

DEPARTMENT OF THE ARMY OFFICE OF THE SURGEON GENERAL 7700 ARLINGTON BLVD FALLS CHURCH, VA 22042-5140 MAY 0 5 2016

The Honorable Louise M. Slaughter 2469 Rayburn House Office Building Washington, DC 20515

Dear Representative Slaughter:

I have been asked to respond on behalf of Secretary of Defense Ashton Carter and the Chairman of the Joint Chiefs of Staff General Dunford to your April 5, 2016 letter concerning Traumatic Brain Injury (TBI) and blast overpressure exposure in military combat and training environments. The Department of the Army is the Executive Agent responsible for this program.

The Department of Defense (DoD) continues to develop tools to prevent, monitor, and treat the impacts from effects of blast. The Department has established policies to mitigate the risk of brain injury among Service Members in training and in combat. Policies also mandate medical evaluations for Service Members exposed to potentially concussive events to ensure that injured Service Members are rapidly identified and treated.

TBI research is a priority focus area for the DoD in support of our wounded and injured Service Members. The DoD has invested in research and advanced development to identify new mechanisms to prevent, monitor, and treat TBI. This includes research in sensor technology and other means of assessing clinical and operational data.

The DoD's Blast Injury Research Program has held five international state-of-the-science meetings since 2009. These meetings revealed that current sensor systems, including the monitoring devices referenced in your letter, lack biomedically-valid injury thresholds needed to predict acute neurological health effects, such as mild TBI or concussion. These meetings also revealed a lack of scientific evidence to support a link between repeated exposures to blast overpressure and the development of acute or long-term neurological health effects. Given the state-of-the-science, the monitoring devices referenced in your letter do not provide actionable information that medical personnel could use to care for Service Members.

The DoD administers a research program that is evaluating technologies for measuring individual blast exposures in military training. The monitoring devices referenced in your letter, and newer, more sensitive models of these devices, are among the technologies being used under controlled research protocols to quantify blast overpressures in a variety of training environments. This research program is producing data that may support the development of biomedically-valid injury thresholds, and provide objective evidence needed to support the DoD's broader implementation of wearable sensor systems.

Thank you for your interest in the health of Service Members and for your continued support of our military.

Sincerely,

Uldric L. Fiore,

Chief of Staff