

**Statement for the Record**  
**Congressman Bill Pascrell, Jr.**



**National Defense Authorization Act for Fiscal Year 2015 Member Priorities**  
**April 5, 2014**

As Co-Chair and Co-Founder of the Congressional Brain Injury Task Force, I have spent the last thirteen years fighting for patients with brain injuries, both on and off the battlefield. We all know that traumatic brain injury (TBI) is the signature wound of the conflicts in Iraq and Afghanistan, and while we made great progress on ensuring our soldiers have the best care, there is still more work to be done.

The high rate of TBI and blast-related concussion events resulting from current combat operations directly impacts the health and safety of individual service members, and subsequently the level of unit readiness and troop retention. The Department of Defense (DoD) is actively seeking strategies to prevent, mitigate, and treat blast-related injuries, including TBI.

The DoD's Peer-Reviewed Psychological Health and TBI Research Program conducts extensive research on TBI; however, little is known about primary blast injury and its connection to TBI. Primary blast injury occurs when an explosion generates a blast wave traveling faster than sound and creating a surge of high pressure immediately followed by a vacuum. Studies show that the blast wave shoots through armor and soldiers' skulls and brains, even if it doesn't draw blood. Researchers still do not know the exact mechanisms by which primary blast injuries damages the brain's cells and circuits. However, the blast wave's pressure has been show to compress the torso, impacting blood vessels, which then send damaging energy pulses into the brain. The pressure can also be transferred partially through the skull, interacting with the brain. Understanding how a primary blast injury affects the brain is imperative to developing appropriate prevention measures, including ensuring proper equipment.

**I recommend that the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2015 direct the Department of Defense to conduct a study on blast injury mechanics covering a wide range of primary blast injury conditions, including TBI, in order to accelerate solution development in this critical area.**

Another issue I would urge the Committee to address in the NDAA for FY 2015 is the establishment of public-private partnerships to address TBI. Fortunately, the government agencies and for-profit and non-profit entities working to address TBI are wide-ranging. Unfortunately, this often leads to these entities operating in silos with limited collaboration or exchange of information and resources. This is particularly pronounced between entities that work on TBI among the civilian population and those that work on TBI among the military population. Increasing collaboration and cooperation between agencies doing work on civilian and military TBI not only furthers our shared goal of ensuring proper prevention, diagnosis, and treatment of TBI, but is also an efficient use of limited government resources.

The Internet has been an important tool in reaching TBI survivors and their families. Public-private partnerships have provided millions of families with access to information, resources, and the latest developments in the area of TBI diagnosis and treatment. Unfortunately, one of the most successful, BrainLine.org, recently came to an end. One of the most important things I've learned since I began working on this issue is that TBIs do not discriminate. They impact people from all walks of life, at all different stages of life. But many of the experiences are the same.

**I recommend that the NDAA for FY 2015 direct the Defense and Veterans Brain Injury Center at the Defense Centers of Excellence to enter into a public-private partnership to create a national online resource for civilian and military TBI survivors offering information and resources about preventing, treating, and living with traumatic brain injury.**

I hope that going forward, these recommendations will be factored into the research and funding undertaken by the DoD. With continued work and adequate funding for research and treatment for PTSD and TBI, I know our service members will be able to attain improved health outcomes, live more productive and satisfying lives, and ultimately, save our nation millions of dollars in future care costs.