

Brain Injury Association of Michigan Veteran's Program



Photo: Subject & Photographer Unknown

September 2007 Newsletter

The latest "News" about the Brain Injury Association of Michigan's Veteran Program activities.



Chartered State Affiliate of the Brain Injury Association of America, Inc.

*"Some people wonder all their lives
if they've made a difference.
Marines don't have that problem."*

- Ronald Reagan

About the BIAMI Veterans Program

There have been great strides on the Veteran's Traumatic Brain Injury front across the state of Michigan and the nation over the recent past. Officially brought "on-line" in March of 2007, the Veteran's Program is being spear-headed by retired U.S. Air Force Major Rick Briggs. Major Briggs comes to us after heading up the state's affiliate of Operation Helmet, an organization that has fielded over 36,000 Ballistic Upgrade Kits (BLU) for helmets to help protect the troops in combat. On the prevention front, these BLU kits help reduce ballistic impact by up to 60%.

Rick has conducted dozens of briefings, presentations, and seminars to civic groups, military organizations, veteran service organizations, and military dependent and civilian groups. Additionally, he attends the state TBI council, Military & Veterans Affairs Council, and national town hall meetings and conferences. His briefings include pre & post deployment briefings, as well as the Family Readiness Group briefings for families.

Some of the units and organizations briefed to date are: Livingston County Military Moms; 46th Military Police, 1171st, 146th Military Medical, 107th Quarter Master, & 144th Military Police family readiness "Home Coming" briefings; Army Training Systems Conference 272nd RSG TBI Training Seminar; 125th Infantry and 46th MP Company.

With more than 20 different bills on the hill relative to TBI and veterans, there is much work to be done on the advocacy and legislative fronts. President Mike Dabbs and Rick have also conducted briefings to many of the state's legislative leaders. As the military TBI programs draw awareness and funding, there is much anticipation as to the positive residual awareness and funding that will come from this media campaign. Michigan's role as a leader on the TBI healthcare stage, it is imperative that we step forward and play an active role in the development of an effective veteran's TBI healthcare battle plan.

As the BIAMI Veteran's Program grows, your input is critical to helping develop the best possible statewide program for Michigan's returning heroes. Please feel free to contact us at veterans@biami.org.



Major Briggs conducts a briefing to members of the Michigan National Guard.

Attacking the Issues – The First Plan of Action

From its inception, the BIAMI Veteran's Program sought input from a number of critical sources. Civilian, political, veteran service organizations, military, Veterans Administration, military, and the private sector TBI healthcare community all played a role in laying out the program's initial direction. The following four issues were identified as the "Initial" obstacles for the program to address:

- 1.) **TBI Awareness and Self-Diagnosis:** Returning Operations Iraqi and Enduring Freedom combatants should not be relied upon to accurately self-diagnose as to whether they need TBI screening, have "changed", or have incurred a Traumatic Brain Injury at any level. Until "pre-deployment neuro-cognitive screening" is in place to set a baseline reference, this recognition process relies heavily upon the TBI symptom "awareness" of the veteran's closest family members and friends that know and associate with the veteran. This "TBI awareness" effort necessitates that these closest associates of the veteran understand the symptoms associated with TBI, Post Concussive Syndrome (PCS), and Post Traumatic Stress Disorder or PTSD. Family and friends also need to know where to turn to get help and how to



Spc Robert Dvorak of Michigan's 144th Military Police Company stands near an Improvised Explosive Device (IED) crater in Iraq. The "Ballistic" impact encountered during these attacks account for the majority of TBI injuries sustained by our troops.

refer the veteran to the appropriate TBI health care network when it is apparent the veteran is in need of assistance.

- 2.) **Utilizing Existing TBI Resources:** To enhance their effectiveness, TBI screening, diagnosis, and healthcare programs require timely application. All too often, the existing veteran TBI healthcare networks fall short of the immediate needs of many returning OIF and OEF veterans. Delaying critical TBI treatment within the existing “system” or while pursuing brick & mortar solutions is not consistent with providing the desired level of care these veterans need and deserve. This is especially true in Michigan where there is an enormous wealth of “outside” resources that are available to provide a responsive, high quality care as an augmentation to both the DOD and VA healthcare systems.
 - 3.) **Tricare and Paying for Veteran Care:** Many Michigan civilian TBI healthcare providers are not aware of, or currently do not use, the Tricare veteran “insurance” program. While there is a significant desire to support our veteran’s TBI healthcare needs, our early sample survey results indicated there is more of a lack of understanding of the Tricare program than there is a reluctance to participate in the program.
 - 4.) **Providing for a BIAMI Veteran’s Specific Program:** There currently exists a lack of funding to sustain a state level program that would maintain a position to identify the needs of a comprehensive TBI veteran healthcare network and focus directly on those needs. Every state has unique TBI healthcare capabilities and requirements and Michigan is no different. In fact, if any state needs such a program it is Michigan due in large part to its TBI healthcare provider network and the preponderance of military guard and reserve components versus active duty capabilities. It would be a mistake to establish a national “blanket approach” to TBI healthcare because of these factors.
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Sgt. Jeremy Briggs, son of Rick Briggs, currently serves with the 144th MP Co. in Iraq.

