



UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

PERSONNEL AND
READINESS

JUL 21 2014

The Honorable Howard P. "Buck" McKeon
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report responds to section 723 of the National Defense Authorization Act for Fiscal Year 2014 (Public Law 113-66), which requires the Secretary of Defense to submit to the congressional defense committees a report on how the Department of Defense identifies, refers, and treats Traumatic Brain Injuries (TBIs) with respect to members of the Armed Forces who served in Operation IRAQI FREEDOM or Operation ENDURING FREEDOM before the effective date in June 2010 of Directive-Type Memorandum (DTM) 09-033 titled "Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting."

Prior to DTM 09-033, initiatives were in place to assess and treat concussion/mild TBI. Current Military Health System policies and programs are robust, exceed civilian standards, and offer an unprecedented safety net of care. This is an important issue for the Department as we continually strive to meet the medical needs of Service members who have sustained a TBI while on active duty.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families.

Sincerely,


Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

PERSONNEL AND
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JUL 21 2014

The Honorable Barbara A. Mikulski
Chairwoman
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Chairwoman:

The enclosed report responds to section 723 of the National Defense Authorization Act for Fiscal Year 2014 (Public Law 113-66), which requires the Secretary of Defense to submit to the congressional defense committees a report on how the Department of Defense identifies, refers, and treats Traumatic Brain Injuries (TBIs) with respect to members of the Armed Forces who served in Operation IRAQI FREEDOM or Operation ENDURING FREEDOM before the effective date in June 2010 of Directive-Type Memorandum (DTM) 09-033 titled "Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting."

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Sincerely,


Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Richard C. Shelby
Vice Chairman



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

JUL 21 2014

The Honorable Carl Levin
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510


Dear Mr. Chairman:

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Sincerely,


Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable James Inhofe
Ranking Member



PERSONNEL AND
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UNDER SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-4000

JUL 21 2014

The Honorable Harold Rogers
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515


Dear Mr. Chairman:

The enclosed report responds to section 723 of the National Defense Authorization Act for Fiscal Year 2014 (Public Law 113-66), which requires the Secretary of Defense to submit to the congressional defense committees a report on how the Department of Defense identifies, refers, and treats Traumatic Brain Injuries (TBIs) with respect to members of the Armed Forces who served in Operation IRAQI FREEDOM or Operation ENDURING FREEDOM before the effective date in June 2010 of Directive-Type Memorandum (DTM) 09-033 titled "Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting."

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Sincerely,


Jessica L. Wright

Enclosure:
As stated

cc:
The Honorable Nita M. Lowey
Ranking Member

REPORT TO CONGRESS

National Defense Authorization Act for Fiscal Year 2014, Section 723 Report on the Memorandum Regarding Traumatic Brain Injuries



June 2014

The estimated cost of this report or study for the Department of Defense is approximately \$4,730 for the 2014 Fiscal Year. This includes \$100 in expenses and \$4,630 in DoD labor.

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Introduction

The National Defense Authorization Act for Fiscal Year 2014, section 723, P.L. 113-66, requires the Secretary of Defense to submit a report to the congressional defense committees on how the Department of Defense identifies, refers, and treats Traumatic Brain Injuries (TBIs) with respect to members of the Armed Forces who served in Operation ENDURING FREEDOM (OEF) or Operation IRAQI FREEDOM (OIF) before the effective date in June 2010 of Directive-Type Memorandum (DTM) 09-033, entitled "Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting." DTM 09-033 set down policy that regarded a 50-meter distance from an explosion as a criterion to properly identify, refer, and treat members for potential TBI. This policy was cancelled and replaced by the DoD Instruction 6490.11, "DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting," in September 2012, reflecting the Department's ongoing commitment to caring for Service members with concussive injuries through enduring policies and mandates.

Discussion

TBIs can range in severity: mild, moderate, severe, or penetrating. A small proportion of TBIs in the military are classified as moderate, severe, or penetrating; 3,961 TBIs of this severity were documented in the deployed setting during the period between 2000 and 2010. Screening programs are not usually needed for moderate, severe, or penetrating TBIs, because these injuries are often obvious and visible, and generally require immediate neurological care.

