

Congress of the United States
Washington, DC 20515

May 12, 2011

The Honorable C.W. Young
Chairman
U.S. House Appropriations Subcommittee on Defense
H-405, Main Capitol
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
U.S. House Appropriations Subcommittee on Defense
1016 Longworth House Office Building
Washington, DC 20515

Dear Chairman Young and Ranking Member Dicks:

The undersigned members of the Congressional Brain Injury Task Force, and others, respectfully request that current funding be protected for the Department of Defense in FY 2012 to care for wounded warriors with traumatic brain injury (TBI) and psychological health (PH) issues and to improve research into these critical areas.

As you well know, TBI continues to be the signature wound of the wars in Iraq and Afghanistan with some 100,000 troops diagnosed since 2003 with mild TBI. This number will increase as detection becomes more accurate. TBI is a complex condition that requires a full spectrum of specialized care. The DoD has made significant strides in improving assessment and diagnosis, but more needs to be done to evaluate troops' ability to return to duty and to follow them after exposure to blasts. Intensive and innovative rehabilitative care is also needed for those sustaining severe TBIs and left with varying levels of disorders of consciousness.

Defense and Veterans Brain Injury Center - Since 1992, the DVBIC has coordinated care for our troops 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. Level funding would allow the work of the DVBIC to continue—focusing on enhanced screening techniques for better evaluation, treatment, and follow-up and staying at the forefront of developing technology for field detection of TBI. DVBIC 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 – Level funding is needed for NICoE, which is responsible for treating personnel with TBI and/or PH for which other programs do not work. We must address the incidence of suicide and the myriad psychological problems our troops are experiencing as a result of their service on the battlefield. Unfortunately, conditions such as

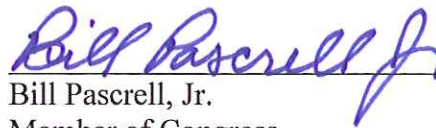
post-traumatic stress disorder (PTSD) and TBI are often co-occurring but require different treatments. It is imperative that our troops receive the care they need.

We must assure that our men and women serving in uniform are given every possible opportunity for the best medical care, rehabilitation and community reentry assistance that we as a nation can provide. Thank you for your consideration of this request to help serve our troops.

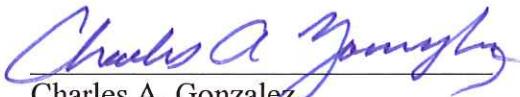
Sincerely,



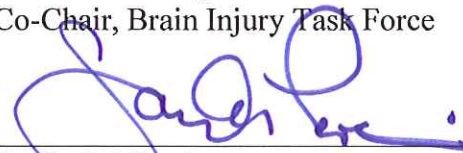
Todd Russell Platts
Member of Congress
Co-Chair, Brain Injury Task Force



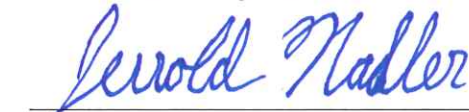
Bill Pascrell, Jr.
Member of Congress
Co-Chair, Brain Injury Task Force



Charles A. Gonzalez
Member of Congress



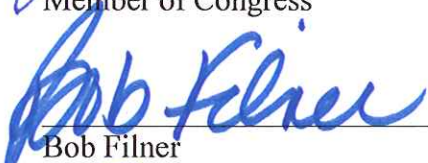
Sander M. Levin
Member of Congress



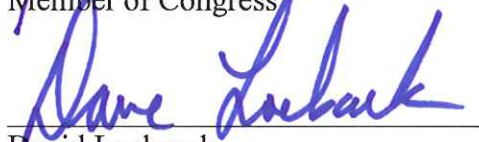
Jerrold Nadler
Member of Congress



Stephen F. Lynch
Member of Congress



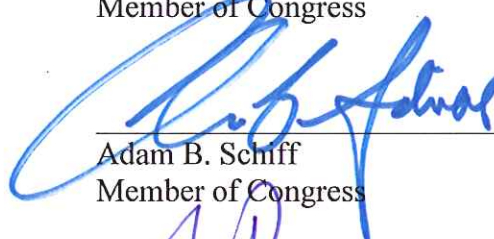
Bob Filner
Member of Congress



David Loebsack
Member of Congress



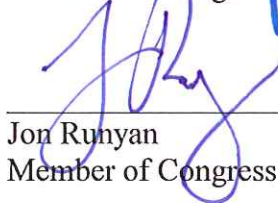
Pete Stark
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Betty Sutton
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