

Letter From The Publisher

As the country faces monumental DoD and VA health care challenges, Americans need to think long and hard about to whom they owe their gratitude.

America stands together because we are “fired-up” by the same ideals and inspired by the same dreams. Those dreams must include receiving: a proper diagnosis, exceptional acute care, and extensive rehabilitative & community reintegration assistance for all veterans.

This dream seemed an impossibility just 34-years ago. Last year, I celebrated 34-years of continual brain injury rehabilitation. That is not my only achievement, but when I was injured I had two options: spend the rest of my life in a nursing home or go home and try to relearn to walk, think, and function “normally.” During my life, the approach to the latter outcome has drastically improved.

And, the destiny, the pendulum of fate, for brain injury survivors swung from the depths of despair to a new hope and a new beginning. The rebirth of the formally comatose patient.

For the first time in medical history, a survivor of brain injury could defend himself or herself against criticism and before that survivors of brain injury were powerless, absolutely powerless, to defend themselves against an unremitting barrage of discrimination from anyone with an opposing opinion, culminating in the greatest horror of all the forced death of Terri Schiavo.

For Iraq and Afghanistan veterans, the diagnosis of “Traumatic Brain Injury as a Signature Wound of Warfare” was first identified by Warren Lux, MD on March 15th, 2005 in a HRSA presentation (Dr. Lux will receive Veteran HealthCare’s “2011 Medical Advocacy Award at the ‘2011 Veterans Summit: America’s Crisis with Brain Injury and a Future Model.’” See: <http://www.veteranhealthcare.org/2011summit.html#advocacy>). Dr. Lux’s recognition of this relationship has since been correctly and incorrectly restated to be that, “brain injury [is] the signature wound of the Iraq and Afghanistan wars.” Either way, it has stuck. It is now part of the American lexicon.

The founding of The JMA Foundation, Inc. in 1987 and the more recent formation of Veteran HealthCare, Inc. in 2009 by a military veteran and survivor of a high school sports related brain injury has not stopped the attacks on survivors and veterans of brain injury, but it has given those individuals a stage from which to defend themselves against this criticism.

Let me describe the day I realized what this transformation could be. It was the day I entered the U.S. Navy as a midshipman candidate at the U.S. Naval Academy Prep School and then, again, at the U.S. Naval Academy. Two and ½ years earlier, I was comatose (GCS<4) and now I was on a direct path to enter one of the most prestigious academic institutions in the United States.

Although my mother was constantly in anguish about the events surrounding my injury, she was proud of the way I fought daily to overcome my disabilities and that I was injured doing what I loved while representing my American high school.

And, time and again I have fought against much larger entities that denied me an opportunity to fully rehabilitate. When my therapists and doctors realized I was too

strong to be stopped, they embraced my belief of full recovery. I value the relationship I had with both therapists and doctors. Yet there are those at the DoD who are allowing the assault against veterans with brain injury to continue. Tricare seeks to achieve this goal through the denial of cognitive rehabilitation therapy (CRT). It is instructive that the ingathering of veterans with brain injury to the Defense Veterans Brain Injury Center and Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury does not detour them. Tricare, DoD's military health system, is in essence saying, if veterans with brain injury all gather at VA facilities, they don't need CRT, and they will save money.

These are the unpleasant facts, but they are the facts. The greatest threat to any living organism, to any nation, is not to recognize the danger in time. NOT to recognize the facts. Thirty-Four years ago, when I was injured, many Fairfax County government leaders put their head in the sand. My former life was irreversibly destroyed as a result. At least in my mind, two of Washington, DC's greatest leaders helped turn the tide, Fairfax County Circuit Court Judge Richard Jamborsky and American University mathematics professor and Chairman of The JMA Foundation, Inc., Dr. Marco Montemezzi, helped save my life, but their influence and guidance was too late and too distant to help save the thousands of Vietnam veterans who came before me.

