

Chairman Daniel K. Akaka

OPENING STATEMENT  
Oversight Hearing on TBI:  
Progress in Treating the Signature Wounds of the Current Conflicts  
May 5, 2010

Today we will discuss the progress that has been made in providing care and services to veterans with traumatic brain injury. Differences in tactics, such as the use of IEDs, and significant advances in battlefield medicine and protective equipment from prior wars have resulted in an unprecedented number of servicemembers sustaining and surviving TBIs, making this the signature physical wound of the conflicts in Iraq and Afghanistan. It is estimated that up to 360,000 servicemembers sustained a brain injury in Iraq or Afghanistan. The government must do all it can to treat these wounded veterans.

In 2007, in response to this trend, I convened a hearing of this Committee on diagnosing and treating TBI. That hearing led to the introduction and ultimate passage of legislation I authored to enhance TBI services in VA. Today we revisit this topic to determine how completely that law is being implemented, and how effective the steps we have taken have been in making sure veterans with TBI are receiving necessary and appropriate care.

Today, we will explore the relationship between VA and outside entities in providing treatment and rehabilitation services for TBI. I have visited the Richmond, Virginia polytrauma center, and was very impressed with what I saw, but I believe that there is a need to expand the geographic availability of care. It is a burden for family members to have to travel several hours to visit their loved ones in the hospital, or to take them to rehabilitation appointments.

In addition to partnering with community and other non-VA providers, VA must do more to involve family members in providing care for their wounded veterans. We must recognize and support family members appropriately, as they are our partners in this shared mission. Legislation I authored to provide a comprehensive program of services and support to family members who wish to care for their veterans at home, instead of placing them in an institution, is to be signed by President Obama this afternoon. This caregiver program will be another tool we can use to provide a seamless and effective continuum of care for veterans with TBI.

I am pleased to have witnesses from both VA and the Department of Defense here today. Effectively addressing the issue of TBI requires the full efforts of both Departments; neither can do it alone. I encourage both Departments to continue to break down barriers in their processes and find new ways to work more seamlessly, which ultimately results in the best outcomes for servicemembers and veterans.

One of the most critical challenges remaining is properly diagnosing mild and moderate TBI. Reliance on self-reporting, the misdiagnosing of symptoms, and sometimes the lack of an easily identifiable traumatic event are all elements that make it more difficult to get the proper care to these veterans and servicemembers. An aggressive and proactive approach to screening using the latest innovations is necessary.

I thank our witnesses for being here today and I look forward to your testimony. Veterans suffering with TBI have demonstrated courage on the battlefield and they continue to do so in their recovery. Together we can improve the care and services available to them.

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