

# DCoE in *Action*

VOL 3/No. 3 | March 2010



## Military Researchers Collaborate with Sports Community

Military researchers and care providers have learned much about the human brain through treating service members with traumatic brain injuries as a result of fighting the Global War on Terror. In recent years, both the military and sports communities have found value in collaborating, recognizing common attitudes of service members and athletes seeking care for concussion (also known as mild traumatic brain injury), understanding similar sequelae following concussion in these two populations and treatment options.



The emerging research from both communities surrounding recurrent concussions is very important, as the

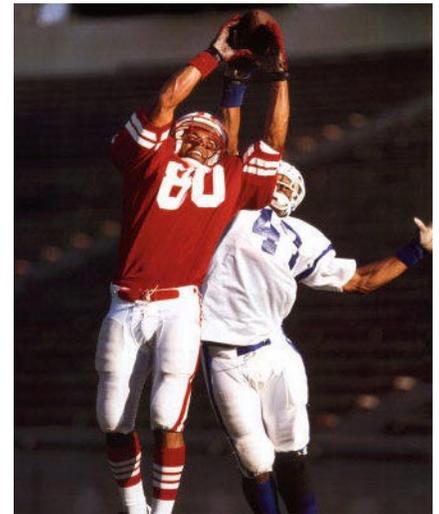
findings can inform traumatic brain injury (TBI) preventative measures and improve the care of both warriors and athletes.

The soon-to-be released revised version of the Guidelines for Acute Management of Concussion/mild TBI (deployed setting) is a very good example of the collaborative information sharing making a concrete difference.

Returning service members from Operation Enduring Freedom and Operation Iraqi Freedom often report repeated exposure to blasts and other concussive events. Symptoms following repeated concussions may be more serious and resolve at a slower rate. Military researchers are still working to understand the long-term consequences, if any, of repeated exposure to blast injuries; numerous studies are underway to examine this.

The information about the impact of recurrent concussions in athletes is an important consideration in informing ongoing military research. A [University of Michigan Institute for Social Research study](#) commissioned by the National Football League (NFL) reports that Alzheimer's-like memory-related diseases appear to have been diagnosed in the league's former players vastly more often than in the

national population – including a rate of 19 times the normal rate for men ages 30 through 49.



Dr. Ann McKee, director of the VA's VISN1 Neuropathology Center and Brain Bank, has reported on the accumulation

[Click here to continue reading article on page 4](#)



## A Message from the Director



Brig. Gen. Sutton, M.D. DCoE Director

The month of March, highlighting Brain Injury Awareness, provides a timely platform for sharing new and emerging tools and information for all. DCoE's Real Warriors Campaign is teaming with the Sports Legacy Institute (SLI) and University of Michigan's Depression Center (U-M) to continue to combat the stigma associated with seeking care for traumatic brain injuries (TBIs).

Check out the newly released PSAs featuring Capt. Mark McNeill, Detroit Lions quarterback Eric Hipple and New

York Giants running back Tiki Barber on [www.RealWarriors.net](http://www.RealWarriors.net) as they share messages of hope and reinforce that reaching out is an act of courage and strength—whether on the battlefield or playing field.

Whether serving as a primary caregiver, family member, friend, or battle buddy our relationships provide purpose, passion and meaning along the healing journey. Relevant and trustworthy support is readily available. The Defense and Veterans Brain Injury Center [www.dvbic.org](http://www.dvbic.org) is a great resource as

***“We who lived in concentration camps can remember the men who walked through the huts comforting others, giving their last piece of bread. They may have been few in numbers, but they offer sufficient proof that everything can be taken from a man but one thing, the last of human freedoms, to choose one’s attitude in any given set of circumstances.”  
— Viktor Frankl***

well as DCoE's 24/7 Outreach Center which can be contacted by phone at 866-966-1020 or by e-mail at [resources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org) or via chat at Real Warriors [www.realwarriors.net/livechat](http://www.realwarriors.net/livechat) to gain needed tools.

To that end, as Viktor Frankl, a Holocaust survivor poignantly noted: “We who lived in concentration camps can remember the men who walked through the huts comforting others, giving their last piece of bread. They may have been few in numbers, but they offer sufficient proof that everything can be taken from a man but one thing, the last of human freedoms, to choose one’s attitude in any given set of circumstances...”

