



TBI Report Inspires 'Eureka!' In Australian Psychologist

The erudite ROA Special Report on "The True Trauma of TBI" authored by Eric Minton, with superlative articles from Elizabeth H. Manning and Brian P. Smith (*THE OFFICER*, November 2008), offer unique explanations evolved from the history of applied combative neuropsychology. Benefits to patients, their troubled families, community at large, and doctors and specialists are inestimable. As a clinical psychologist, I've been treating veterans since 1975 and working with MVA [motor vehicle accident] patients. So, the lamentably long-awaited "easy to read publication" on diffuse axonal injury (DAI) lands like something from Area 51.

Eureka! On Australia Day while partying—without snobs but including engineers, race horse owners, psychologists, clergy, and even a Churchill fellow and former federal commissioner on education—we toasted the authors, and will again on ANZAC Day, "lest we forget." This report lands as a timely blessing for everyone, including politicians.

Highlighting his service before self as an advocate for corrective treatment is BG Patt Maney's courageous stamina in DAI rehabilitation post-Afghanistan 2005, returning to serve as a judge for Florida's Okaloosa County Court. Humbly, I reflected on concentration problems while writing four peer-reviewed articles in

Corrections

In the January issue of *The Officer*, the Capital Hill Commission director of the U.S. Congress Post-Security and Safety of the Congressmen from Indiana, Dr. Daniel H. Anderson, D.A. (USA), office phone number is 317-4011. We regret the error.

1998, during terminally diagnosed, biopsy-proven esophageal cancer and relentless pain. One of those forensic psychology articles stated: "In a recent TBI personal injuries case, three neuropsychologists, psychiatrists, and neurologists gave evidence. Under cross-examination, an astute attorney asked experts whether it was necessary the victim lost consciousness to sustain moderate or gross brain damage. He noted the most common form of brain damage was cerebral concussion, but patients with this disorder need not lose consciousness and typically have amnesia for a few seconds to several minutes. Neuropsychological assessment serves numerous specialties and is not necessarily solely reliant on EEG, CT scans, and MRI evaluation for the whole patient picture. A healthy mutual independence is presently evolving amongst professional specialties" (*The Forensic Examiner*, Sept./Oct. 1998). Eureka! *THE OFFICER*'s special report writes history.

Congratulations from an Aussie research scientist, formerly trained by Dr. Russell N. Cassel (USAFR), expressed with gratitude from psychologists internationally. Treating

shell shock while serving in World War II, Liberia, and Vietnam, Dr. Cassel and his colleague psychologists saw brain damage nightmares in reality, ironically commonplace on today's highways, as even the United Nations would agree at conference banquets. Dreams of scientific miracles, however, remain statistically probable through a legacy of service, as in God we trust.

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