

## **RESOLUTION 11-13**

**SOURCE:** AMVETS National Headquarters, AK, AZ, DE, FL, IL, KY, ME, MD, MA, MI, MN, NE, NJ, NC, ND, OH, OR, PA, TX, WA, WI

**SUBJECT:** Traumatic Brain Injury

**WHEREAS**, on today's battlefield, polytrauma often results from blast injuries sustained by improvised explosive devices, or by other exploding devices such as a rocket-propelled grenade or landmines, and

**WHEREAS**, it has been reported that approximately 69% percent of injured service personnel will have some degree of Traumatic Brain Injury (TBI) and 22% of all veterans who served in Iraq have TBI, and

**WHEREAS**, according to the VA, animal models of blast injury have demonstrated damaged brain tissue and consequent cognitive deficits, and

**WHEREAS**, the limited data available suggests that brain injuries are a common occurrence from blast injuries and often go undiagnosed and untreated as attention is focused on more "visible" injuries, and

**WHEREAS**, The overarching problem for the Department of Defense (DOD) and the Department of Veterans Affairs (VA) is identifying symptoms due to TBI or PTSD because the symptomology can be similar, and

**WHEREAS**, AMVETS is extremely concerned about the lack of awareness and screening among health care professionals for Traumatic Brain Injury (TBI), and

**WHEREAS**, AMVETS believes that the medical community needs a better understanding of the effects of stress and trauma on the brain and how complications arise from these conditions, and

**WHEREAS**, TBI has its own unique medical origin that should be addressed through a multidisciplinary approach that recognizes TBI as physical injury to the brain: now, therefore, be it

**RESOLVED**, That AMVETS support efforts to improve screening and diagnosis, and increase funding for TBI.

**COMMITTEE RECOMMENDATIONS:**

VAVS & VA HOSPITAL AND MEDICAL SERVICES, REHABILITATION:  
ADOPTED p ADOPTED (as amended) p REJECTED p DEFERREDp

**FLOOR ACTION:** ADOPTED p ADOPTED (as amended) p REJECTED p DEFERRED p