



Brain Injury
Association
of America

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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 to 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

At Least 5.3 million individuals have a long-term disability as a result of TBI.¹

TBI: The Invisible Injury

U.S. Department of Defense

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

U.S. Department of Defense

Heroes at Home Act Appropriations

\$10.5 million in FY 2008 for TBI-specific Provisions

TBI is the **signature injury** of the war in Iraq and Afghanistan. Recent data obtained by ABC News indicates that 10 percent or more of the Marines and soldiers who have served in Iraq and Afghanistan have sustained a possible brain injury. This could mean more than 150,000 Americans who have served or are now serving could have a TBI that is unrecognized by the Department of Defense.⁶

In 2006, the Heroes at Home Act authorized the conduct of studies, establishment of family training curricula, and grant awards to community-based organizations to meet the employment, education and support needs of members of the National Guard and Reserve following their courageous service. Congress took the first step in the Heroes legislation by appropriating funds for mental health and readjustment assistance.

It is now time to fund the TBI-related needs of our Heroes with a \$10.5 million appropriation in FY 2008 designated specifically for family caregiver training and nationwide demonstration grants to community-based organizations for TBI employment, education and support needs.

Defense and Veterans Brain Injury Center Funding

\$19.5 million in FY 2008

Established in 1992, the Defense and Veterans Brain Injury Center (DVBIC) is a collaborative program of the Department of Defense and the Department of Veterans Affairs that integrates clinical care with applied research, treatment and training at seven DoD and VA hospitals and two civilian partner sites.

DVBIC leads the effort to elucidate patterns of brain injury from blasts and provide guidelines for the assessment and follow-up care after blast-related TBI within the military environment. The program allows for continuity of care from the battlefield to acute rehabilitation and return to active duty or civilian life. Further, the program contributes substantially to the body of scientific and medical knowledge in the field of TBI.

An appropriation of \$19.5 million in FY 2008 is needed to maintain the superior research, care and education provided by DVBIC for active duty military with 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.³

U.S. citizens are five times more likely to sustain a TBI than multiple sclerosis, spinal cord injury, HIV/AIDS and breast cancer combined.⁴

Annually, the Federal government spends less than \$3 per brain injury survivor on TBI research and services.⁵

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

TBI is a leading cause of death and disability among youngsters.⁴

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. Okie, *N Eng J Med* 2005; 352:2043-47.
4. Brain Injury Association of America, 2006.
5. Denkeler, K. The Traumatic Brain Injury Act, *Premier Outlook* 5(1), 35-45.
6. Sowry, Melissa, "Brain Injuries Overlooked at Some Veterans Hospitals: Local VA Outposts Often Unprepared Deal With Injuries Sustained in Iraq and Afghanistan." ABC News February 27, 2007
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