is consistent with reports from the United States that indicate that assault is a major reason for brain injury in that country. The numbers of motor vehicle victims has been fairly stable from year to year, as has the numbers of admissions due to strokes and tumours.

**Chart 1**  
*Cause of Brain Injury*



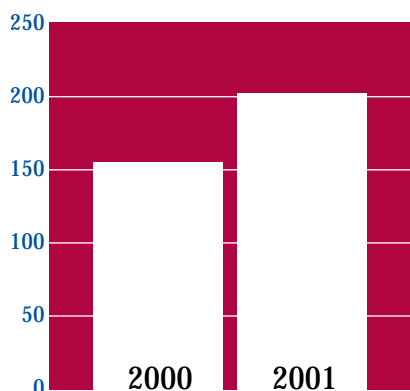
### PROGRAM ACCESSIBILITY

During the 2001-2002 fiscal year we had an average of 31 participants in the day-treatment part of our program at any one time. We had an average 58 participants on our case load as a whole, which includes follow-up and post-program case management.

Offering timely service can reduce the extent of discouragement among brain

injury survivors and help them return to optimum functioning as soon as possible. Unfortunately, due to lack of resources there is a long wait for access to BIRC. As seen in Chart 2, it took an average of 203 days (6.8 months) for an applicant to be admitted to the program. On average, it took 48 more days to admit someone to the program in 2001 than it did in 2000. I believe that the increased admission times were due to the increases in privately funded admissions and the limited resources to keep pace with the increased admissions.

**Chart 2**  
*Wait List in Days*

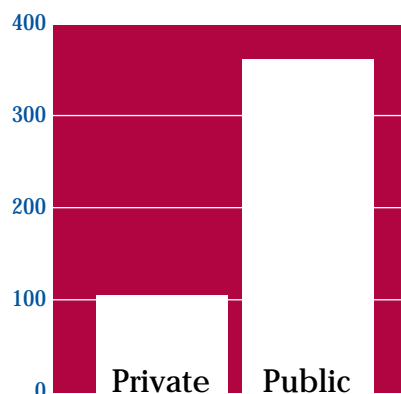


As seen in Chart 3, persons who had private funding were on average admitted within 105 days (3.5 months). On average, it took 10 days longer to admit a privately funded participant in 2001 as compared with 2000. Persons who had public funding were admitted within 361 days (12 months). It took an average of 184 days longer to admit a publicly funded participant in 2001 as compared with 2000.

The disparity between the waiting times for treatment for privately and publicly funded spots is consistent with previous years. However, the disparity between access

rates for publicly and privately funded participants is growing. We maintain our quota for publicly funded participants, but to offer broader services we must accept privately funded participants.

**Chart 3**  
*Wait List in Days for Publicly and Privately Funded Spots*



**PROGRAM COMPLETION RATES**

During this fiscal year 22 people completed their rehabilitation at BIRC. Based on survey results, the large majority of participants were very satisfied with their treatment.

Once they were admitted to program, this year's participants took an average of 518 days (17.3 months) to complete the program. This year privately funded participants were in the program an average of 647 days (21.6 months). On average, publicly funded participants were in program for 486 days (16.2 months). This large difference is due to two privately funded clients who were in the program for an average of 823 days (27.4 months). If these two participants were not included in the calculations, the length of program for privately funded and publicly funded participants is very similar.

The length of time to program completion has increased this year. This might be due

to admitting more severely injured participants. This year the average Glasgow Coma Score at the time of injury was 6.3 (severe injury) and last year it was 8.5 (borderline moderate). In addition, the prolonged wait for a public spot and the prolonged program completion time might have been influenced by staff turnover. When staff members leave it disrupts the delivery of services until a new staff member can take over and become well established and efficiently fulfill all roles and responsibilities assigned to that position.

**FUTURE DIRECTIONS**

We need to continue to look for ways to offer timely and effective services to those who have acquired a brain injury. We have used the results from the research literature to inform our program design and we will continue to do so. Program evaluation and individual research efforts by staff members can increase the efficiency and effectiveness of our services. Excessive staff turnover has a potentially negative effect on program delivery and efforts need to be made to encourage staff members to build a career at BIRC.

*Curtis Stoelting*  
Dr. Curtis Stoelting, Ph.D., C. Psych.  
Program Manager

## STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

<i>For the Year ended March 31, 2002</i>	<b>2002</b>	<b>2001</b>
<b>REVENUE</b>		
Contract – Calgary Regional Health Authority	510,476	474,028
Donations and Fund Raising	139,903	80,455
Wage subsidy	2,370	3,266
Interest, memberships and other	165	7,965
	<b>652,914</b>	<b>565,714</b>
<b>EXPENDITURE</b>		
Salaries and benefits	476,699	358,101
Consulting	27,085	27,540
Participant costs	10,040	8,807
Accreditation costs	–	6,303
Rent	109,776	88,992
Maintenance, supplies and repairs	340	1,114
Insurance	4,627	4,877
Office	11,618	12,915
Telephone	3,963	3,502
Staff recruitment	2,592	401
Staff expenses and travel	1,220	1,176
Professional fees	3,000	2,676
Library and subscriptions	4,526	2,781
Publicity and publications	–	904
Professional development and conferences	6,946	4,320
Volunteer recognition	556	2,042
Capital acquisitions	1,284	11,777
	<b>664,272</b>	<b>538,228</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSE FOR THE YEAR</b>	<b>(11,358)</b>	<b>27,486</b>
Net Assets Beginning of Year	(13,319)	(40,805)
<b>NET ASSETS (DEFICIT) END OF YEAR</b>	<b>(24,677)</b>	<b>(13,319)</b>

The foregoing statement is excerpted from comprehensive financial statements audited by McKinnon & Company Chartered Accountants. Copies of the complete financial statements are available from the Head Injured Relearning Society, located at 300, 815-8th Ave. S.W., Calgary, Alberta T2P 3P2, Telephone (403) 297-0100.

