

Congress of the United States

Washington, DC 20515

September 19, 2008

The Honorable Robert M. Gates
Secretary, U.S. Department of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

Dear Secretary Gates:

A recent study from the Rand Corp. found that almost 20 percent of the men and women returning from the wars in Iraq and Afghanistan may have sustained a traumatic brain injury (TBI) during deployment. These numbers make TBI one of the signature wounds of Operations Enduring Freedom and Iraqi Freedom.

Our nation's wounded warriors deserve world class health care. For this reason, we are concerned that cognitive rehabilitation therapy is excluded for coverage by the military's health care plan TRICARE for brain injury patients. Access to cognitive rehabilitation is a basic element of the continuum of care for brain injury patients and should be covered by TRICARE.

Cognitive rehabilitation is designed to improve cognitive functioning and participation in activities that may be compromised as the result of a brain injury. Brain-injured soldiers often experience difficulties in attention, concentration, memory, problem solving, decision making, insight, and other areas of cognition that can impede their ability to carryout everyday activities. These dysfunctions can jeopardize an individuals' ability engage in social interaction and to live safely, independently, and productively. For these reasons, treatment of these dysfunctions through cognitive rehabilitation is central to the treatment and recovery of individuals with brain injury.

We understand that TRICARE authorities have cited a lack of evidence attesting to the efficacy of cognitive rehabilitation as justification for not covering this treatment. There is, however, substantial evidence to support the use of cognitive rehabilitation in TBI treatment. For example, the National Institutes of Health, the Brain Injury Association of America, and the National Academy of Neuropsychology have all recognized cognitive rehabilitation as a proven treatment for TBI. Accordingly, numerous public and private insurers currently provide coverage for cognitive rehabilitation. In fact, fourteen states included cognitive rehabilitation under their Medicaid Home and Community-Based Services waivers in 2006.

Even the Army's own Traumatic Brain Injury Task Force has highlighted cognitive rehabilitation as a best practice in treating brain injuries. Additionally, the Department of Veterans Affairs Independent Study Course on Traumatic Brain Injury recognizes that cognitive rehabilitation has been shown to be beneficial and should be considered in the treatment of individuals with brain injuries.

Furthermore, the experiences of numerous individuals with TBI who have received cognitive rehabilitation have shown the benefits of treatment. As you know, ABC News Journalist Bob Woodruff, who was injured by a roadside bomb while reporting from Iraq, helped to bring national attention to the issue of traumatic brain injury. Woodruff was able to make tremendous strides towards full recovery and has been widely cited as an example of the strengths and innovations of the military health care system. Woodruff has repeatedly emphasized that cognitive rehabilitation was one of the critical components of his therapy that contributed to his recovery. Unfortunately, this same therapy is not available to the military men and women who are similarly afflicted.

It is also important that soldiers are able to access cognitive rehabilitation services at outside care facilities. While the Department of Defense and the Veterans Administration have made great strides in improving the ability to treat TBI at military and VA hospitals, often the best care for this complex injury is available only from private providers at outside facilities. Given the high incidence of brain injury among our soldiers returning from Iraq and Afghanistan, we must take the appropriate steps to removing the barriers to access to quality care—including allowing soldiers to access needed cognitive rehabilitation from outside providers.

Congress has worked hard over the last two years to ensure that we are honoring our responsibility to the individuals returning from Iraq and Afghanistan. Given the rate of TBI among returning service personnel, it is imperative that TRICARE ensure access to the services that give our soldiers the best possible opportunity to recover and live full and productive lives.

We urge the Department of Defense to provide official TRICARE coverage of cognitive rehabilitation therapies, so that all returning service personnel can benefit from the best brain injury care our country has to offer.

Thank you for your continued service.

Sincerely,



Bill Pascrell, Jr.
Member of Congress



Todd Russell Platts
Member of Congress



Thomas H. Allen
Member of Congress



Jason Altmire
Member of Congress



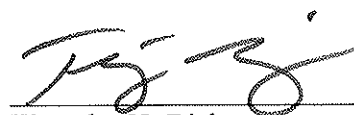
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Member of Congress