As always—please know that you are not alone; treatment works, the earlier the intervention, the better; and reaching out is an act of courage and strength. Wisdom offers enduring hope for each of us... and as another wise soul once put it – “be kinder than necessary for everyone we meet is fighting some sort of battle.” Believe it. Live it. Do it. Share it.

All together now ~

Loree K. Sutton, M.D.  
Brigadier General, MC, USA

***Please know that you are not alone; treatment works, the earlier the intervention, the better; and reaching out is an act of courage and strength.***

## Tips to Prevent TBI\*

In many cases, TBI can be preventable. The following tips are for minimizing the risk of sustaining a TBI both on the battlefield and at home.

### Prevention in a combat setting:

- Wear a helmet or other appropriate head gear when on patrol or in other high risk areas
- Wear safety belts when traveling in vehicles
- Check for obstacles and loose debris before climbing/rappelling down buildings or other structures
- Inspect weapons prior to use
- Verify target and consider potential for ricochet prior to firing weapon
- Maintain clean and orderly work environments that are free of foreign object debris
- Be aware of what is on the ground around you at all times when aircraft rotors are turning
- Use care when walking on wet, oily or sandy surfaces
- Employ the buddy system when climbing ladders or working at heights

### Prevention at home:

- Wear a seat belt every time you drive or ride in a motor vehicle
- Never drive while under the influence of alcohol or drugs
- Always buckle your child into a child safety seat, booster seat, or seat belt (depending on the child's height, weight and age) in the car
- Wear a helmet and make sure your children wear helmets when:
  - Riding a bike, motorcycle, snow mobile or all-terrain vehicle
  - Playing a contact sport, such as football, ice hockey or boxing
  - Using in-line skates or riding a skateboard
  - Batting and running bases in baseball or softball
  - Riding a horse
  - Skiing or snowboarding
- Avoid falls in the home by:
  - Using a step stool with a grab bar to reach objects on high shelves
  - Installing handrails on stairways
  - Installing window guards to keep young children from falling out of open windows
  - Using safety gates at the top and bottom of stairs when young children are around

- Maintaining a regular exercise program to improve strength, balance and coordination
- Removing tripping hazards, using non-slip mats in the bathtub and on shower floors, and putting grab bars next to the toilet and in the tub or shower
- Make sure the surface on your child's playground is made of shock-absorbing material (e.g., hardwood mulch, sand)
- Keep firearms stored unloaded in a locked cabinet or safe and store bullets in a separate secure location

\*Article content developed and provided by our colleagues from the [Defense and Veterans Brain Injury Center](#). 



## 2009 AHA Federal Health Care Executive Award for Excellence Awarded to Capt. Russell Shilling

Congratulations to Capt. Russell Shilling for being selected to receive the 2009 AHA Federal Health Care Executive Award for Excellence. The program, created by the American Hospital Association's Federal Hospitals

Constituency Section Governing Council, recognizes senior federal career health care executives who have provided distinguished service through singularly significant leadership or innovative achievements that have

contributed substantially to the mission of the federal health care system. Capt. Shilling serves as the executive director for science and technology for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. 

## Military Researchers Collaborate with Sports Community

(continued from page 1)

of tau protein in athletes with recurrent concussion. Excessive build-up of tau can lead to a condition called chronic traumatic encephalopathy (CTE), which may manifest as dementia, memory loss or depression.

As the Department of Defense liaison to the NFL Concussion Committee, [U.S. Air Force Col. Michael Jaffee](#), national director of the [Defense and Veterans Brain Injury Center \(DVBIC\)](#), attended a meeting organized by the NFL Commissioner's office to review these data and discuss interpretations and implications. Dr. Jeffrey T. Barth of the University of Virginia School of Medicine and a senior scientist for DVBIC's civilian partner Virginia NeuroCare, Inc. has been named to serve on the NFL Players Association Mackey White Concussion Committee, which represents the current and retired NFL players and their concerns for safety and concussion prevention. This assures further coordination as more information develops.

To better understand the neuropathology of combat TBI, DVBIC has collaborated with the Armed Forces Institute of Pathology (AFIP) to develop the DVBIC-AFIP TBI Research Center with state-of-the-art biophysics and preclinical imaging equipment, and is further collaborating with the Center for Neurosciences and Regenerative Medicine to advance the knowledge of neuropathological aspects of blast injury.