BIAMI Veteran Program Activities

While only six months old, the BIAMI Veteran’s Program has already made enormous inroads in the areas of advocacy, awareness, and continuity within the state’s TBI community. Specifically, these include:

- Acquired active program support and input from Iraq “Purple Heart” TBI wounded veterans.
- Published the “Resources for Veteran’s with Brain Injury and Their Families” brochure which currently serves as the primary tool for information dissemination.
- Acquiring a reference library of DVVIC, VA, DOD, and civilian sector TBI booklets, handouts and training DVDs.
- Added the Veteran’s Program information to the BIAMI’s Facility and Resources Directory
- Distributed and displayed BIAMI Veteran’s Program TBI materials at numerous state level trade shows, veteran’s organization activities, and conferences.
- Conducting study of and collecting information on: Veteran’s TBI healthcare system, buddy counseling, military leadership (NCO & Officer) TBI awareness levels, immediate battlefield TBI treatment levels, assistive technology programs, and personal and family experiences and counseling programs.
- Held meetings/briefings with VISN 11, VA Med Center Directors and Chiefs of Staff, Military and Veterans Affairs Council, Easter Seals State Director, County Counselors, VSO Commanders, and other state and military agencies.
- Conducted the first annual “Tips-Up for the Troops” Charity Fishing Tournament which fielded amateur veterans with local “pro” bass fisherman. The event raised \$4,000 for the Veteran’s Program.
- Conducted an initial survey of BIAMI TBI healthcare providers to determine interest and support for veterans and their Tricare program.

- Conducted briefings with Rep. Mike Rogers, Sen. Carl Levin's staff, State Rep. John Garfield (Vet Affairs), and State Sen. Valde Garcia (Vet Affairs).

Articles & News

Please check out some of these sites and links for information about issues our veterans face:

CBS Evening news: http://www.cbsnews.com/stories/2007/03/12/cbsnews_investigates/main2561163.shtml

ABC News Person of the Week: <http://www.abcnews.go.com/WN/PersonOfWeek/story?id=3332550&page=1>

Chicago Sun Times: <http://www.suntimes.com/news/448696,CST-NWS-soldier29.article>

New York Times Article:

http://www.nytimes.com/2007/03/12/us/12trauma.html?_r=1&ex=1189742400&en=0e8a90e99c79fbca&ei=5070&oref=slogin

Eric's Caringbridge page: www.caringbridge.org/visit/ericedmundson

By the Numbers

Earlier this year, the Brain Injury Association of America published a position paper, entitled "Traumatic Brain Injury in the United States: A Call for Public/Private Cooperation." It showed:

1.) ***"Reports indicate 12, 274 service members have sustained a TBI in Operations Iraqi and Enduring Freedom (OIF & (OEF) as of March 24, 2007, but that number could grow as high as 150,000."***

2.) A March 2007 letter to the House Appropriations Committee from Rep. Bill Pascrell (D-NJ) and Rep. Todd Platts (R-PA), both Co-Chairs of the Congressional Brain Injury Task Force, stated: ***"Traumatic brain injury is the signature injury of the war in Iraq and Afghanistan. In fact, 22% of all returning service personnel have some form of TBI, the majority of whom (69%) were injured by roadside bombs, rocket propelled grenades and other blasts. TBI screening that began in August at National Naval Medical Center showed 83% of wounded Marines and sailors with brain injury."***

3) According to the Final Report of the President's Commission on Care for America's Returning Wounded Warriors, issued on July 25, 2007:

28,000 Total Service Members Wounded In Action - 2,726 Severe Traumatic Brain Injuries

"Severe and penetrating head injuries are readily identified, but cases of mild-to-moderate TBI can be more difficult to identify and their incidence harder to determine. A recent report indicated that when some 35,000 returnees believed to be healthy received a screening test, 10 to 20 percent had apparently experienced a mild TBI during deployment."

4) According to the recent Report of the Department of Defense Task Force on Mental Health (June 2007), ***"More recent data from the Post-Deployment Health Re-Assessment (PDHRA), which is administered to service members 90 to 120 days after returning to deployment, indicate that 38 percent of Soldiers and 31 percent of Marines reports psychological symptoms" [including those related to TBI].***

5) According to an article published on Sunday, July 15, 2007 in *The Courier-Journal* (Louisville, Kentucky – author Laura Ungar):

"The military estimates that 11 percent of combat troops in Iraq suffer mild brain injuries, and more than 2,000 who served in Iraq and Afghanistan have moderate or severe brain injuries."

"It is not the critic who counts, not the man who points out how the strong man stumbled, or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena;....at worst, if he fails, at least fails while daring greatly; so that his place shall never be with those cold and timid souls who know neither victory or defeat."

The Man in the Arena - by
Theodore Roosevelt