



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUN 12 2008

HEALTH AFFAIRS

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

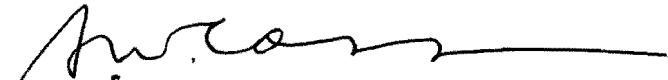
The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and

2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

cc:
The Honorable John McCain
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUN 12 2008

HEALTH AFFAIRS

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510-6050

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

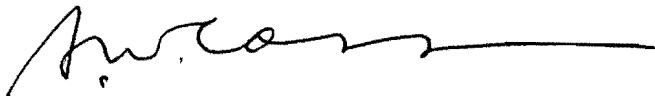
The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional

review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and 2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

cc:
The Honorable Lindsey O. Graham
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

JUN 12 2008

HEALTH AFFAIRS

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and

2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', followed by a long horizontal line extending to the right.

S. Ward Casscells, MD

cc:
The Honorable Duncan Hunter
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515-6035

JUN 12 2008

Dear Madam Chairwoman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.


The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional

review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and 2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

cc:
The Honorable John McHugh
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 12 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510-6025

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

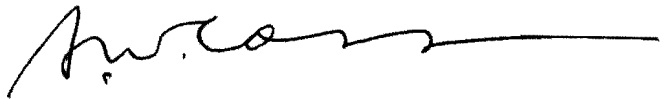
The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and

2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', followed by a long horizontal line extending to the right.

S. Ward Casscells, MD

cc:

The Honorable Thad Cochran
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 12 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510-6028

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional

review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and 2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', followed by a long horizontal line extending to the right.

S. Ward Casscells, MD

cc:
The Honorable Ted Stevens
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6015

JUN 12 2008

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and

2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', followed by a long horizontal line extending to the right.

S. Ward Casscells, MD

cc:
The Honorable Jerry Lewis
Ranking Member



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

JUN 12 2008

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515-6018

Dear Mr. Chairman:

This letter responds to Section 1634(a)(1) of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2008, that requires the Secretary of Defense to describe the progress of the Department of Defense (DoD) in implementing the requirements of Section 721 of the NDAA for Fiscal Year 2007. Section 721 required DoD to conduct a 15-year longitudinal study on traumatic brain injury (TBI) incurred by Service members in Operation Iraqi Freedom and Operation Enduring Freedom.

Long-term outcomes after an individual suffers TBI are not well documented in military or civilian populations. According to the Centers for Disease Control and Prevention (CDC), the World Health Organization, and other advisory panels and commissions, long-term follow-up is needed, and legislation specifies a requirement for longitudinal study of TBI to describe the effects incurred by members of the Armed Forces in Operation Iraqi Freedom and Operation Enduring Freedom. A collaborative group from the Department of Veterans Affairs (VA), CDC, the Uniformed Services University of the Health Sciences, and the Neurotrauma Foundation are advising DoD in developing a 15-year study to meet congressional requirements. The Defense and Veterans Brain Injury Center (DVBIC), which is part of the Department of Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, is leading this effort.

The study will address the long-term physical and mental health effects of TBI, the physical and mental health care and rehabilitation needs, the type and availability of long-term care and rehabilitation, the effects on family members, and the factors influencing recovery. Accurate data on outcomes are essential for the DoD and VA to estimate costs, to determine requirements for treatment, and to plan for the future needs for services and rehabilitation. VA involvement will occur throughout the process and in all periodic and final reports.

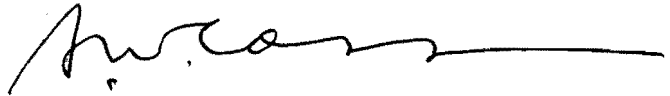
The longitudinal study design is well underway. Scientific review will begin in the fall of 2008, including submission of the design to the participating institutional

review boards. The study will recruit a cohort of veterans in 2009-2010, 2011-2012, and 2013-2014, and annual follow-up interviews will occur from 2009 to 2023. In-person clinical follow-ups will take place at 2, 5, and 10 years after recruitment. DoD will submit reports to Congress at 3, 7, 11, and 15 years after recruitment to summarize cumulative findings. DVBIC will complete an annual review of study methods to take into account new findings and innovations.

The study will follow over 1,200 Service members who incur mild, moderate, severe, or penetrating TBI while in Iraq or Afghanistan, and who are diagnosed at selected medical treatment facilities. A subsample of 400 veterans will undergo in-depth clinical evaluations. CDC and DVBIC will conduct yearly telephone interviews on all sampled Service members. The study will match comparison groups generated by a CDC civilian sample study as well as Service members who did not sustain TBI. Cost projections over the 15-year study are \$23.3 million for military studies and \$4.1 million for the civilian study (unadjusted for inflation).

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Ward Casscells', with a long horizontal flourish extending to the right.

S. Ward Casscells, MD

cc:
The Honorable C. W. Bill Young
Ranking Member