

Congress of the United States
Washington, DC 20515

April 5, 2017

The Honorable Kay Granger
Chairwoman
Subcommittee on Defense
Committee on Appropriations
H-405, Main Capitol
Washington, D.C. 20515

The Honorable Pete Visclosky
Ranking Member
Subcommittee on Defense
Committee on Appropriations
1016 Longworth House Office Building
Washington D.C. 20515

Dear Chairwoman Granger and Ranking Member Visclosky,

The undersigned members of the Congressional Brain Injury Task Force, and other Members of Congress, respectfully request increased funding for the Department of Defense (DOD) in Fiscal Year (FY) 2018 to identify and care for wounded warriors with traumatic brain injury (TBI) and psychological health issues and to improve research in these critical areas.

As you well know, TBI continues to be the signature injury among our nation's service members returning from Iraq and Afghanistan. More than 300,000 troops have been diagnosed with mild TBI since 2000. This number continues to increase as identification and detection methods become more accurate. TBI is a complex condition that requires comprehensive, specialized care. In recent years, the DOD has made significant strides in improving both in-theater and post-incident assessment and diagnosis, but still more needs to be done in evaluating troops' ability to return to duty. Intensive and innovative rehabilitation care is also needed for those sustaining severe TBIs and left with varying levels of disorders of consciousness.

Congressionally-Directed Medical Research Programs – Psychological Health/Traumatic Brain Injury

The Psychological Health and TBI Research Program, through the Congressionally-Directed Medical Research Program, was created by Congress in Fiscal Year 2007 in response to the injuries sustained by our servicemen and women in the conflicts in Iraq and Afghanistan. With the funding that this program provides, researchers are working in a collaborative manner to prevent, mitigate, and treat the effects of TBI and other psychological health conditions. While we have made great strides, there is still much that we do not know about TBIs acquired through military service, particularly the impact and mechanics of blast injury. We commend the Committee's decision to fully fund the Psychological Health and TBI Research Program at \$125 million and urge them to continue to fully fund this program in FY2018.

Defense and Veterans Brain Injury Center:

Since 1992, the DVBIC has coordinated care for our service members from the battlefield to the community and has engaged in a wide range of TBI research to improve state of the art medical


treatment and rehabilitation. Increased funding would allow the work of the DVVIC to continue focusing on enhanced screening techniques for better evaluation, treatment, follow-up, and staying at the forefront of developing technology for field detection of TBI. DVVIC will also continue its multi-center clinical trials to improve medication and rehabilitation, and maintain the 15-year longitudinal study as mandated by the NDAA.

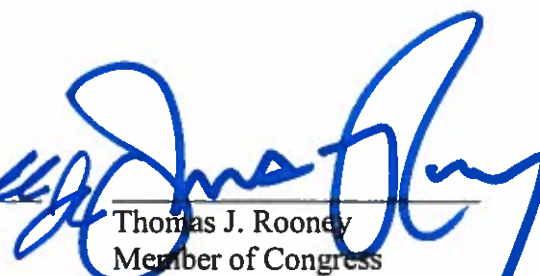
National Intrepid Center of Excellence:


Increased funding is needed for NICoE, which is responsible for treating military personnel diagnosed with TBI and/or PH for which other programs have not proven successful. We must address the incidence of suicide and the myriad of psychological problems our troops are experiencing as a result of their service on the battlefield. It is imperative that our troops are afforded every possible opportunity to receive the care and rehabilitation they need and deserve to either return to theater or to reenter the civilian workforce.


Thank you in advance for your consideration of these requests.

Sincerely,


Bill Pascrell, Jr.
Member of Congress



Thomas J. Rooney
Member of Congress

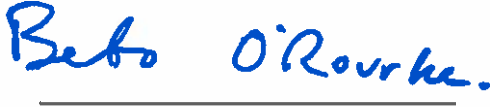

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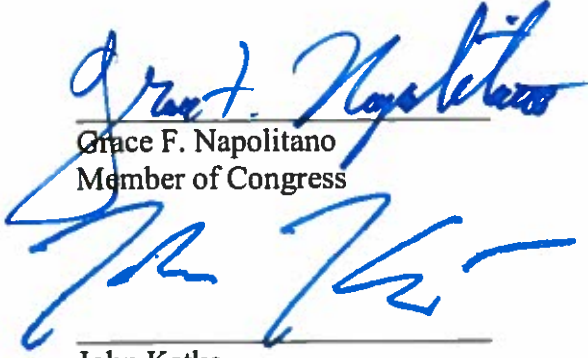

