



SECURING THE NECESSARY NEUROLOGICAL CARE FOR COMBAT VETERANS WITH TRAUMATIC BRAIN INJURY

The American Academy of Neurology (AAN), representing over 20,000 neurologists and neuroscience professionals, believes that our veterans deserve the best possible care and treatment for neurological injuries sustained in their service to our country. The conflicts in Iraq and Afghanistan have created an emerging epidemic of traumatic brain injury (TBI) among combat veterans. TBI is associated with cognitive dysfunction, post-traumatic epilepsy, headaches and other motor and sensory neurological complications.

It is essential that the federal government allocate the resources to ensure all veterans have access to the necessary neurological interventions and long-term treatments that their injuries require. Specifically, the AAN strongly advocates that the following actions be taken:

1. Congress should fund and the Department of Defense (DoD) should fully implement pre- and post-deployment cognitive and memory screening of all active duty and reserve personnel.
2. DoD should undertake all steps necessary to permit the differential diagnosis of traumatic brain injury of all military personnel returning from deployment to measure potential exposure to percussive blasts, whether or not such exposure required or resulted in medical attention and whether such exposure may have resulted in TBI.
3. Congress should mandate and DoD should implement a system-wide approach for the proper identification, management, and surveillance of individuals who sustain a TBI and exposure to percussive injuries.
4. Given the likely high rate of post-traumatic epilepsy that soldiers with TBI will experience, Congress should authorize and the Veterans Administration (VA) should fully implement a national epilepsy program. This program should include a statutory mandate and the necessary appropriations for Epilepsy Centers of Excellence (CoEs), available to all veterans with epilepsy and related seizure disorders. Congress should authorize no less than six Epilepsy CoEs to ensure adequate geographic distribution and access by veterans to these centers. The VA should also implement epilepsy referral clinics in all Veterans Integrated Service Networks (VISNs).
5. Congress should appropriate adequate funds to improve the integration and coordination of neurology, mental health and rehabilitative services in the VA's polytrauma program. The Neurology and Mental Health Services should become equal partners with the Rehabilitation Services with respect to TBI in the polytrauma centers and subsequent initiatives involving TBI.
6. Congress should require an expansion in telehealth and telemental health services offered by the VA to improve the surveillance and treatment of veterans with TBI and related seizure disorders. This should include transmission and review of EEG recordings to VA epileptologists for interpretation as needed. Ongoing outreach to veterans suffering TBI is essential, especially those who are discharged and return to rural communities.
7. Congress should authorize and VA should implement a national program to train veterans who have experienced a TBI, their family caregivers and personal care attendants in the skills necessary to manage the long-term consequences of TBI and post-traumatic epilepsy.
8. DoD should form a consensus panel comprised of front-line and first-level health providers and individuals with expert knowledge and specialty training in TBI, such as neurologists, neurosurgeons, psychiatrists and rehabilitation specialists, to assist in the implementation of these recommendations.

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