THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

AUG 11 2008

Dear Mr. Chairman:

This letter responds to House Report 110-146 of the National Defense Authorization Act for Fiscal Year 2008 which requests the Secretary of Defense to conduct a study on entering into an association with an organization with significant expertise in the treatment of burns.

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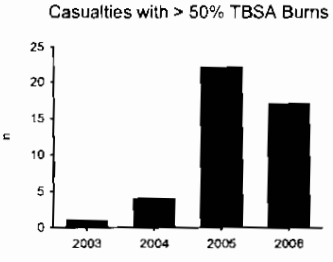

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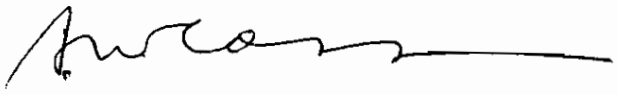

S. Ward Casscells, MD

cc:
The Honorable John McCain
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
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HEALTH AFFAIRS

The Honorable Ben Nelson
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

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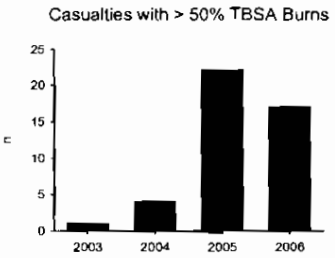

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Thank you for your continued support of the Military Health System.

Sincerely,

S. Ward Casscells, MD

cc:
The Honorable Lindsey O. Graham
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 11 2008

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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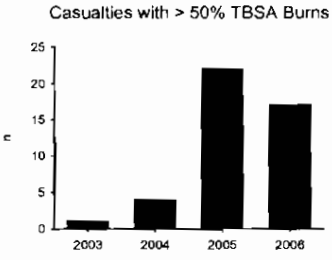

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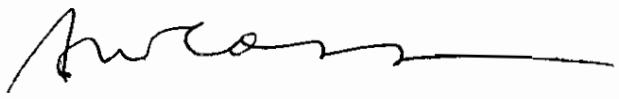

S. Ward Casscells, MD

cc:
The Honorable Duncan Hunter
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

AUG 11 2008

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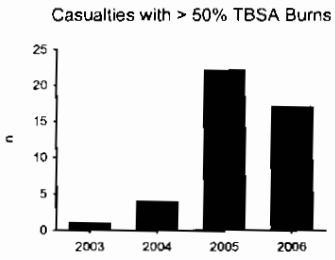

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S. Ward Casscells, MD

cc:
The Honorable John M. McHugh
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 11 2008

The Honorable Robert C. Byrd
Chairman, Committee on Appropriations
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Washington, DC 20510

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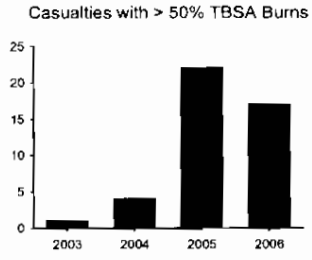

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Sincerely,

S. Ward Casscells, MD

cc:
The Honorable Thad Cochran
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 11 2008

The Honorable Daniel K. Inouye
Chairman, Subcommittee on Defense
Committee on Appropriations
United States Senate
Washington, DC 20510

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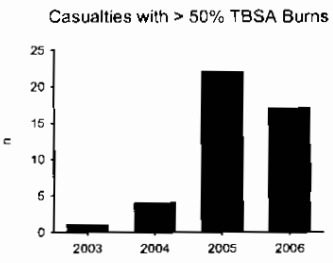

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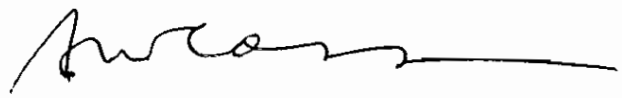

S. Ward Casscells, MD

cc:
The Honorable Ted Stevens
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

AUG 11 2008

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
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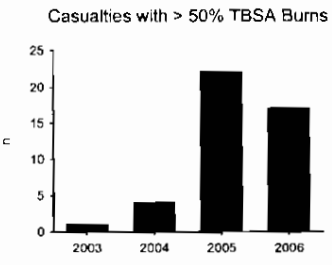

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S. Ward Casscells, MD

cc:
The Honorable Jerry Lewis
Ranking Member

THE ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

The Honorable John P. Murtha
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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Dear Mr. Chairman:

This letter responds to House Report 110-146 of the National Defense Authorization Act for Fiscal Year 2008 which requests the Secretary of Defense to conduct a study on entering into an association with an organization with significant expertise in the treatment of burns.

The United States Army Institute of Surgical Research (USAISR) Burn Center is the sole receiving facility for burned Service members injured in combat or in other activities. Since the beginning of the wars in Afghanistan and Iraq, the USAISR has received approximately 800 burned Service members, with increasing severity of injuries, (measured in total body surface area (TBSA)) in 2005 and 2006 associated with improvised explosive devices (**Figure 1**). Massive burns are associated with increased mortality, and thus, work remains to improve this outcome. Improved outcomes can result from advances in clinical care during initial treatment and transport in the intensive care unit and in the operating room with efforts to replace the lost skin. In addition, many other outcomes in survivors, such as strength to rehabilitate, ability to move joints normally, and regain normal function desperately require advances to improve the lot of our injured Service members in terms of returning to service, and leading normal lives once discharged.