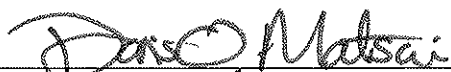
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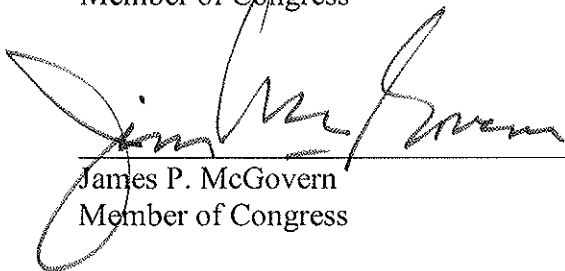
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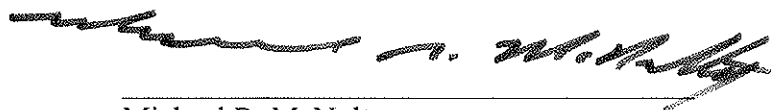
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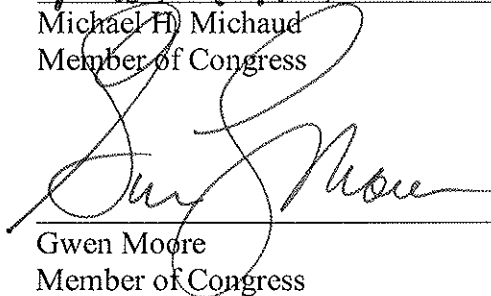
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Candice S. Miller
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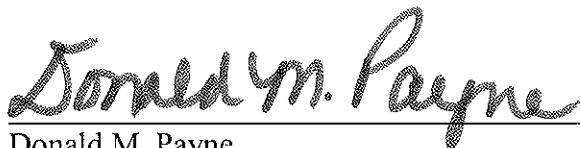
Marilyn N. Musgrave
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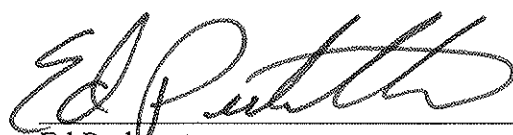
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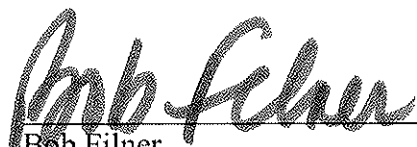
C. A. Dutch Ruppersberger
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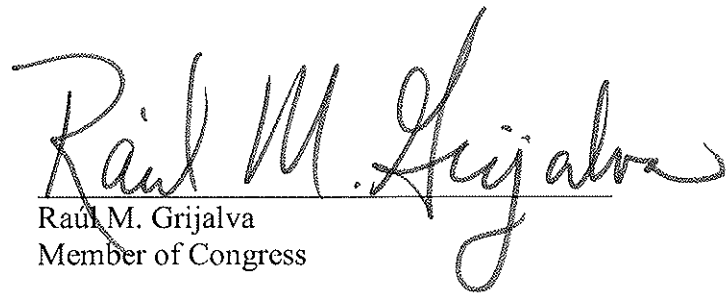
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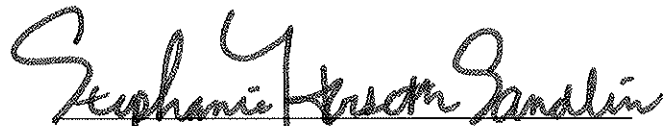
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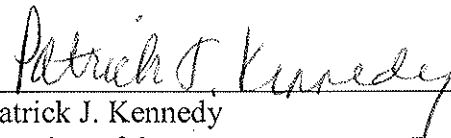
Maurice D. Hinchey
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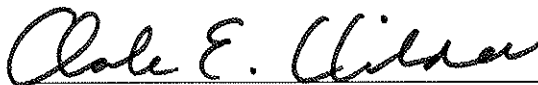
Rush D. Holt
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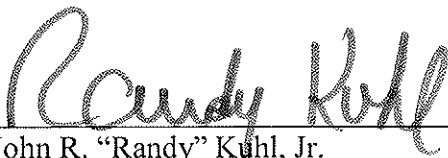
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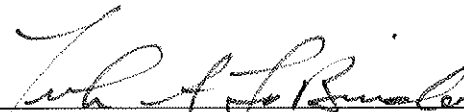
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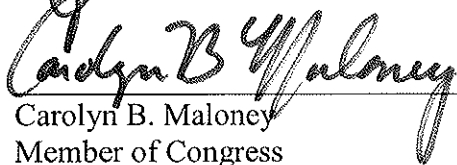
James R. Langevin
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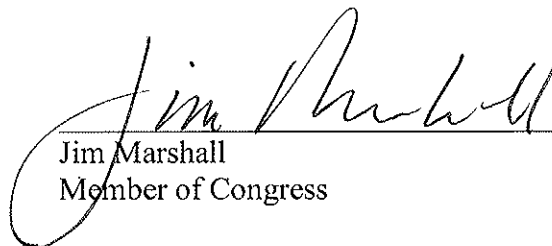
John B. Larson
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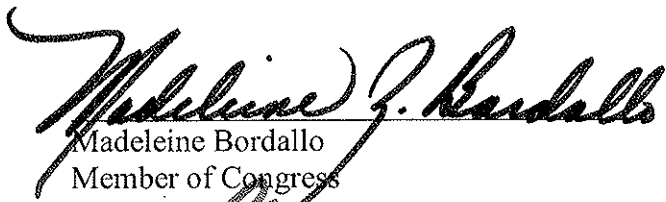
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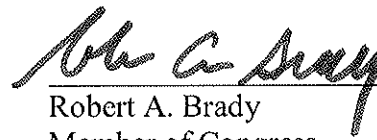