Further clinical correlation will be obtained from the congressionally-mandated 15-year longitudinal study of combat TBI that DVBIC/DCoE was asked by the Office of the Secretary of Defense for Health Affairs to facilitate.

***“This new approach will allow for earlier intervention and eliminate the pressure that service members may feel to “shake off” symptoms.”***

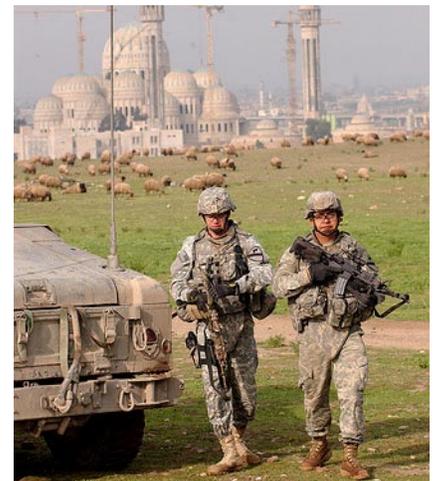
Information about TBI gleaned within the past year from research surrounding both athletes and warriors, has been a moving force in the revision of new clinical guidelines. A meeting between NFL concussion experts and DoD concussion experts organized by DVBIC provided a valuable exchange and identified opportunities for further collaboration. Both the revised Guidelines for Acute Management of Concussion/mild TBI and the NFL clinical practice guidelines were informed by this coordination as well as developing information in the field.

“There is an emerging body of evidence that we've seen from studies of former NFL players that indicate cumulative effects of recurring concussions over time,” said Jaffee. “The NCAA [National Collegiate Athletic Association] studies suggested increased risk with three or more [concussions], but more evidence is needed to better inform and modify our practice with blast and combat injuries.”

Whereas the first edition of the Guidelines for Acute Management of Concussion/mild TBI (deployed setting) required the service member to self-report symptoms, the revised guidance requires that anyone involved in certain incidents – including all personnel in any damaged vehicle (e.g., blast, rollover, accident), all personnel within 50 meters of a blast,

all personnel in a structure hit by an explosive device, anyone who sustains a direct blow to the head or loss of consciousness and command directed referrals – be screened for concussion.

This new approach will allow for earlier intervention and eliminate the pressure that service members may feel to “shake off” symptoms. They will also change how recurrent concussions are treated in theater. The revised guidelines require anyone who experiences three mild TBIs within a 12-month period to go through a standard comprehensive assessment.



“The revised guidelines are an important step in ensuring the best early detection and care for our service members who have experienced concussions,” said DCoE Interim Senior Executive Director for TBI [Kathy Helmick](#). “It is important to translate research discovered in both the military and civilian worlds into real actions that can benefit everyone.” 

## Living with TBI

Ninety percent of traumatic brain injuries (TBI) are mild. Most individuals with a mild TBI/concussion are able to resume their normal lives. However, some individuals with a mild TBI and those with a more moderate or severe TBI, may have longer-lasting symptoms or even life-long symptoms that interfere with daily life.

Living with TBI requires knowledge and work. The first thing to know is that rehabilitation helps – seek out professionals who understand and are experienced with TBI rehabilitation. The second thing to know as you begin your journey living with TBI is that getting better takes time – don't give up. The third thing to know is that family is important – involve family in your rehabilitation.

Living with TBI requires setting priorities. This means setting goals that you can achieve in the short-term and the longer-term. Trying to do everything at one time is counterproductive to succeeding in your goals. Many research studies of outcome following a TBI suggest that good social support from families, friends and other resources is critical to how well individuals recover.

### TBI Community Reintegration

Most common models of community reintegration programs following TBI (such as DVBI-C-Johnstown, Virginia NeuroCare, and those being developed by the Department of Veterans Affairs) focus on individuals with moderate to severe TBI, especially those with significant persistent symptoms that make returning to the community challenging.

Individuals who complete such programs have high rates of success in achieving their goals in returning to daily life. These goals might be to continue active or reserve military service, start or continue technical training or college, start or

return to a civilian job, or simply resume normal life with family and friends.

