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May 31, 2007

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:

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, I am writing to you with regard to the FY 2008 Labor-HHS-Education appropriations bill.

BIAA respectfully requests an allocation of \$30 million for programs conducted by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB) as authorized by the Traumatic Brain Injury Act of 2000. Further, BIAA urges your consideration of line-item funding in the amount of \$30 million to fund the National Institute on Disability and Rehabilitation Research's (NIDRR) TBI-related research programs, including TBI Model Systems of Care, to ensure continuous support of vital translational research on brain injury.

A traumatic brain injury (TBI) is caused by a sudden jolt, blow or penetrating trauma to the head that disrupts brain function. Every year, 1.4 million Americans sustain a TBI, 475,000 of those injuries are to children. According to the CDC *at least* 5.3 million Americans have a long-term disability as a result of TBI – that's about 2 percent of the US population. The cost to society in 2001, the latest year for which figures are available, was \$60 billion.

There is an urgent need for a national TBI public health infrastructure and for TBI translational research. The need is heightened by the staggering number of service members returning from Iraq and Afghanistan with life-altering, sometimes devastating, traumatic brain injuries. While returning service members may receive direct health care services through the Department of Defense and the Department of Veterans Affairs, they eventually will return to live in communities. Many aspects of their long-term care will depend on the civilian TBI public health infrastructure.

Chairman Obey and Ranking Member Walsh
May 31, 2007
Page Two

Additionally, service members will join the millions of civilians whose lives stand to be improved by research that discerns what works best in brain injury treatment and rehabilitation. Now is the time to bolster funding for TBI Programs within the CDC, HRSA/MCHB, and NIDRR to move toward coordinated and balanced public policy in prevention, education, research and community-living for people living with TBI and their circles of support.

The Brain Injury Association of America recommends for FY 2008:

- **NIDRR TBI-Related Research Programs: \$30 million**
- **Line Item Status for NIDRR TBI-Related Research Programs**
- **CDC TBI Surveillance, Registries and National Education/Public Awareness: \$9 million**
- **HRSA/MCHB TBI State Grant Program: \$15 million**
- **HRSA/MCHB TBI Protection and Advocacy Program: \$6 million**
- **NIH: Basic and Applied Research and Rehabilitation: Report Language Requested**

We request that the NIH build upon its work in brain injury rehabilitation at the National Center on Medical Rehabilitation and Research (NCMRR) to continue expanding basic research and translational clinical research on traumatic brain injury through the National Institutes on Neurological Disorders and Stroke (NINDS). NCMRR has awarded grants to eight sites and a Data Center to establish the Nation's first Cooperative Multi-Center Traumatic Brain Injury Clinical Trials Network.

Therefore, we request that you include report language to ensure that NINDS increase core funding to \$2 million for each of these academic Centers. Further, we request that NINDS dedicate \$1 million for funding a new coordinating and administrative network for the Centers. We also request that NINDS dedicate funding to establish a new category of training grants to incentivize individuals to pursue careers in TBI bench science research.

We recognize the difficult decisions the Committee must make during this year's budget process, but given the situation at hand, we strongly urge you to ensure that TBI programs are treated as top priorities during this year's appropriations process so that these critical programs can adequately support returning service members and civilians alike living with brain injury, as well as their families. We appreciate your leadership and look forward to working with you in the months and years ahead to not only maintain, but enhance funding for federal TBI programs.

Sincerely,



Susan H. Connors
President/CEO