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Filemon Vela
Member of Congress



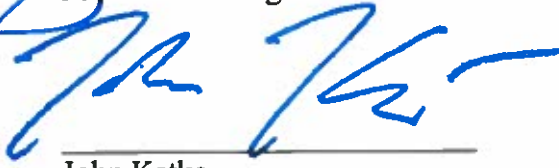
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Member of Congress



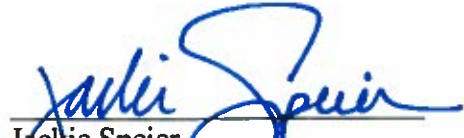
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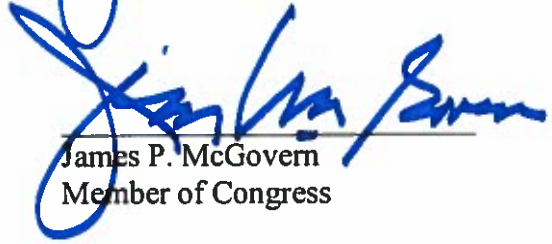
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Henry C. "Hank" Johnson, Jr.
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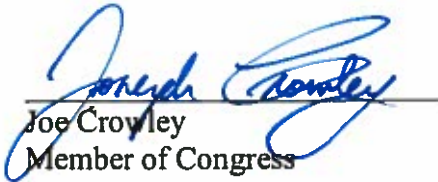
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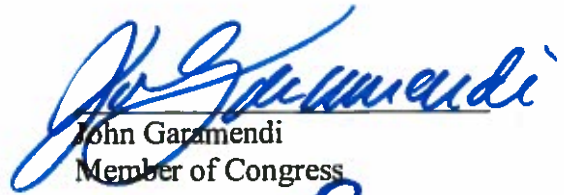
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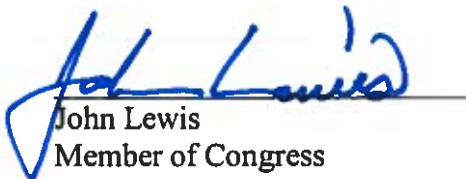
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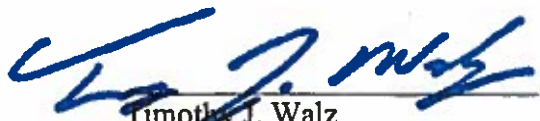
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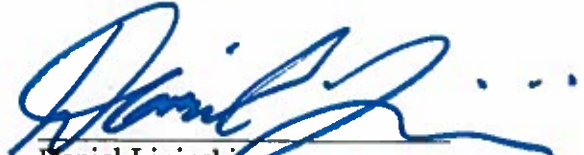
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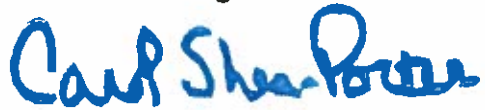
William R. Keating
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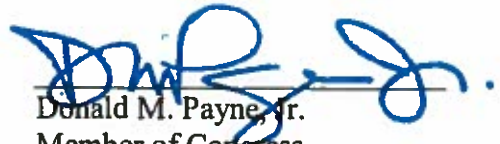
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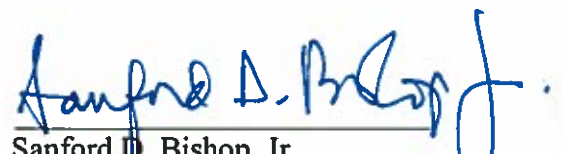

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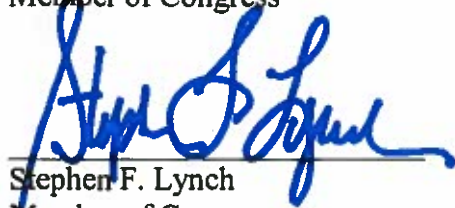

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