Prepared Statement for the Record

House Committee on Veterans Affairs

Hearing on Traumatic Brain Injury Care in the Veterans Health Administration

From

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Chairman, Ranking Member, and Members of the Committee:

Thank you for the opportunity to discuss the care of Veterans with traumatic brain injury (TBI) and the role of the Neurology Centers of Excellence within the Veterans Health Administration (VHA). It is an honor to represent the clinicians, researchers, and staff who care for Veterans living with the enduring consequences of TBI.

After 35 years of federal service, I retired from the Department of Veterans Affairs (VA) on September 30, 2025. At the time of retirement, I was the Executive Director of the national Neurology Clinical Programs and had supervisory responsibility for the 4 national networks of neurology Centers of Excellence (CoEs) and 3 national neurology tele-programs. My statement expresses my own opinions and is endorsed by the Board of Directors of AVANS.

Traumatic brain injury (TBI) remains one of the defining injuries of modern military service. While some injuries are immediately apparent, many TBIs—particularly mild TBIs and concussions—produce symptoms that may persist for months or years and are often invisible to others. Symptoms may begin months or even years following injury. Veterans with TBI frequently experience chronic headaches, seizures, cognitive changes, sleep disturbances, mood and behavioral symptoms, and, in some cases, increased long-term neurological risk. These effects can interfere with employment, relationships, and overall quality of life. For many Veterans, TBI is not a single episode of care; it is a chronic neurological condition requiring coordinated, longitudinal management.

The Neurology Centers of Excellence play a central role in meeting that need. TBI is neurologically complex and often intertwined with other conditions such as post-traumatic stress disorder (PTSD), chronic pain, substance use disorders, and orthopedic injuries. Accurate diagnosis and effective treatment require subspecialty expertise in areas such as epilepsy, headache medicine, and neurodegenerative disease. The Centers of Excellence ensure that this expertise is available across our national system and that Veterans receive care aligned with the best available evidence, regardless of geography.

For example, chronic headaches are the most common long-term sequela of TBI. The network of Headache CoE hubs and sites provide integrated, multidisciplinary care for refractory migraine and other headache disorders, often achieving significant improvements in function and quality of life that years of isolated care, whether in VHA or in the community, have failed to provide. The risk of epilepsy is increased both in the short-term and long-term following TBI. The VHA network of Epilepsy CoEs provide advanced diagnostic services such as inpatient video and electroencephalographic monitoring to confirm the diagnosis of epilepsy and determine the optimal medical, or in refractory cases surgical therapies. Veterans having episodic events may be found after diagnostic evaluation to have a functional disorder, paroxysmal nonepileptic seizures (PNES). More common in Veterans than in the general population, and often coexisting with PTSD, the VHA Epilepsy CoEs have pioneered the development and implementation of a network of clinicians trained in Neuro-Behavioral Therapy that effectively treats this disorder but is generally not available outside VHA. The incidence of neurodegenerative disorders such as Parkinson's disease and Alzheimer's disease is increased in Veterans with a history of TBI. To address the former, the VHA Parkinson's Disease Research, Education and Clinical Centers (PADRECCs) provide access to experts in Parkinson's Disease and other movement disorders for both diagnosis and management of therapies.

One of the most important contributions of the Neurology Centers of Excellence is the standardization of care across VHA. As the largest integrated healthcare system in the country, VHA serves Veterans in urban tertiary medical centers as well as in rural community clinics. Without systemwide coordination, practice patterns can vary. The Centers develop and disseminate evidence-based clinical pathways for the evaluation and management of post-traumatic headache, seizure disorders, cognitive impairment, and other neurological sequelae of TBI. They support clinical consultation networks and quality oversight processes that reduce unwarranted variation and promote consistent, high-quality care. A Veteran in a rural facility should receive the same standard of neurological assessment and management as a Veteran treated in one of our flagship medical centers. This may be achieved through virtual modes such as video telehealth and remote interpretation of studies such as electroencephalograms (EEGs), as well as through in-person care by interfacility referral. There is a national shortage of neurologists, especially in rural areas. The CoE networks allow Veterans anywhere to receive the benefits of neurology subspecialist care and oversight that is unavailable in rural areas, which often lack even general neurologists.

The Centers also operate in close partnership with VA's Polytrauma Rehabilitation System and rehabilitation medicine programs. Moderate and severe TBI frequently occurs in the context of polytrauma, and even mild TBI is often accompanied by comorbid psychiatric and physical conditions. Effective care demands coordination across neurology, mental health, physical medicine and rehabilitation, pain management, social work, and primary care. The Neurology Centers of Excellence strengthen these interdisciplinary connections and help ensure that Veterans receive comprehensive rather than fragmented care. This multidisciplinary coordinated care is generally unavailable within other health care systems, especially in rural or underserved areas of the country.

Access is another critical dimension of VHA care. Many Veterans live far from major medical centers. Through tele-neurology services, electronic consultation models, and remote

interpretation of diagnostic studies such as electroencephalograms, the Centers extend subspecialty neurological expertise into rural and underserved areas. This model reduces travel burdens, shortens time to specialty input, and promotes equity in access to care.

