

AAN Testifies To Senate on Veterans' TBI Bill

By Stephanie Cajigal

Soldiers returning from Iraq or Afghanistan after a traumatic brain injury (TBI) should be periodically assessed for symptoms of post-traumatic epilepsy, said John Booss, MD, former national director of neurology at the Department of Veterans Affairs (VA), in testimony provided to the Senate on behalf of the AAN.

Dr. Booss spoke to the Senate Committee on Veterans' Affairs on May 23 in support of the *Veterans Traumatic Brain Injury Rehabilitation Act*, a bill that calls for improved services for vet-

and Ranking Member Sen. Larry Craig (R-ID) are the bill's co-sponsors.

"The consequences of a TBI may change with time and new symptoms may develop," Dr. Booss said. "For example, individuals with TBI may develop post-traumatic seizures months or years after the injury." He urged the Senate committee to include a measure to authorize and fund six VA Epilepsy Centers of Excellence, which would focus on research, education, and training in the diagnosis and treatment of epilepsy.

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erans with TBI. Specifically, the bill would establish more rehabilitation centers closer to veterans' homes; provide VA physicians with opportunities to expand their TBI expertise; and require the VA to create a multidisciplinary rehabilitation plan for each veteran with TBI as well as assisted-living programs for those living with the long-term effects of an injury. Committee Chairman Sen. Daniel Akaka (D-HI)

"We are concerned that the VA lacks a national program for epilepsy with clear guidelines on when to refer patients for further assessment and treatment of epilepsy," Dr. Booss said.

Although the VA created health centers that specialized in epilepsy starting in 1972, these centers languished in the 1990s because of a lack of funds, Dr. Booss said.

He cited VA-funded research that



Dr. John Booss: "We are concerned that the VA lacks a national program for epilepsy with clear guidelines on when to refer patients for further assessment and treatment of epilepsy."

found that 53 percent of veterans who suffered TBI in Vietnam developed epilepsy within 15 years. These veterans' risk for developing epilepsy more than 10 to 15 years after their injury was 25 times higher than their age-related civilian cohorts (*Neurology* 1985;35:1406-1414). "As neurologists,

we believe that the rate of epilepsy from blast TBI will also be high," he said.

In order to reach veterans who live in rural areas, the epilepsy centers should expand their telemedicine capacity, Dr. Booss said. VA doctors could transmit patients' EEGs and MRIs for review at different VA locations, thus establishing a nationwide monitoring program of post-traumatic epilepsy, he added.

His testimony is the latest in the Academy efforts to improve rehabilitation for veterans with TBI. In March the AAN publicly endorsed another Senate bill, the *Heroes at Home Act*, which calls for the government to assess the cognitive functioning of troops before and after their tours of duty, in order to screen for the effects of TBI. On April 2 the VA began TBI screening of all Iraq and Afghanistan veterans seeking care within its health-care system.

AAN legislative affairs counsel Mike Amery said the Academy is "very optimistic" about its chances of getting Congress to approve an epilepsy centers of excellence bill. It expects Congressman Ed Perlmutter (D-CO) to introduce such a bill in the next few weeks, he said. ■

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