The future of veterans diagnosed with brain injury can never depend on the goodwill of even the greatest of men. Veterans diagnosed with brain injury must always reserve the right to fully recover. Today an unprecedented threat to humanity looms large. A radical Tricare decision to deny cognitive rehabilitative care to veterans with brain injury could bring an end to the breakthroughs in brain injury rehabilitation the U.S. has enjoyed for the last 20 years. Such a decision could destroy the life of thousands of veterans, their families, and their communities and our world would never be the same. Tricare's brazen bid to deny veterans with proper long-term care is certainly; first and foremost, a threat to my beliefs, but it is also a threat to the entire world.

Does treatment help? Absolutely! Although treatment may not necessarily restore the injured person to exactly the way they were before a brain injury, considerable follow-up research supports the value of treatment, with best results involving treatment which encompasses not only medical/neurological issues but psychological, social, familial, vocational, and a number of supportive factors. In vocational settings, for many years it has been recognized that slight modifications to work criteria may mean the difference between good success and complete failure for the worker with brain injury. Hopefully, increasing recognition of the need for assessment, treatment, intervention with, and supportive programming for individuals with brain injury can evolve to the same degree of sophistication as have programs for other disabilities.

Veteran HealthCare, Inc. thus expects the entire medical community to act swiftly and to act decisively to thwart Tricare's decision. Veterans always deserve the right to proper health care. Consider the Michigan Model which is the Solution for Brain Injuries and Bankruptcies from automobile accidents, it can be adopted for Veterans. View the PSA by Author Mitch Albom at www.neurotraumaassociation.com The Family you save may be your own. The free educational video is 55 minutes long and explains the comprehensive benefits & services that accident victims in Michigan receive which include aggressive and persistent cognitive therapy. John Gwynne Prosser II President of the Neuro Trauma Association of Florida will be presenting this topic at the Veterans

Healthcare Summit on February 22nd & 23rd, 2011 at the Dulles Hyatt, minutes from Washington, DC. (See: <http://www.veteranhealthcare.org/>)

Survivors of brain injury have to defend ourselves against lies and against vilification. The “2011 Veteran Summit: Americas Crisis with Brain Injury and a Future Model” begins to take the necessary steps to create such protections. The opening “Judicial Remedy Panel” will make suggestions on how to optimize veteran community reintegration solutions and facilitate the prevention of trends toward alcohol/drug abuse, aggression, and general difficulties getting along in civilian life. The discussion then moves to the “Long-Term Care Panel” and an awareness that acute and rehabilitative medicine are not the only issues of concern looking to the future and gives insight to the question: “What do you do when you are fifty years old, having spent thirty of those fifty years preoccupied with brain injury rehabilitation?” Breakout sessions and poster presentations fill in the many missing pieces throughout the two days, including a presentation by Nathan Zasler, MD titled “Post-deployment Headache: Caveats and Conundrums,” further describing the complications associated with recovery. The final day opens with the Impact Panel outlining how the previous day’s discussion will impact our nation’s security, competitiveness, and standard of living, and then move directly into the crafting of legislation with the guidance of Georgetown University Government professor Dr. Andrew Bennett.

Throughout the history of the brain injury community the slander against survivors of brain injury always preceded attacks against the brain injury community. In fact, the slanders were used to justify the attacks. Survivors of brain injury were called, Stupid, Crazy, and Dangerous. Unfortunately, as with the case of the physical attacks, these libelous attacks against veterans with brain injury did not stop with the creation of the Centers of Excellence for Psychological Health. It is true that for a time overt attacks were held in check by the shame and shock of the effects of war, but only for a time.

In recent months, the frustration and lack of understanding of veterans with brain injury has reemerged with increasing force, but with an insidious twist. It is not merely directed at veterans with brain injury, it is increasingly directed at the VA and in its most pernicious form it argues that if veteran rehabilitation facilities did not exist many of these problems would go away.

Now, I want to be clear this does not mean the VA and veterans with brain injury are above criticism. The military like any governmental agency has imperfections, but they try to correct them through open debate and scrutiny. The military and the VA have independent courts, the rule of law, and a free press. Sometimes I think there is a triple standard: One standard for non-neurological care; a second standard for veterans; and a third standard for veterans with brain injury. Veterans with brain injury must receive care based on one standard and allegations against veterans with brain injury must be grounded in fact. One allegation about veterans with brain injury is that many have no ability to re-connect with their community. In my office, I have my high school letter jacket with three pole-vaulting medals. One is a first place from the Virginia Military Institute’s high school track & field invitational meet and the other also a first place medal, but from the U.S. Naval Academy’s high school track & field invitational meet. I won these two medals when I had just turned sixteen.

