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United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

LUPE WISSEL,
REPUBLICAN STAFF DIRECTOR

June 16, 2010

The Honorable Eric K. Shinseki
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

The Honorable Robert M. Gates
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301

Dear Secretary Shinseki and Secretary Gates:

The Senate Committee on Veterans' Affairs recently held a hearing on treatment for servicemembers and veterans with traumatic brain injury (TBI). We, the undersigned members, sit on both the Veterans' Affairs and Armed Services Committees of the Senate, and include the Chairman and Ranking Member of the Senate Committee on Veterans' Affairs, who are also a senior member and a subcommittee ranking member of the Armed Services Committee respectively.

At the outset, we commend both Departments for the progress that has been made to improve health care over the past nine years while the nation has been at war, particularly with respect to TBI, a signature injury of the current conflicts. However, as the hearing demonstrated, there are still several areas in which both Departments must improve if those impacted by TBI are to receive needed care and assistance. The most critical requirement is effective and comprehensive communication between the Departments of Defense and Veterans Affairs. It is essential that all data, to include medical records and post-deployment health assessments and post-deployment health reassessment (PDHA/PDHRA) results, be available to both Departments.

The Department of Defense must enhance its care for servicemembers who have sustained traumatic brain injuries. We have received testimony, in addition to several reports, that servicemembers who were exposed to blasts or other potentially TBI-inducing events were not cared for sufficiently. Repeatedly, we have heard from veterans and servicemembers that they were never screened for TBI, never treated for TBI, and even sent for subsequent deployments without being evaluated or treated for this injury. Additionally, we have heard from servicemembers who have been repeatedly turned away from military treatment facilities when they sought evaluation and treatment for TBI. We have also received numerous accounts in which PDHRA results were not subsequently addressed by the Department.

We commend the development of the Department's draft policy that will mandate evaluation and rest periods for those believed to have suffered a TBI, or were exposed to an event that could cause TBI. However, we remain concerned that the Department's existing policies, including requirements for documentation of TBI and follow-up during PDHAs/PDHRAs, are not being consistently applied. The notion that a servicemember would be turned away from treatment or even sent back into harm's way without being evaluated is unacceptable. We request that you take prompt action to finalize and implement the Department's draft policy and to ensure that existing policies are being adhered to by each military service.

We commend VA on the world-class quality of care provided in the Polytrauma System of Care. There are still only four Comprehensive Rehabilitation Centers and 22 Network Sites. It is disruptive to require families to relocate or travel for hours to see their injured veteran or take that veteran to rehabilitation appointments. For this reason, the Department of Veterans Affairs was provided with enhanced authority to enter into contracts with state, local, or community organizations to expand the access to care for veterans and servicemembers who have incurred TBI. As a result of the Committee's hearing, it is apparent that VA can do more to make full use of this authority. We recognize that VA is expanding its capability through specialized clinic teams and telehealth utilization, and we request that VA continue to expand cooperation with these other entities to provide rehabilitation care with as little burden as possible.

Considering the frequent comorbidity of post-traumatic stress disorder (PTSD) and TBI, we request that both Departments increase the level of research on the dual treatment of these conditions. There is not enough basic clinical research being done on this comorbidity, though these two injuries are among those most frequently experienced during operations in Iraq and Afghanistan. Both Departments have high-quality research programs on each of these conditions, so we request that the Departments take steps to make collaboration more robust, comprehensive, and seamless.

Research into comorbidity has found that TBI is often present concurrently with other injuries, including vision impairment, hearing loss, tinnitus, and amputations or other polytrauma. The National Defense Authorization Act (NDAA) for Fiscal Year 2008 required DoD to establish a center of excellence for military eye injuries. The FY09 NDAA required DoD to establish centers of excellence for hearing loss and amputations. Despite this legal mandate and sufficient funding provided by Congress, there has been little discernable progress in establishing any of these centers. Allowing such critically needed specialty care services to languish for up to two years, especially when such services were Congressionally mandated, is unacceptable. We request that the establishment of these centers be immediately expedited.

We request that both Departments provide quarterly updates on progress made to address these issues until they are completed. Thank you for your prompt attention to this letter. We look forward to working with you to improve the care and services available to veterans and servicemembers.

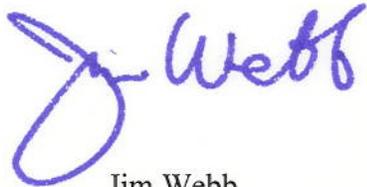
Sincerely,



Daniel K. Akaka
Chairman



Richard Burr
Ranking Member



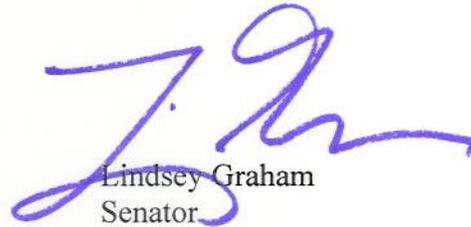
Jim Webb
Senator



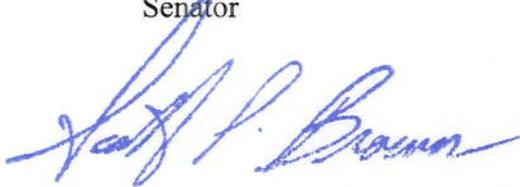
Roger Wicker
Senator



Mark Begich
Senator



Lindsey Graham
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Scott Brown
Senator