



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

MAR 8 2007

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT Traumatic Brain Injury Questions for the Post-Deployment Health
Assessment

Traumatic brain injury (TBI), whether mild, moderate, or severe, is a significant combat and non-combat health concern. Assessment, treatment and prognosis of TBI is an emerging science. Many affected with mild TBI will recover fully, some will have persistent symptoms, and the full extent of clinical expression and required remedies is not yet clear. We must lean forward to capture data that will contribute to a better understanding of TBI, its identification, and its treatment.

Although a state of the art field screening tool to detect and better manage those with mild or moderate TBI events has been fielded since 2006, I have concluded that we must take additional measures at the time of redeployment and at the time of the post deployment health re-assessment, to ensure that service members who have experienced non-obvious and subtle TBI effects are identified and appropriately followed and managed. To that end, I am incorporating screening questions into the Post Deployment Health Assessment (PDHA, DD Form 2796), the Post Deployment Health Reassessment (PDHRA, DD Form 2900), and the Periodic Health Assessment (PHA, HART-R electronic form), as a paper or electronic addendum, pending revision of the paper or electronic forms.

Effective June 1, 2007, the DD Form 2796 addendum (attached) or electronic equivalent will be used as a part of the PDHA and the PDHRA for all service members returning from deployments, and the PHA for all service members, and will be captured electronically. My point of contact for this action is Colonel Tony Carter, tony.carter@tma.osd.mil, (703) 575-2674.

William Winkenwerder, Jr, MD

Attachment
As stated

cc

Surgeon General, US Army

Surgeon General, US Navy

Surgeon General, US Air Force

Joint Staff Surgeon

Medical Officer of the Marine Corps

Director, Health and Safety, US Coast Guard

Yes No

S1 While deployed, were you exposed to or near a blast, IED explosion, car bomb, suicide explosion, or exposed to any other combat event that caused a blow or jolt to your head?

S2 While deployed, were you involved in a motor vehicle accident, a fall, a sports accident, or any other event that caused a blow to your head or neck whiplash?

I certify that this review process has been completed
Provider's signature and stamp

Date (dd / mm / yyyy)

End of Health Review





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DIRECTOR, JOINT STAFF
DIRECTOR, HEALTH AND SAFETY, US COAST GUARD

SUBJECT Traumatic Brain Injury

Traumatic brain injury (TBI), whether mild, moderate, or severe, is a significant health concern for the Department. Identification, treatment and prognosis of TBI is an emerging science. Many affected with mild TBI recover fully, but some have persistent symptoms. The full extent of clinical symptoms and long term effects is unknown. However, we will lean forward to capture data that will contribute to a better understanding of TBI, especially in terms of its identification, treatment, and long term effects.

It is my intent to integrate the outstanding work completed in this area by the Military Departments into a comprehensive Department of Defense (DoD) program to identify, treat, document, and follow up those who have suffered a TBI while either deployed or in garrison. This program will establish common TBI tools and clinical practice guidelines for screening, assessment, treatment, and follow-up. In addition, it will address TBI surveillance, transition to non-DoD care, long-term care, education and training, and research.

Colonel Tony Carter is my point of contact, and he may be reached at (703) 575-2674 or tony.carter@tma.osd.mil. To ensure success in this effort, please identify your Service expert point of contact by March 9, 2007 to work toward shaping this important program.


William Winkenwerder, Jr., MD



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HEALTH AFFAIRS

MAR 8 2007

Michael Kussman, M D M S , MACP
Acting Under Secretary of Health
Department of Veterans Affairs
810 Vermont Ave, N W
Washington DC 20420-0002

Dear Dr Kussman

Traumatic brain injury (TBI), whether mild, moderate, or severe, is a significant health concern for both our Departments. Identification, treatment and long term prognosis of TBI is an emerging science. Many affected with mild TBI will fully recover, and some will have persistent symptoms. The full extent of clinical effects is unknown.

It is my intent to integrate the outstanding work completed in this area by the Military Departments into a comprehensive Department of Defense (DoD) program to identify, treat, document, and follow up those who have suffered a TBI while either deployed or in garrison. This program will establish common TBI tools and clinical practice guidelines for screening, assessment, treatment, and follow-up. In addition, it will address TBI surveillance, transition to non-DoD care, long-term care, education and training, and research.

Because this topic is of such interest for both the DoD and the Department of Veteran Affairs, we would appreciate your involvement in the creation of the DoD program, to facilitate movement of patient care and information when service members transition to DVA care.

Colonel Tony Carter is my point of contact, and he may be reached at (703) 575-2674 or tony.carter@tma.osd.mil. To ensure success in this effort, I ask you to please have your expert point of contact Colonel Carter as soon as possible to work toward shaping this important program.

Sincerely,

A handwritten signature in black ink that reads "William Winckenwerder, Jr.".

William Winckenwerder, Jr , MD