No one can convince me I don’t belong in my community, because I have a brain injury.

In 1974-1976, my freshman and sophomore years at Herndon High School in Fairfax County, Virginia, I was on a path to become one of Fairfax County's most accomplished athletes. By my sophomore year, I was Herndon High School's Varsity quarterback, Virginia's number one ranked pole-vaulter, considered to be one of Virginia's ten fastest high school sprinters, and destined to Olympic greatness. Athletic success runs in my family. My father John Modica was a prominent cricket player, golfer, and tennis player in England. My paternal first cousin Justin Rose is Britain's top ranked golfer. My two daughters, Emily and Moira, were varsity athletes as sophomores at Monticello High School in Charlottesville, Virginia. I believe I have earned the right to be part of any American community.

Although I am just one example the connection between veterans with brain injury and the community can not be forgotten or overlooked. The connection between veteran's with brain injury and the DoD can not be denied. Soldiers with brain injury were defending the U.S. nearly 300 years ago and they are defending U.S. interests today. The United States is no longer a British colony; it is the most powerful country in the world. In my company I lead activities to defend and help veterans with brain injury using the same enthusiasm and energy I started my own recovery process 34-years ago. I receive input from the same people who helped me including: Dr. Lawrence Hartlage and Dr. Warren Lux.

Today, over 187,000 veterans, a large portion of our returning troops, have been diagnosed with brain injury and are beginning to integrate back into their communities. Many of these communities do not have the support structure our veterans need to successfully recover. They are an integral and inextricable part of modern American culture. Everyone knows – the Americans, the British, veterans with brain injury, certainly, the Iraqi's – everyone knows veterans with brain injury will be part of the world community forever. Therefore, providing full long-term medical care and assistance for veterans, in no way precludes the possibility of an integrated society. I want to say one more thing about the Veteran HealthCare organizational policies.

Nothing is more rare in the brain injury community than tolerance for the beliefs of others, but it has only been under my leadership in JMA and the Veteran HealthCare organization that equal input from survivors, family members, and medical professionals has been guaranteed and we shall continue to guarantee that balanced input from everyone.

While we cherish the bravery of our military veterans, we also recognize they must live amongst civilians when they return home. The military industrial complex can not govern civilians and it can not rule civilians. Veterans with brain injury want them as neighbors living freely and securely with dignity and at peace. Yet veterans with brain injury are unjustly accused of not being able to live in civilian communities. Nothing could be further from the truth. My leadership has consistently shown commitment to balance in both word and deed. From day one, I called on military medical and governmental leaders to begin a path to mutual understanding without delay and I make that same call today. "President Obama lets begin this path of understanding..."

You know...? That is so elementary and so obvious, you would think you would not have to say it, because leaders who truly care for veterans should be able to sit face to face and discuss this path of understanding. You can't define a path of

understanding, if you don't talk about it. So I call on American leadership. "Come and talk about this understanding."

Of course, all Americans must help develop this understanding, but they can't create the understanding.

This understanding can not be imposed from the outside. It can only come through direct discussions in which we develop mutual trust. THAT mutual trust that is necessary to forge a common future.

Last year I started to talk about the development of the Veteran Recovery & Diagnostic Center in which a veteran rehabilitation facility recognizes the direct correlation between recovery, the need for employment and successful reintegration. Just as the military industrial complex recognizes the need for a strong military, the Veteran HealthCare organization expects the military industrial complex to recognize the need for military veterans to be employed.