## VOLUNTEER VIGOUR!

During the past fiscal year (April 1, 2001 – March 31, 2002) 78 volunteers contributed over 4900 hours of service to the Centre in all aspects of the program's operations. Volunteers were involved in providing one to one support, community living, job coaching, public relations, fundraising and administrative assistance. As well, members of the Board of Directors and its various committees gave over 800 hours of support to the organization in the past year. We are again indebted to the generous gifts of time and compassion that our volunteers have given to the organization and the individuals in our community who so deeply need and appreciate their support and assistance.

### SERVICE VOLUNTEERS 2001 – 2002

#### *1–74 Hours*

Adriana Acero	Glenna Fergusson
Caren Anderson	Sean Finney
Funmi Baiyewun	Anita Fofie
Nina Barile	Mitchell Fortney
Leona Becker	Stephanie Foster
Melissa Bell	Erica George
Shannon Blackmore	Priscilla Gordon
Heather Byrne	Karen Green
Ted Cao	Manjula Gupta
Parneet Cheema	Tracey Hamm
Jenny Chen	Sara Harting
Yvonne Chen	Monica Heller
Peter Chrapchinski	Marcia Holton
Carlo Cushia	Brian Hwang
Mike Dolan	Olga Konwisorz
Dorothy Dorsey	Brent Kuzmiski
Maria Farrugia	Irene Lee
	Noelle Lee
	Kim Lewis

#### *75–149 Hours*

Doug Christoffersen
Tim Collins
Richard Kierzek
Jonathan Pendlebury
Sue Petch
Sue Rogerson
Beatrice To

#### *More than 150 hours*

Anneta Chevtchenko
Lorn Howes
Erin Leblanc
Pat Robbins
Conrad Westendorf
Margo Wong

Special recognition is also extended to the many volunteers who helped the Brain Injury Rehabilitation Centre continue its valuable work through their efforts with a fundraising casino. Special thanks are extended to: John Churchill, Connie Osterman, Bob Campbell, Sharon Penner, David Campbell, Joe Osterman, Lorn Howes, John Davis, Betty Crosby, Alies Carruthers, Ingrid Campbell, Rae MacKenzie, Angelu Troy, Joanne Demetrick, Megan Ryan Walsh, Viola Vantetering, Kate Donovan, Richard Mabbitt, Marc Ulmer, Ken Bond Lynn Basso, Ruth Bond, Murray Sowerby, Alan Kerr, Sylvia Sowerby, Cliff Demetrick, C. Terrence Pogson, Russel Gilroy, Bob Michie, Bonnie Blankert, Jay Naddler, Alvin Effa, Gerrit Groeneweg, Jodi Treleaven, Curtis Stoelting.

We would also like to express our thanks to the many students from Mount Royal College and the University of Calgary who, in the process of completing a variety of courses and study requirements, provided hundreds of hours of knowledge and support to the centre.

The Board of Directors, staff and participants take this opportunity to extend our deepest gratitude and to voice a huge THANK YOU to all our extraordinary volunteers.

## DONORS AND CONTRIBUTORS

The Head Injured Relearning Society would like to extend its sincere appreciation and thanks to our Anonymous Donor whose support enabled the Society to continue its employment and career-related services reported elsewhere in this report. The Society would also like to express its appreciation and thanks to the Head Injured Relearning Society Development Foundation for its ongoing support of the Society's programs and services. The Foundation conveys its deepest appreciation to the following individuals, businesses and corporations who made monetary and/or gift-in-kind donations in support of individuals with brain injuries and their families.

### BUSINESS/CORPORATE DONORS

#### BUSINESS/CORPORATE DONORS

#### ANONYMOUS DONORS

AON REED STENHOUSE INC.  
 BP CANADA ENERGY CO.  
 CALGARY AIRPORT AUTHORITY  
 CALGARY CO-OP, BRENTWOOD  
 CANADA SAFEWAY, MARKET MALL  
 CANADIAN NATURAL RESOURCES LIMITED  
 CANADIAN PACIFIC RAILWAY  
 CENTRAL UNITED CHURCH  
 GARY J. BIGG PROFESSIONAL CORP.  
 HOFFMAN DORCHIK  
 MURPHY OIL COMPANY LTD.  
 PANCANADIAN LTD. (NOW ENCANA)  
 ROYAL BANK OF CANADA  
 ST. GEORGE MOVING AND STORAGE  
 ST. THOMAS UNITED CHURCH  
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**Special Recognition and thank you to Gary J. Bigg professional Corporation and Hoffman Dorchik for agreeing to host the reception at our upcoming fundraiser with Theatre Calgary, and to Canadian Pacific Railway for continuing to cover the printing costs of our annual reports.**

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