Community reintegration programs bring service members and veterans together with others who have had similar experiences through military service. Patients live in a home-like setting while they gain the real-life experiences and skills necessary to return to their military or civilian homes. Importantly, community reintegration programs also help individuals return to having fun in their lives through a wide range of activities that are interesting and enjoyable.



During community reintegration, individuals with TBI receive comprehensive rehabilitation therapies including: rehabilitation, psychology evaluation and treatment; physical therapy; occupational therapy; speech-language pathology therapy; physician evaluation and treatment; neuropsychology evaluation and treatment; nurse case management; and family treatment.

The work of service members or veterans during community reintegration is to practice activities of daily living – and these activities are treated very much like a job with the responsibility of acquiring the skills and abilities necessary to achieve each individual's goals. In this, community reintegration staff members work as coaches: encouraging and teaching. Each day is individualized to a person's particular needs. For example, someone with significant physical weakness and fatigue

issues might start with a half-day of therapy at the beginning of the program. The goal would be to improve strength and stamina over several months, eventually working up to a full day.

What does a person do during TBI community reintegration? It is like real life. Service members and veterans wake up and start their morning routine as if they were going to work or school. Usually, they take care of their personal hygiene, make their breakfast and are transported to the community reintegration clinic. At the clinic, they begin work with individual therapies and small group therapies which typically last until noon. At noon, individuals usually prepare a meal together. Then, it is off to the community where individuals may exercise at the gym, swim in the pool, volunteer in a community vocational setting, or go into the community to do something that they enjoy. In the evening, individuals have their own time. On weekends, individuals can participate in scheduled recreational activities or have time on their own.

In the last month of community reintegration, individuals try out their skills and abilities in independent living situations. They arrange their own transportation, independently buy and prepare their own food, manage their own medications, plan their week and work full days at a volunteer job setting. Active military personnel who have the goal of remaining on Active Duty typically spend a month working in a local military unit with military duties. This is in preparation for returning to their home unit or next duty station. Veterans and those individuals who will not be returning to active service choose a volunteer placement that best meets their needs.

\*Article content developed and provided by our colleagues from the [Defense and Veterans Brain Injury Center](#). 

## Passion to Serve — A Caregiver's Perspective

On March 31, 2003, our son, Corporal Alan Babin, Jr., a combat medic with the 82nd Airborne Division, was wounded during battle in Iraq as he rushed to aid an injured paratrooper. Alan's injuries and resulting brain injury have changed the course of our son's and our family's lives forever.

Unlikely to survive evacuation to Germany, Alan was transferred off the battlefield to the USNS Comfort where he remained for three weeks before finally arriving at Walter Reed where we met him. Since that fateful day in March 2003, Alan has had more than 70 operations to include five brain surgeries, contracted meningitis, suffered a stroke and was an inpatient for more than 2 ½ years at seven different military treatment facilities, VA medical centers and civilian rehab centers. Along this journey many of his doctors have been amazed that Alan not only made it off the battlefield alive, but are astounded by the progress he has made since then.

In the very early days of Operation Iraqi Freedom, many of the current programs and systems for wounded warriors and their families were not in place. The terms "polytrauma" and "TBI" were not yet common and, while the medical staff we encountered were among the best, I knew our son better than anyone. I realized that in order to obtain the best medical care for Alan, I would need to educate myself on available treatment options and put my managerial skills to work in order to advocate on his behalf.

My need to be by Alan's bedside as he fought to survive and then recover changed our family roles drastically. Fortunately, after nine months, Alan

was transferred to a local rehab center that allowed me to live at home and still manage Alan's care during the day.

When Alan finally came home, I began the difficult yet most rewarding role of my life. I was the primary caregiver of a wounded warrior with polytrauma who had also survived a brain injury and was in need of aid for all aspects of daily living - bowel and bladder management, wound care, transportation, meal preparation, rehabilitation and life-skills coaching.

I set up a system of home health allowing for physical, occupational and speech therapy as the structure of a calm setting works best for Alan. I use everyday things as therapy and ask Alan that he "try everything" when it comes to therapy. I have learned to keep our evenings and weekends free of therapies as keeping an active social life is crucial. I try to find a balance between being a caregiver and simply being "Mom." This balance has contributed to Alan's ability to participate in hand-cycling, adaptive skiing and traveling with our family.

