



8201 Greensboro Drive
Suite 611
McLean, VA 22102
1-800-444-6443
www.biausa.org

Each year in the United States, an estimated 1.4 million people sustain a TBI.¹

Each year in the United States, an estimated 80,000 to 90,000 people experience the onset of long-term disability associated with a TBI.¹

Direct medical costs and indirect costs (such as lost productivity) of TBI are estimated at \$60 billion annually. This number does not take into account returning military service personnel with TBI.²

At Least 5.3 million individuals have a long-term disability as a result of TBI.¹

TBI: The Invisible Injury

U.S. Department of Education

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury. The injury is caused by falls, motor vehicle crashes, assaults and other incidents. Blasts are a leading cause of TBI for active duty military personnel in war zones.

Any TBI—whether diagnosed as mild, moderate or severe—can temporarily or permanently impair a person's cognitive skills, interfere with emotional well-being and diminish physical abilities.

Individuals with TBI may experience memory loss; concentration or attention problems; slowed learning; and difficulty with planning, reasoning, or judgment. Emotional and behavioral consequences include depression, anxiety, impulsivity, aggression, and thoughts of suicide.

Physical challenges of TBI may include fatigue, headaches, problems with balance or motor skills, sensory losses, seizures, and endocrine dysfunction. TBI often leads to respiratory, circulatory, digestive, and neurological diseases, including epilepsy, Alzheimer's disease, and Parkinson's disease.

Poor outcomes after TBI result from shortened length of stays in both inpatient and outpatient medical settings; insurance coverage denials for rehabilitative treatment; and inadequate funding for public services. Too often individuals with TBI are prematurely discharged to untrained, unsupported family caregivers or inappropriately placed in nursing homes, psychiatric institutions or correctional facilities.

Maximal recovery and long-term health maintenance for people with brain injury can only be achieved through a comprehensive, coordinated neurotrauma disease management system providing for immediate treatment, medically-necessary rehabilitation, and supportive services delivered by appropriately trained TBI specialists in the public and private sectors.

The Brain Injury Association of America and its nationwide network of advocates call on Congress to enact and fully fund balanced, coordinated and responsible public policy that provides for basic and applied research; acute inpatient and outpatient treatment and rehabilitation; long-term disease management, and appropriate, accessible social services and supports following neurotrauma.

Traumatic Brain Injury Needs U.S. Department Education

**National Institute on Disability and Rehabilitation Research Funding
\$30 million in FY 2008**

Private sector payers point to the lack of evidence-based research as a primary reason for coverage denial of medically-necessary inpatient and outpatient rehabilitative treatment for individuals with TBI, particularly for those who need behavioral health services and cognitive re-training. The first step to eradicating this health care disparity requires substantially increased appropriations for applied research conducted by the National Institute on Disability and Rehabilitation Research (NIDRR).

The needs and expectations of NIDRR's TBI-related research program are extraordinary and include development and testing of practice parameters, innovative treatment interventions, and novel diagnostic procedures as well as identification of adverse outcomes and associated risk factors plus maintenance of the only nonproprietary longitudinal database on the course of recovery following TBI. Currently, this work is undertaken with a paltry allocation of \$7.5 million annually.

In addition to their applied research responsibilities, NIDRR grantees serve as informal resource points/technical assistance providers for research and clinical issues in brain injury, increasingly so among VA Centers and military bases caring for blast injury survivors. Grantee institutions are the proving ground for tomorrow's researchers and clinicians.

Advocates strongly urge Congress to allocate line-item funding of \$30 million in FY 2008 to adequately support NIDRR's TBI-related research programs, including the TBI Model Systems of Care; Rehabilitation Research and Training Centers on TBI; and field-initiated research projects to improve health outcomes and quality of life for individuals with TBI such as the development and evaluation of technology, expansion of TBI training among diverse rehabilitation disciplines, and the translation of knowledge to clinical settings. Further, advocates recommend Report Language requiring NIDRR to disseminate its TBI research progress to Congress.



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59% of those exposed to a blast and seen at Walter Reed Army Medical Center between Jan 03 and Feb 05 sustained a TBI.³

U.S. citizens are five times more likely to sustain a TBI than multiple sclerosis, spinal cord injury, HIV/AIDS and breast cancer combined.⁴

Annually, the Federal government spends less than \$3 per brain injury survivor on TBI research and services.⁵

Each year, 475,000 children in the U.S. sustain a TBI.¹

TBI is a leading cause of death and disability among youngsters.⁴

1. CDC, National Center for Injury Prevention and Control, 2006.
2. Finkelstein E, Corso P, Miller T and Associates. *The Incidence and Economic Burden of Injuries in the United States*. New York: Oxford University Press, 2006.
3. Okie, *N Eng J Med* 2005; 352:2043-47.
4. Brain Injury Association of America, 2006.
5. Denkeler, K. The Traumatic Brain Injury Act, *Premier Outlook* 5(1), 35-45.