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Each year in the United States, an estimated 1.4 million people sustain a TBI.¹

Each year in the United States, an estimated 80,000 - 90,000 people experience the onset of long-term disability associated with a TBI.¹

Direct medical costs and indirect costs (such as lost productivity) of TBI are estimated at \$60 billion annually. This number does not take into account returning military service personnel with TBI.²

10% to 20% of Marines and Soldiers returning from Afghanistan and Iraq may have experienced brain injuries.³

TBI: The Invisible Injury

Returning Servicemembers and Veterans

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury. The injury is caused by falls, motor vehicle crashes, assaults and other incidents. Blasts are a leading cause of TBI for active duty military personnel in war zones.

Any TBI—whether diagnosed as mild, moderate or severe—can temporarily or permanently impair a person's cognitive skills, interfere with emotional well-being and diminish physical abilities.

Individuals with TBI may experience memory loss; concentration or attention problems; slowed learning; and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences include depression, anxiety, impulsivity, aggression, and thoughts of suicide.

Physical challenges of TBI may include fatigue, headaches, problems with balance or motor skills, sensory losses, seizures, and endocrine dysfunction. TBI often leads to respiratory, circulatory, digestive, and neurological diseases, including epilepsy, Alzheimer's disease, and Parkinson's disease.

Poor outcomes after TBI result from shortened length of stays in both inpatient and outpatient medical settings; insurance coverage denials for rehabilitative treatment; and inadequate funding for public services. Too often individuals with TBI are prematurely discharged to untrained, unsupported family caregivers or inappropriately placed in nursing homes, psychiatric institutions or correctional facilities.

Maximal recovery and long-term health maintenance for people with brain injury can only be achieved through a comprehensive, coordinated neurotrauma disease management system providing for immediate treatment, medically-necessary rehabilitation, and supportive services delivered by appropriately trained TBI specialists in the public and private sectors.

The Brain Injury Association of America and its nationwide network of advocates call on Congress to enact and fully fund balanced, coordinated and responsible public policy that provides for basic and applied research; acute inpatient and outpatient treatment and rehabilitation; long-term disease management, and appropriate, accessible social services and supports following neurotrauma.

Traumatic Brain Injury Needs Returning Servicemembers and Veterans

Oversight of Implementation of FY2008 Defense Authorization Bill Wounded Warrior Provisions

Amidst the increased recognition of TBI as a “signature injury” of the conflict in Iraq and Afghanistan, a cornerstone of the Brain Injury Association of America’s (BIAA) federal legislative advocacy has been, and continues to be, working to improve TBI care for returning servicemembers and veterans. BIAA’s commitment to support our nation’s returning heroes and their families remains strong in 2008 and will continue into the future.

Last year, BIAA played an important role in advocating for the inclusion of many TBI-specific provisions in the final version of the FY2008 National Defense Authorization Act (NDAA), which incorporated important Wounded Warrior provisions. A key federal policy goal for BIAA this year is to monitor the implementation of the Wounded Warrior provisions that were included in the NDAA and to encourage increased collaboration across the Department of Defense, the Department of Veterans Affairs, and the civilian sector to facilitate servicemembers’ timely access to the optimum, full continuum of TBI care.

BIAA oversight efforts this year will focus on several key issues:

- Implementation of pre-deployment cognitive screening protocol within the Department of Defense;
- Development of individualized recovery plans for TBI patients;
- Access to non-VA (civilian) TBI care providers;
- Collaboration between new VA TBI research efforts and the NIDRR TBI research programs;
- Overlap of benefits for seriously wounded servicemembers, including access to cognitive rehabilitation within TRICARE;
- Development and activities of the new Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury;
- Follow up on required studies related to TBI care and supports for returning servicemembers and their families.

Family Caregiver Assistance and The Heroes at Home Act of 2007

In addition to conducting oversight to ensure proper and timely implementation of the Wounded Warrior provisions listed above, BIAA is calling on Congress to support the creation of a Traumatic Brain Injury Family Caregiver Personal Attendant (PCA) training and certification program. BIAA advocates for swift passage and funding of legislation, such as the Heroes at Home Act of 2007 (H.R. 3051/S.1065), to officially authorize such a program.

Disability Ratings Reform and TBI

BIAA will play an active role in efforts to reform the Department of Defense and Department of Veterans Affairs disability rating systems. BIAA recently submitted formal Comments to the VA in regard to its Proposed Rule to revise the Schedule for Rating Disability relating to TBI.



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59% of those exposed to a blast and seen at Walter Reed Army Medical Center between Jan 03 and Feb 05 sustained a TBI.⁴

U.S. citizens are five times more likely to sustain a TBI than multiple sclerosis, spinal cord injury, HIV/AIDs and breast cancer combined.⁵

Annually, the Federal government spends less than \$3 per brain injury survivor on TBI research and services.⁶

Each year, 475,000 children in the U.S. sustain a TBI.¹

TBI is a leading cause of death and disability among youngsters.⁵

1. CDC, National Center for Injury Prevention and Control, 2006.
2. Finkelstein E, Corso P, Miller T and Associates. *The Incidence and Economic Burden of Injuries in the United States*. New York: Oxford University Press, 2006.
3. *Report to The [Army] Surgeon General Traumatic Brain Injury Task Force*, May 15, 2007.
4. Okie, *N Eng J Med* 2005; 352:2043-47.
5. Brain Injury Association of America, 2006.
6. Denkeler, K. The Traumatic Brain Injury Act, *Premier Outlook* 5(1), 35-45.