Jim Marshall
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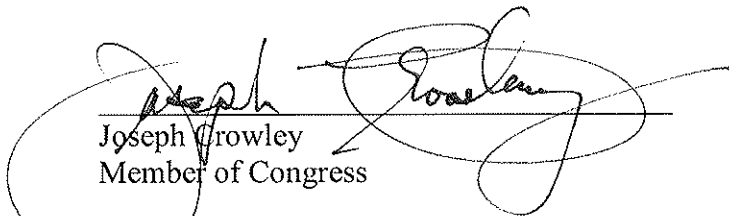

Leonard L. Boswell
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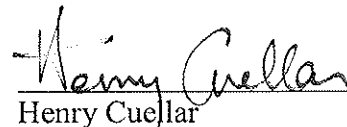

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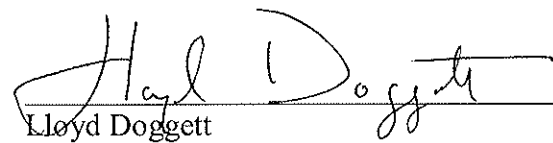

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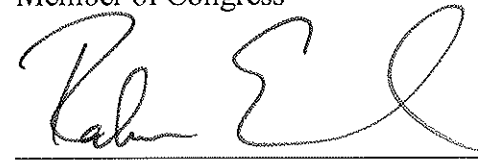

Diana DeGette
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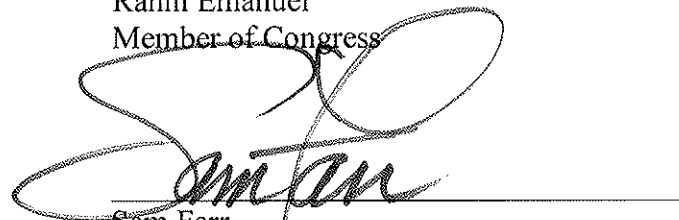

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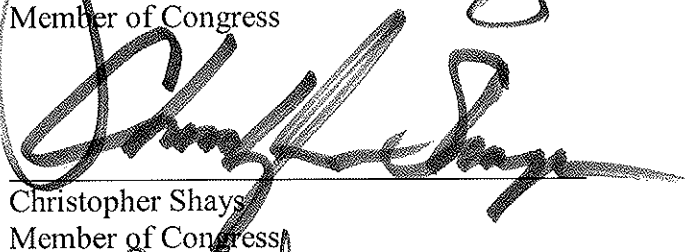

Eliot L. Engel
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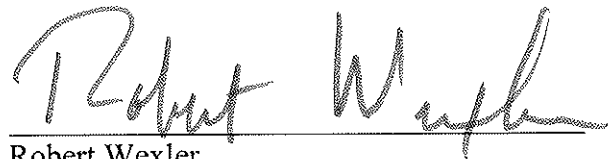
Christopher Shays
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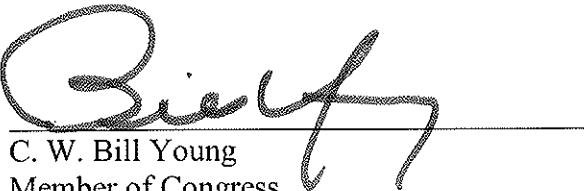
Fortney Pete Stark
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Chris Van Hollen
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Robert Wexler
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C. W. Bill Young
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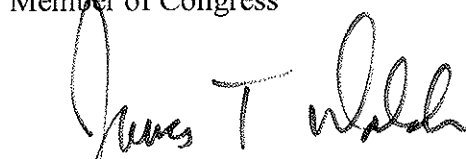
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Christopher H. Smith
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Betty Sutton
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James T. Walsh
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David Wu
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