Congress of the United States

Washington, DC 20515

June 18, 2024

Lt. Gen. Telita Crosland
Director
Defense Health Agency
7700 Arlington Blvd., Suite 5101
Falls Church, VA 22042

Dr. Shereef Elnahal
Under Secretary for Health
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Dear Lt. Gen. Crosland and Dr. Elnahal:

We write in support of continued funding for a collaborative nationwide research consortium around military combat exposure and traumatic brain injury (TBI) for our nation's service members and veterans. We understand the grant funding will expire after an extension in the next fiscal year. As the Department begins to evaluate whether to consider a new cycle of grant applications, we write to highlight the successes of the existing grant and express our strong support for the continuation of such programs. The Department of Defense (DoD) and Department of Veterans Affairs (VA) have funded this work jointly for more than ten years. Continuation of this type of research is critical to addressing the goals laid out in the National Research Action Plan (NRAP), the Commander John Scott Hannon Veterans Mental Health Care Improvement Act (P.L. 116-171), and the soon-to-be-released NRAP 2.0. The recent series of articles in *The New York Times*[1] analyzing the potential of brain injuries caused by repetitive, low-level blasts experienced in today's warfare demonstrates why this long-standing research consortium and its invaluable work should continue. Too often, these injuries are difficult to diagnose and treat effectively, which adversely impacts our service members' and veterans' quality of life. We urge you to utilize a competitive consortium funding mechanism to continue this important research.

In 2013, the DoD and VA funded the Chronic Effects of Neurotrauma Consortium (CENC) with an investment of $62.2 million. In 2018, the agencies continued their investment in this work by funding a follow-on project, the Long-Term Impact of Military Relevant Brain Injury Consortium (LIMBIC), at $50 million. This funding established a nationwide team led by Virginia Commonwealth University consisting of 100 researchers in 19 states, 16 universities, 15 VA Medical Centers, and 9 DoD facilities. The consortium made incomparable strides in collaboratively tackling the poor health outcomes, diminished life quality, co-morbid mental health issues, and the increased risk of dementia and suicide caused by multiple combat deployments and repetitive blast exposures in service members and veterans.

To date, the DoD and VA's investments built the world's largest, ongoing, prospective longitudinal cohort of 3,000 combat-exposed service members and veterans. It also curated the world's largest mega-administrative dataset of more than 2.5 million unique service members and veterans with TBI and combat-related co-morbid conditions like Post-Traumatic Stress Disorder (PTSD), pain, depression, and

[1] https://www.nytimes.com/2023/11/05/us/us-army-marines-artillery-isis-pentagon.html
https://www.nytimes.com/2023/11/26/us/military-brain-injury-rocket-launcher.html
https://www.nytimes.com/2023/12/11/us/brain-blast-army-robert-card-maine-lewiston.html
https://www.nytimes.com/2023/12/21/us/army-blast-safety-brain-injuries.html
https://www.nytimes.com/2024/01/19/us/senators-letter-defense-department-blast-exposure.html

anxiety. LIMBIC's Prospective Longitudinal Study's (PLS) ongoing recruitment of combat-exposed participants across 15 VA Medical Centers (VAMCs) and nine Military Treatment Facilities represents the most diverse, representative, and best characterized combat-exposed population: 20% of participants are in active-duty status, 60% have single or repeated blast exposures, 13% are women, 19% are Black and 17% are Hispanic/Latino. This collaborative research linking VA/DoD Big Data with a nationwide sample of more than 3,000 regularly re-evaluated service members and veterans will empower us to more rapidly identify risk factors, define recovery patterns, and implement effective diagnostics and treatments that produce clinically meaningful improvements.

Impacts of LIMBIC's work to date include:

- Knowledge dissemination to clinicians, leading to more targeted treatments. Additionally, follow-on longitudinal research examines social factors, physiological data and evolution of impairment over time to develop personalized rehabilitation programs.
- Discovery that three or more lifetime mild traumatic brain injuries (mTBI) are associated with elevated fluid biomarkers, changes in brain volume, and a greater risk of having chronic headaches. We can use these findings and other identified risk factors to improve patient education, screening, and personalized headache treatment pathways.
- Findings that exposure to mTBI, including repetitive blast exposures, is associated with cognitive symptoms but not cognitive impairment. This can help reduce stress related to false concerns and expectations and promote investigation and management of other factors that may be causing symptoms and are responsive to care.
- Findings that, among combat-exposed individuals, a history of PTSD is the greatest risk factor for the development of depression, chronic pain, and poor sleep. Individuals with concurrent PTSD and mTBI have even higher risks. We can use these findings to promote targeted education of primary care providers, veterans and family members to inform them of these risks and the need for surveillance and lifestyle modifications to reduce or delay their development.
- Approximately 11% of the PLS cohort contracted COVID-19. LIMBIC is actively monitoring these individuals and analyzing the longitudinal evaluations for evidence of Long COVID findings.

If DoD and VA decide to halt their large-scale investment in this significant longitudinal research cohort, we will lose the world's largest electronic and real-world database. Discontinuation of funding will hamper our ability to leverage these real-time datasets to rapidly answer key military and veteran health questions and implement innovative diagnostics and interventions as they become available across a ready-made cohort. The more than 3,000 service members and veterans undergoing annual re-evaluation are the perfect resource for targeted intervention studies to examine precision treatments for TBI, blast exposure, co-morbid conditions and persistent symptoms, such as headache, dizziness, and cognitive issues. Furthermore, ongoing advances in data science and AI will allow future teams to optimize both the mega-dataset and its linkage to the prospective cohort. This research is on the verge of discoveries that could advance warfighter protection and wellness, promote veteran health and recovery, and support advanced treatments and tools for clinicians. Momentum should not be stopped now.

As such, we urge DoD and VA to continue their significant investment in consortium funding for longitudinal cohort research into mTBI utilizing a fair and competitive funding mechanism.

Thank you for your consideration.

Sincerely,

Jennifer L. McClellan
Member of Congress

Jen A. Kiggans
Member of Congress

Ben Cline
Member of Congress

Donald S. Beyer Jr.
Member of Congress

Gerald E. Connolly
Member of Congress

Jennifer Wexton
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