My two organizations have removed the ideological barriers between medical professionals, family members, and survivors of brain injury and this has facilitated tremendous advances in neurorehab and as a result we have helped spur the physical, cognitive, and emotional therapeutic ideas that created the Defense Veterans Brain Injury Center and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

That approach has not come about out of sheer air, JMA and Veteran HealthCare, Inc. have made it possible. You can not rehabilitate if the doctor is not talking to the family who is not talking to the injured veteran. That's been our policy. We added to this the *Journal of Head Injury* to facilitate this coming together. This is what my organizations have done to advance the understanding of brain injury. I ask, "what has Tricare done to advance this understanding?"

Well, you can judge for yourself; the suicide rate is astronomical, the incarceration rate among veterans for behaviors directly related to the trauma of war is grotesquely high, and the DoD has promoted the Institute of Medicine's report that falsely suggests recovery from brain injury is very unlikely.

I want to thank President Obama and the Congress of the United States for their efforts to thwart this path and I ask for their continued effort over the next month to stop this misunderstanding.

Regrettably, the DoD and Tricare have continued the unabated excitement against veterans with brain injury in their refusal to cover cognitive rehabilitation therapy (CRT) that is directly under their control. And some others as well. A few days ago, Army leaders were reported as being "increasingly concerned about the growing use and abuse of prescription drugs by soldiers." The U.S. Central Command Policy allows troops a 90- or 180-day supply of highly addictive psychotropic drugs before they deploy to combat.

Brain injury recovery requires reciprocity. It can not be a one way street in which veterans with brain injury make all the concessions and the DoD makes none. That's got to change. Veterans with brain injury stand ready to make the compromises necessary to fully recover, but they expect the DoD and Tricare to compromise as well. To do their part.

There is one thing veterans with brain injury will not compromise on and that one thing is a veteran's chance to fully recover.

Let me express to you the difficulty of trying to explain the horrors of brain injury rehabilitation to people who have never been looked at funny or asked probing questions just because you have a brain injury. So I thought how I could best bring it home. Imagine going out one evening to a bar and getting completely intoxicated and then over the following thirty-years you sober up. After the first 5 years, you are able to walk straight; then 10 years later you are able to think clearly; and then the last 10+ years you are slowly able to make more sense of what you do on a daily basis. However, at that point, the problem will have moved from just being intoxicated to being thirty years older and lacking the familial and financial backing to take care of yourself as you approach old age.

Do you think you would feel a little vulnerable? Do you think you would expect some understanding from the DoD and Your Community when you have to defend yourself. I think any fair-minded person would recognize veterans with brain injury face health problems and challenges unlike any person in the industrialized world. And, therefore, a long-term health care plan must have effective minimum standards in every American community; not just on a piece of paper, but in every town and community. The United States must make sure what happened to Terri Schiavo does not happen again to returning veterans with brain injury.

Now, let me explain what our main health care problem is; it's not the relationship with DoD; it's the relationship DoD has with Tricare, which is denying cognitive rehabilitation therapy to veterans diagnosed with brain injury. And, our main problem with state and federal courts is not the relationship with the courts; it's the court's lack of a universally funded veteran court system.

Experience has shown that only a well conceived veteran court program can prevent or limit needless veteran incarceration. This is why a veteran health care plan must include funding for a state wide network of veteran courts. If the court's understanding of neurological trauma improves over time, the network of veteran courts can be reviewed.

All Americans are prepared to take risks to improve their quality of living, but we will not be reckless with the lives of citizens and the lives of our veterans with brain injury.

Veterans with brain injury want a future in which their children are no longer at greater risk of drug abuse and suicide, because their parents experienced the horrors of war. They want a future where American soldiers realize their full potential as business leaders anchored in their values and living amongst neighbors. We envision veterans with brain injury who can dedicate even more leadership skills in business to help solve some of the world's great economic disparities. Foremost of which is finding a clean, affordable substitute for gasoline. And, when we find that substitute we will stop transferring 100's of billions of dollars to regimes that support terror worldwide.

I am confident that in pursuing these goals, we will have the friendship of American political leaders. Veterans with brain injury have no better friend than the American people.

For decades, the American military has served as a bulwark defending democratic ideals. Today, it is helping the United States stem the tide against militant Islam. The American military shares everything with the American people. Veterans with brain injury are a major part of that American passion and need to be treated as such.