Although he would prefer that I provide all of his personal care, I have a home health aide that assists with dressing, showering and getting him ready in the morning thus providing me with uninterrupted time to "work" which, for me, is respite time. I also gratefully use the VA's Respite Care as an opportunity to spend time or travel with my husband and/or daughter.

As traumatic as the wounds were to Alan physically, my husband and I tried to prepare ourselves emotionally and spiritually. However, no family



Rosalinda Babin and son,  
CPL Alan Babin, Jr.

is prepared for a brain injury and the unpredictability of the ongoing journey of healing and recovery that we continue to experience.

We have learned that the end result may not be known for months (or years) and what works one year may not work the next. I learned that in order to take care of Alan, I would have to take care of myself and to communicate MY needs as assertively as I did his. I learned to have a mental checklist so that when anyone asks if there is anything they can do to help, I'm READY!

Our family learned to find a new normal and to be flexible. I learned that the love and closeness that we share as a family is stronger than I ever imagined possible. And I learned that this journey is a marathon, not a sprint, and that we must pace ourselves as we look forward to a full and productive life.

Rosalinda Babin  
[rosalinda@alansangels.com](mailto:rosalinda@alansangels.com)

*"The views expressed by non-federal commentators do not necessarily reflect the official views of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), the Department of Defense, or the federal government."*

## ICD-9 Coding for Brain Injuries

The Department of Defense (DoD) and Department of Veterans Affairs (VA) collaborative efforts with the National Center for Health Statistics (NCHS) to revise the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, codes for brain injuries have resulted in the recent official approval of several changes. The ICD is the standard system of medical coding for all known diseases and health problems.

Due to the prevalence of Traumatic Brain Injuries (TBIs) sustained by service members deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) and the clinical challenges of TBI faced by health care providers, DoD and VA proposed changes that would allow better tracking of the number of TBIs sustained by service members, the severity of injuries and course of recovery after injury. The revised ICD-9-CM guidance for coding TBIs was recently published in AHLTA (the military's electronic health record). It is important for providers to understand how to properly code brain injuries sustained by service members to better inform clinical care, research and policy related to military TBI. Key points for properly coding brain injuries are detailed here.

- The initial patient encounter when the TBI is first diagnosed is coded as

follows: 8xx brain injury code series, the personal history of TBI V15.52\_x code, other symptom codes as appropriate and the appropriate deployment status V70.5\_x code. It is important to note that the 8XX series brain injury codes should only be used once — when the TBI is first diagnosed. V15.52\_x codes are used to better describe severity of the TBI and association with the Global War on Terrorism (GWOT).

- Visits are coded according to the patient's deployment status if applicable: V70.5\_5 (during deployment encounter) or V70.5\_6 (post-deployment encounter).
- All subsequent encounters related to the TBI are coded as follows: the symptom codes that best represent the patient's presenting complaint followed by the appropriate personal history of TBI V code (V15.52\_X), the appropriate late effect code (905.0 - intracranial injury with skull or facial fracture or 907.0 (intracranial injury without skull or facial fracture) and the appropriate deployment V70.5\_x code. Late effects include any symptom or sequelae of the injury that occur at any time after the onset of the injury. Proper use of the late effect code is the only way that symptoms

can be causally associated to TBI and is essential to accurately classify TBI and its consequences among service members.

- There are new codes for behavioral/emotional symptoms commonly seen after TBI that are to be used when the patient does not have a psychiatric diagnosis. In the past, providers did not have separate codes for classifying some of the common emotional/behavioral sequelae of TBI and had to resort to using generic mental health diagnosis codes. These codes do not replace mental health diagnosis codes. Providers should use these codes when they observe the symptoms (i.e., nervousness, irritability, emotional lability, etc.) but no mental health diagnosis has been established or mental disorders have been ruled out. Finally, V80.01, a TBI screening code, was added.

DoD and VA are currently working with NCHS on further code improvements, including new symptoms codes for cognitive and memory deficits associated with TBI. For more detailed information on TBI coding, please refer to the recently published at-a-glance TBI coding reference cards at <http://tinyurl.com/ICD-9coding>. 