Advanced diagnostic and therapeutic capabilities are also concentrated within the Centers of Excellence. Veterans with refractory post-traumatic epilepsy, chronic migraine and post-traumatic headache syndromes, functional neurological disorders, or complex cognitive impairment benefit from referral to clinicians with focused subspecialty training. The Centers serve as referral hubs for these complex cases while also supporting frontline clinicians managing less complicated presentations.

In addition to direct clinical care, the Neurology Centers of Excellence serve as engines of translation from research to practice. The VHA's integrated electronic health record and large Veteran population uniquely position it to conduct longitudinal research on TBI and its long-term neurological consequences. The Centers participate in and support VA-funded research efforts, evaluate emerging diagnostic tools and biomarkers, and integrate new evidence into clinical pathways. This research-to-practice cycle ensures that Veterans benefit from advances generated within the very system designed to serve them.

The Centers also contribute meaningfully to opioid stewardship. Chronic post-traumatic headache and pain are common following TBI. In the past, these conditions often led to significant opioid exposure. Neurology specialists within the Centers promote evidence-based, multimodal approaches to headache and pain management that reduce reliance on opioids and enhance patient safety. Close collaboration with mental health and addiction medicine services further strengthens the ability to mitigate risk while addressing suffering.

Workforce development is another essential function. The Centers provide education and training to neurologists, advanced practice providers, and primary care clinicians throughout the system. Through continuing education programs, case conferences, and clinical decision support tools, they build durable capacity across VHA rather than concentrating expertise in isolated locations. This investment in education ensures that expertise remains embedded within the broader system of care.

The impact of these efforts is seen in earlier identification of neurological complications, more precise diagnosis that distinguishes TBI-related symptoms from overlapping psychiatric and neurologic conditions, improved management of seizures and headaches, reduced avoidable emergency utilization, and better functional outcomes. Importantly, the Centers support long-term surveillance of Veterans with TBI who may face elevated risk for later neurological conditions, ensuring that care does not end once the acute injury has stabilized.

Given the central role of the neurology CoEs to the care of Veterans with TBI, as well as other neurological conditions, it is concerning that the Centers face several operational challenges. Budgets have generally increased in recent years, but often unpredictably. The neurology Centers are based within VA Medical Centers and their staff are hired locally. Even though CoE operations are supported through national specific purpose funds, individual medical centers may be reluctant to hire new staff if future funding may be cut or fail to provide for annual cost-of-

living and other increases. Due to the recent focus on downsizing VHA staffing, a number of key positions are currently vacant due to clinical and administrative staff reassignment, resignation to accept positions outside VHA, or opting for early or standard retirement. Key vacancies include positions of national significance. such as regional CoE Directors and national CoE network administrators, as well as local CoE clinicians and other staff. In times of uncertainty concerning the stability and desirability of federal employment, vacancies are proving hard to fill, and declinations of VHA job offers are now common. Even though full-time CoE hires are permitted under current policy, confusion remains regarding the rules and limits pertaining to CoE staffing. This can unintentionally place the Centers in competition with the host facilities for hiring.

The neurology Centers must retain large populations of Veterans to pursue their clinical, training and research missions. Recent trends to outsource Veteran care to the community threaten the ability to deliver on these missions. Further, measures that would use VA appropriations to fund extramural research related to TBI, such as the proposed BEACON Act, if passed, could drain vital resources from ongoing research, training and clinical programs, diverting funds to institutions with uncertain track records and limited experience working with the Veteran population.

A final concern, one not limited to the neurology CoEs but relevant to clinical care throughout VHA at the present time, is the changes in the workplace environment and culture in which VHA employees provide care. The VHA has long promoted the path to becoming a high reliability organization, with an obsessive attention to accuracy and avoidance of clinical errors, in a climate of psychological safety that encourages reporting of mistakes and "near misses" in a concerted effort to prevent patient harm. Unfortunately, these principles appear to be in abeyance at present. Clinicians are anxious about the security of their jobs due to real or threatened staffing reductions or reassignments, are stretched thin due to increased vacancies that go unfilled following staff departures, and in some cases are forced into cramped, inadequate space in overcrowded VA medical centers due to the return to office mandate. Restoration of psychological safety and a positive workplace culture and environment will ensure optimal safety for all Veterans cared for in VHA facilities.

In closing, the Neurology Centers of Excellence function as force multipliers within the Veterans Health Administration. They standardize care across a vast national system, extend subspecialty expertise to rural communities, translate research into clinical practice, strengthen patient safety, and support interdisciplinary, lifelong management of traumatic brain injury. TBI is not simply an acute event; for many Veterans, it is a lifelong condition. It is an obligation to provide coordinated, evidence-based neurological care that honors their service and addresses both immediate and long-term needs. The neurology Centers help Veterans with TBI on their journey from disability to fully functional, employed, and productive members of their communities. Adequate funding of the Centers, appropriate hiring authority for Center staff, and an improved work culture and environment generally, are required to allow the Centers to continue to provide optimal care to all Veterans in need of their expertise, including those with a history of TBI.

Thank you for your continued oversight and support of Veteran healthcare.