

Brain Injury
Association
of America



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Creating a better future through brain injury prevention, research, education and advocacy

March 30, 2008

The Honorable Dave Obey
Chairman
House Appropriations Subcommittee on Labor,
Health and Human Services, Education and Related Agencies
2358 Rayburn House Office Building
Washington, DC 20515

The Honorable James T. Walsh
Ranking Member
House Appropriations Subcommittee on Labor,
Health and Human Services, Education and Related Agencies
1016 Longworth House Office Building
Washington, DC 20515

Dear Mr. Chairman and Ranking Member Walsh:

Thank you for the opportunity to submit this written testimony with regard to the FY 2009 Labor-HHS-Education appropriations bill. My testimony is on behalf of the Brain Injury Association of America (BIAA), our national network of state affiliates, and hundreds of local chapters and support groups from across the country.

A traumatic brain injury (TBI) is a blow or a jolt to the head that temporarily or permanently disrupts brain function – i.e. who we are and how we think, act, and feel. In the civilian population alone very year, more than 1.5 million people sustain brain injuries from falls, car crashes, assaults and contact sports. Males are more likely than females to sustain brain injuries. Children, teens and seniors are at greatest risk.

And now we are seeing an increasing number of servicemembers returning from the conflicts in Iraq and Afghanistan with TBI, which has been termed one of the signature injuries of the War. The Army's Traumatic Brain Injury Task Force, released this past January, reported estimates that up to 20 percent of Marines and soldiers returning from Afghanistan and Iraq might have experienced brain injuries. This means that possibly upwards of 150,000 American troops have been, or will be, impacted by TBI as a result of ongoing combat operations. Many of these returning servicemembers are undiagnosed or misdiagnosed and subsequently they and their families will look to community and local resources for information to better understand TBI and to obtain vital support services to facilitate successful reintegration into the community.

For the past 11 years Congress has provided minimal funding through the HRSA Federal TBI Program to assist States in developing services and systems to help individuals with a range of service and family support needs following their loved one's brain injury. Similarly, the grants to state Protection and Advocacy Systems to assist individuals with traumatic brain injuries in accessing services through education, legal and advocacy remedies are woefully underfunded. Rehabilitation, community support and long-term care systems are still developing in many States, while stretched to capacity in others. Additional numbers of individuals with TBI as the result of war-related injuries only adds more stress to these inadequately funded systems.

BIAA was gravely disappointed that last year, even as Congress had the good judgment to add hundreds of millions dollars to the budgets of the Department of Defense and the Department of Veterans Affairs to help address the problem of TBI among returning servicemembers, funding for the HRSA Federal TBI Program was reduced from \$8.91 million to \$8.754 million.

If I may, I would like to provide you with an example of the disconnect which results as a consequence of these appropriations decisions. Last year's reduction in funding for the HRSA Federal TBI Program means that one of our state affiliates - the Brain Injury Association of New York (BIANYS) – whose work has been supported through the HRSA Federal TBI Program, now may face reduced funding to support its current efforts to develop relationships with the New York State Division of Veterans Affairs in order to assist returning servicemembers with TBI and their families through the provision of training, education, collaboration, and outreach services.

BIAA respectfully urges you to provide States with the resources they need to address both the civilian and military populations who look to them for much needed support in order to live and work in their communities.

With broader regard to all of the programs authorized through the TBI Act, BIAA specifically requests:

- **\$9 million** for the Centers for Disease Control and Prevention TBI Registries and Surveillance, Prevention and National Public Education/Awareness;
- **\$15 million** for the Health Resources and Services Administration (HRSA) Federal TBI State Grant Program; and
- **\$6 million** for the HRSA Federal TBI Protection & Advocacy (P&A) Systems Grant Program.

In addition, BIAA urges you to provide sufficient funding in FY 2009 to enable the National Institute on Disability and Rehabilitation Research (NIDRR) within the Department of Education to sustain and increase its medical rehabilitation research portfolio and to continue its annual allocation of at least \$8.3 million to fund 16 TBI Model Systems research centers. The FY2008 Defense Authorization bill, which was recently signed into law, includes specific language directing new TBI research efforts within the Department of Veterans Affairs to collaborate with NIDRR TBI research programs, such as the TBI Model Systems of Care. The TBI Model Systems of Care program has established a vital national network of expertise and research in the

field of TBI, and weakening this program would have deleterious effects on both military and civilian populations.

Last year, Congress provided \$900,000 in additional stopgap funding for the TBI Model Systems of Care program in order to maintain 16 valuable TBI research centers around the country, and to prevent the nation's valuable TBI research capacity from being diminished. It is essential that Congress maintain this investment.

Furthermore, BIAA urges increased support for medical rehabilitation research at NIDRR, which is the country's lead federal agency on rehabilitation and disability research. In addition to the challenges of flat funding for NIDRR for at least the past five fiscal years, the agency has recently signaled an intent to narrow its focus to emphasize research of interest to its parent agency, the Office of Special Education and Rehabilitative Services (i.e., employment and vocational rehabilitation research) at the expense of research related to health and function, particularly medical rehabilitation research. NIDRR appears to be making a conscious effort to move away from a long-term, key aspect of the NIDRR research portfolio; improving the health and functioning of people with disabilities. Given the multi-dimensional character of the disability experience, NIDRR's scope needs to transcend the specific federal department and agency in which it is currently located.

In the recent past, NIDRR has eliminated funding for:

- A rehabilitation research and training center (RTC) on neuromuscular disease, the only federal source for rehabilitation research funding for persons with conditions such as ALS, muscular dystrophy, and peripheral nerve diseases;
- An RTC on arthritis and related musculoskeletal conditions;
- An RTC on health and wellness of people with spinal cord injuries; and
- An RTC on community integration of individuals with traumatic brain injury, one of the key aspects of functioning with a TBI over the long term.

Each of these grants were funded at \$800,000 per year for a five-year period. Each of these centers developed valuable insight and disseminated meaningful information that improved the lives of these disability groups during the course of these grants.

To make matters worse, NIDRR recently announced that grant announcements for four additional RTCs would be delayed and reformulated to focus attention on employment and vocational rehabilitation. These announcements may or may not be released over the remainder of this fiscal year. The four RTCs that have been delayed address the areas of Multiple Sclerosis, stroke, aging with a disability, and the psychiatric aspects of disability.

In order to preserve the valuable health and functioning research capacity developed by NIDRR over three decades, BIAA recommends that Congress increase the President's FY 2009 request by \$3.2 million in new federal dollars in order to reinstate the four RTCs that were eliminated over the course of the past six months, and explicitly direct that these funds be used for the purposes of continuing these RTCs through a competitive grant process.

As for the four delayed RTCs addressing Multiple Sclerosis, stroke, aging with a disability, and the psychiatric aspects of disability, BIAA requests that Congress impress upon NIDRR in FY 2008 the importance of preserving the traditional focus of these research centers and direct NIDRR to expeditiously reissue competitive grant announcements for these critical research centers.

Thank you for this opportunity to testify. BIAA appreciates your leadership and looks forward to working with you in the months and years ahead to not only maintain, but enhance funding for federal TBI programs.

Sincerely,

A handwritten signature in black ink that reads "Susan H. Connors". The signature is written in a cursive, flowing style.

Susan H. Connors, President/CEO
Brain Injury Association of America