## American Association of Neuroscience Nurses elects Katherine Helmick to serve as President

Congratulations to [Kathy Helmick](#) for being elected to serve as the President of the [American Association of Neuroscience Nurses \(AANN\)](#) for 2011 - 2012. Ms. Helmick currently serves as

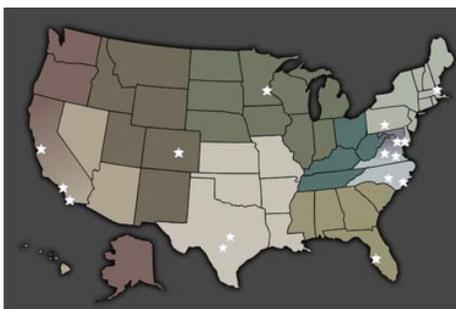
the President-Elect for 2010 and also holds the positions within the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#) of interim senior executive

director for Traumatic Brain Injury (TBI) and director of the TBI Clinical Standards of Care Directorate. 

## DVBIC Provides a Bridge to Service Members and Veterans in Rural and Underserved Areas

The Department of Defense (DoD) and Department of Veterans Affairs (VA) face the unique challenge of providing care to a special group of combat veterans – those in the National Guard and Reserve. Many of these combat veterans live in geographically dispersed rural areas without easy access to a military base, VA facilities or TRICARE providers. In an effort to address these challenges, the [Defense and Veterans Brain Injury Center \(DVBIC\)](#) has three programs that aim to assist service members and veterans who reside in isolated areas.

DVBIC currently has 14 geographic regions across the United States and in Europe. Regional Care Coordinators (RCCs) are physically stationed at various military treatment facilities, VA Polytrauma Centers and civilian sites within these geographic regions but also cover the surrounding geographic catchment area in addition to their



primary location. The RCCs provide outreach and support to service members, veterans and their families to facilitate access and connection to the full scope of available Traumatic Brain Injury (TBI) resources as close to home as possible, regardless of the location of their home. RCCs continuously

network with other case managers as well as catchment areas to maintain an updated directory of TBI services. This repository of resources includes programs that offer the opportunity for social networking as a means of electronically connecting those whose geographic isolation may result in feelings of social isolation.

Regional Education Coordinators (RECs) are located at the same sites and encompass the same catchment areas as the RCCs. Educational programs on TBI are offered to service members, veterans, National Guard and Reserve members, families, health care providers and community groups in each REC's region. DVBIC RECs have an overarching goal of focusing their outreach efforts to isolated, rural and underserved military, veteran and National Guard and Reserve populations with special emphasis placed on increasing DVBIC REC participation in [Yellow Ribbon Reintegration Programs](#).

For those TBI providers and their patients located at remote military medical centers, the [DVBIC Virtual Traumatic Brain Injury \(vTBI\) Clinic](#) provides TBI screening, assessment, consultation and care via video teleconference. The vTBI Clinic is organized similar to traditional clinics with multiple specialties (i.e., neurology, neuropsychology, pain management, rehabilitation, etc.) working together to meet the unique needs of each patient. Unlike traditional TBI clinics, however, direct specialty care is provided at a distance using interactive video teleconference through the collaborative assistance of local primary care providers.

The DVBIC vTBI Clinic is part of a nationwide effort to increase access to specialty care and assist large military bases with service member “surges” following deployment. The ability to provide remote neuropsychological assessment and headache management services has been the focus of vTBI Clinic initial operations at Ft. Knox, Ky. and Marine Corps Base Quantico.



Plans are underway to further integrate education, care coordination and telehealth services to enhance the care of service members and veterans with TBI. Specifically, web based training will allow local providers to meet the needs of more complex patients and mobile technology will help track health status and medically manage patients with TBI in diverse geographical areas. Working together with providers in the field, these programs aim to reduce isolation of patients and TBI providers.

For additional information about DVBIC's Regional Care Coordinators, the Virtual TBI Clinic and Regional Education Coordinators or to view the interactive map of RCCs and RECs, visit the DVBIC Web site at [www.dvbic.org](http://www.dvbic.org). 

## Leadership Spotlight: Col. Michael Jaffee

Col. Michael Jaffee currently serves as the director of the [Defense and Veterans Brain Injury Center \(DVBIC\)](#), the primary operational traumatic brain injury (TBI) component of the [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury \(DCoE\)](#). Board-certified in both neurology and psychiatry, Jaffee played a key role as DCoE's inaugural senior executive for TBI in standing up DCoE as the central entity to inform the Department of Defense (DoD) on TBI policy related issues.