Conversely, the diagnosis of mild TBI (mTBI) is based on the Service member's recollection of the potentially concussive event, the nature of alteration of consciousness to include memory, and an assessment of mental function, which become more difficult as time passes between the injury event and diagnosis. This underscores the need for mTBI screening and awareness campaigns to advise and educate on the signs and symptoms of concussion so Service members seek care. Similar to diagnosis, there is usually a sequential relationship between the time of the brain injury event and the symptoms reported by the patient. Most often, recovery following concussion is a progressive resolution of symptoms. Concussion-related symptoms usually resolve within three months of the injury. Many times, if a Service member continues to have symptoms, there are other clinical conditions, or comorbidities, present. Examples of comorbid conditions include depression, pain, substance use disorder, and/or Posttraumatic Stress Disorder.

Prior to the implementation of DTM 09-033, the DoD engaged in Active Duty medical treatment programs and pre- and post-deployment programs aimed at identifying, referring, and treating Service members with concussions. Large military medical treatment facilities (MTFs) initiated screening programs for concussion, with MTFs like Walter Reed National Military Medical Center and Wilford Hall Ambulatory Surgical Center beginning to screen in August 2003 and June of 2005, respectively. The TBI screening program at Landstuhl Regional Medical Center

began in May 2006, with all medically evacuated Service members receiving a standardized evaluation using the Military Acute Concussion Evaluation and other tools. In January 2007, the DoD released mTBI/concussion guidelines for the deployed setting that included protocols on how to identify and evaluate Service members for mTBI. The second version of the theater guideline was released in August 2008, and built upon the earlier version to promote awareness and early detection. In January 2008, TBI assessment questions were added to the DoD's Post-Deployment Health Assessment and Post-Deployment Health Reassessment that required Service members to have a face-to-face evaluation with a clinician upon arrival at their home duty station, ensuring a safety net for mTBI that may have occurred during deployment but went undiagnosed. In April 2007, the Department of Veterans Affairs (VA) established policy that all OEF and OIF veterans with a Service separation date after September 11, 2001, and receiving medical care within the VA be screened for possible TBI; those veterans who on the basis of the screening may have TBI, must be offered further evaluation and treatment by experts in the area of TBI. In April 2009, the DoD and VA released joint, evidence-based guidelines for the assessment and management of mild TBI/concussions, again targeting early detection and treatment. These screening and evaluation protocols, established by the DoD and VA, provide a mechanism through which those not already identified can report an injury, receive an evaluation, and receive treatment for any current symptoms that may or may not be associated with a previously undiagnosed TBI.

The publication of DTM 09-033 established reporting of exposure for Service members involved in potentially concussive events such as exposure to blast, vehicle collision, witnessed loss of consciousness, and other head trauma. Event-based TBI screening marked an important transition from symptom-driven to incident-driven reporting, and codified the commitment of operational leadership and medical providers to report potential TBI. This included a database to identify the Service member during and following deployment for evaluation and, if clinically indicated, treatment.

In addition to the screening, evaluation, and tracking mechanisms previously cited, the DoD is in the process of promoting awareness of TBI through a program called "A Head for the Future." This initiative is designed to promote TBI awareness to include the signs and symptoms of concussion, education regarding the injury, and methods to prevent TBI (e.g., proper safety precautions). The web portion of this campaign is a portal for Service members, operational leaders, veterans, medical providers, and family members to access the latest information on TBI diagnosis, treatment, and recovery. The Defense Centers of Excellence's Defense and Veterans Brain Injury Center website (dvbic.dcoe.mil) is a source for Service members, veterans, and their family members to request help and information about the signs and symptoms of concussion. In addition, significant partnerships with the VA, academia, and civilian organizations have been established to increase awareness in the prevention and treatment of TBI.

Conclusion

The DoD, in collaboration with the Services, the VA, and the civilian community is committed to providing timely identification, referral, and standardized state-of-the-science TBI care to Service members, veterans, and their families.

Mandatory screening and evaluation programs and policies within the DoD and VA allow Service members with a previously unidentified concussion from the 2000–2009 time period to document their injury and receive treatment for any remaining symptoms. In addition, TBI awareness and training campaigns target symptom recognition and provide resources to help with those who continue to suffer from deployment associated TBI. These efforts are increasing the number of Service members and veterans that come forward for help related to their TBI and other associated or co-morbid conditions.

Robust screening programs, awareness campaigns, and state-of-the-science treatments have evolved and expanded over the course of OEF and OIF, and ensure optimal opportunities for identification, referral, and treatment of mTBI for Service members, veterans, and their family members.