Mortality Rate	**%**
1-10% TBSA Burned	1.0
11-30% TBSA Burned	0.8
31-50% TBSA Burned	4.8
> 50% TBSA Burned	***52.5***

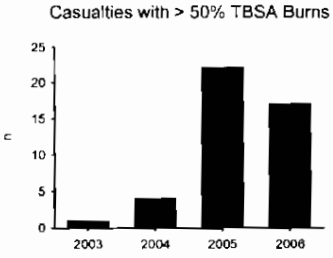


Figure 1

Research into improving outcomes of burned Service members requires the testing of new products, procedures, and treatment algorithms in burned patients. The USAISR is very active in clinical research, with over 10 ongoing clinical trials testing new methods of treatment funded through the U.S. Army Medical Research and Materiel Command's Combat Casualty Care Research Program at $1.2 million per year. Command's Combat Casualty Care Research Program at $1.2 million per year. However, this single center effort, at this rate of funding, is not

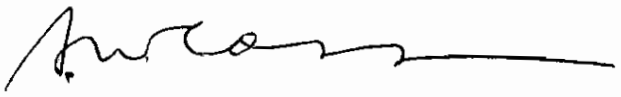
sufficient to test many of the available treatments, nor is the center large enough to gain the enrollment necessary to adequately test many treatments for efficacy and safety. Therefore, to provide further advancement, additional centers would be required.

Data from the USAISR, which treats not only military burned patients but also civilian burned patients from throughout south Texas at approximately equal numbers, reveals that outcomes from those burned in combat-related activities (military), and those from everyday activities (civilian) are roughly similar. We made a direct comparison between our two disparate populations, and found no differences in outcomes between military members and civilians in burn severity, overall mortality, time to death in those who died, intensive-care-unit days, ventilator days, incidence of short- and long-term psychological difficulties, and gross functional outcomes. This is consistent with the overall notion that injury biology remains the same if injury severity is similar regardless of whether the injury is sustained in combat. For these reasons, we conclude that treatments proven in civilian burn centers are likely to improve outcomes in our injured Service members.

To expand our clinical research to benefit burned Service members, entering into an association with significant expertise in the treatment of burns; and organizing, administering, and overseeing the conduct of controlled multicenter, evidence-based clinical research trials in burn treatment would be beneficial. The American Burn Association, with its Multicenter Trials Group, has organized and performed retrospective analyses of data from more than 20 centers, as well as prospective randomized placebo-controlled trials on the effects of anabolic agents in severe burns. The Trials Group includes most of the Nation's leading burn centers containing the majority of the country's academic leaders in the field of burn care. The USAISR is a participating center in the American Burn Association Multicenter Trials Group. The Trials group has performed admirably without directed funding, but would require funding to expand its base to perform proper clinical trials with potentially thousands of subjects, to develop pre-study regulations, to conduct proper study performance with verifiable data, and to publish its research results.

Thank you for your continued support of the Military Health System.

Sincerely,



S. Ward Casscells, MD

cc:
The Honorable C. W. Bill Young
Ranking Member

(3) Study of late-onset post traumatic stress disorder (PTSD) involving a cohort of service members at least two years removed from service in Operation Iraqi Freedom or Operation Enduring Freedom who have not been diagnosed with PTSD to identify the prevalence of undiagnosed PTSD and its impact on their continuing service.

(4) Study of a cohort of female service members returning from Operation Iraqi Freedom or Operation Enduring Freedom to determine the incidence of PTSD and their continuing needs for care; including treatment for the psychological effects of sexual assault.

(5) Study of the feasibility and potential benefits of mandatory one-on-one counseling between service members returning from an overseas operational deployment and a mental health practitioner.

(6) Study on the effect of a parent's, or parents', combat deployment on children to develop a screening system to identify behavioral signals that indicate a child is having trouble coping with the separation.

(7) Inventory and analysis of all outreach programs that promote the availability of mental health services for dependents of service members who have served in a combat theater to identify best practices.

Multi-Center Clinical Research Trials for the Treatment of Military Burn Victims

The committee directs the Secretary of Defense to conduct a study on entering into an association with an organization with significant expertise in the treatment of burns for the purpose of organizing, administering, and overseeing the conduct of controlled multi-center evidence-based clinical research trials in burn treatment at qualified independent academic medical organizations. The committee directs the Secretary to submit a report on the findings of this study to the congressional defense committees within 180 days following enactment of this Act.

Traumatic Brain Injury Initiative

The committee is aware that a significant number of combat injured patients evacuated from Iraq and Afghanistan have a traumatic brain injury (TBI). Many of these injuries result from blasts and are not always accompanied by physically observable head trauma. The committee is concerned that service members with undiagnosed and untreated TBI may experience long-term medical effects from the injury. The committee wants to ensure that all service members with a potential TBI receive a timely diagnosis, appropriate treatment, and rehabilitation. Further, the committee is concerned that undiagnosed TBI may compromise operational readiness.

In the committee report (H. Rept. 109–452) accompanying the National Defense Authorization Act for Fiscal Year 2007, the committee directed the Secretary of Defense to develop a comprehensive and systematic approach for the identification, treatment, disposition, and documentation of TBI, including mild to moderate TBI, for combat and peace time injuries. Further, the committee directed the Secretary to develop a comprehensive approach by May