"It has been my privilege to be a part of and witness how far DCoE and DoD have come in their efforts to provide the best care for our wounded warriors," said Jaffee.

Jaffee is instrumental in ensuring service members are getting the care they need, especially when it relates to brain injury.

As DVBIC director, Jaffee is charged with coordinating issues of clinical care, clinical research and education for TBI between all branches of the DoD and the Department of Veterans Affairs (VA). Through his oversight, this is accomplished through a [network](#) of 19 sites around the world consisting of military treatment facilities from each branch of the DoD as well as VA facilities.

DVBIC plays a critical role in maintaining unit readiness, improving the health and safety of service members and veterans and ensuring optimal outcomes for individuals with TBI and their families. Through state-of-the-art [clinical care](#), innovative [clinical research](#) initiatives and [educational programs](#), DVBIC serves troops and veterans with all levels of TBI severity in every environment of care.

"DVBIC is a network of incredibly dedicated professionals," said Jaffee. "In my meetings with patients and family members, it is truly inspirational how DVBIC professionals and our practice guidelines, care coordination and educational products have been making a difference in the care of our wounded warriors."

Prior to joining DCoE, Jaffee served as the neurology program director of Neuropsychiatry at Wilford Hall Medical Center at Lackland AFB, Texas. He also served as an aerospace neurology consultant at the Aerospace Consultation Service/USAF School of Aerospace Medicine. In addition, Jaffee has taught both psychiatry and neurology at the University of Texas Health Sciences Center in San Antonio and at the Uniformed Services University of the Health Sciences in Bethesda, Md.

As the clinical leader of the tri-service multiagency "Gray Team," established by the Office of the Joint Chiefs of Staff to improve systems of TBI care in theater, Jaffee has his hand on the pulse of all things related to improving the care of our wounded warriors. During his deployment in Balad AB, Iraq, Jaffee held the positions of chief of medical staff and the deputy commander of clinical services at the Air Force theater hospital.

"I am extraordinarily proud of seeing firsthand through deployment and missions with the Joint Chiefs Gray Team how theater management has evolved and improved to optimize management of TBI and concussion," said Jaffee.



Col. Michael Jaffee, Director, Defense and Veterans Brain Injury Center (DVBIC)

Jaffee's leadership style is greatly influenced by his philosophy on life. He always looks for the good in people, "I believe that the only way you will reach your potential is if you help others reach theirs," he said.

As the senior military DoD TBI subject matter expert, Jaffee serves as the DoD representative on the NFL Concussion Committee, the U.S. delegate to NATO Committee on mild TBI and is the designated federal official to the White House appointed TBI committees of the Defense Health Board.

To learn more about DCoE's commitment to developing and delivering the best TBI care to our service members and their families, visit [www.dvbic.org](http://www.dvbic.org).

## TOOLS YOU CAN USE

Additional links are available at [www.dcoe.health.mil](http://www.dcoe.health.mil) under “Resources”

### Resources for Service Members and Families

- **Traumatic Brain Injury – Helping Service Members and Families in Need**

<http://tinyurl.com/csts-tbi>

From the Center for the Study of Traumatic Stress (CSTS), a component center of DCoE, this fact sheet provides an overview on TBI to help service members and families in need and includes symptoms, the implications on family and a list of available resources.

- **Traumatic Brain Injury A to Z**

<http://www.TraumaticBrainInjuryAtoZ.org>

This site provides an informative and sensitive exploration of Traumatic Brain Injury (TBI), including information for patients, family members and caregivers. Topics include types and symptoms of brain injury, TBI treatment and recovery, and helpful insights about the potential long-term effects of brain injury. Animation is used to help patients clearly understand the brain and the results of injuries to different parts of the brain. Survivors and their caregivers share courageous stories about their own experiences, providing down-to-earth facts along with inspiration and hope.

### Resources for Health Professionals

- **Iraq War Clinician Guide – The Impact of Deployment on the Military Family**

<http://tinyurl.com/IraqWarCliniciansGuide>

The Iraq War Clinician Guide was developed by members of the National Center for PTSD and the Department of Defense. It was developed specifically for clinicians and addresses the unique needs of veterans of Operation Iraqi Freedom. Chapter 13 addresses the impact of deployment on the military family.

