Why Some Boston IED Victims Were Undercompensated

One Fund Misunderstanding of What Causes Most IED Injuries
- The Primary cause of IED injuries is the 1,600 feet/second blast wave.
- Amputation and fragmentation injuries are less frequent IED injuries.
- Percentages of IED blast trauma injuries are likely higher for Boston IED victims who lacked military-style protective equipment.

One Fund Criteria Did not Use the Most Prevalent IED Injuries
- Statistically, the top 4 IED related injuries are hearing loss, traumatic brain injury (TBI), post-traumatic stress disorder and vision loss.
- 34% of IED victims suffer dual sensory loss (mostly hearing and vision).

One Fund Criteria Failed to Recognize TBI Can Cause Permanent Brain Damage
- TBI is categorized as mild, moderate, severe, or penetrating - not always a useful means of classification.
- 75% of TBI patients also suffer some visual dysfunction
- The term mild TBI describes the injury, not the number or severity of symptoms.
- Severe permanent brain injury can come from a low yield blast.
- Recognized TBI effects include: headaches; dizziness; excessive fatigue; concentration problems; forgetfulness; irritability; sleep problems; balance problems; ringing in the ears; and vision changes that do not emerge until months later.

One Fund Criteria Failed to Recognize Vision Loss Resulting from TBI
- After TBI a significant amount of brain damage is caused by the inflammatory response to the acute trauma.
- TBI based damage to the nerve pathways for vision and eye movements in the brain, cause vision related tasks to be compromised.
- The most common visual problems from TBI and blast injuries are: 1) light sensitivity (photophobia); 2) double vision (diplopia); and 3) Loss of visual field.
- More subtle vision conditions go undiagnosed & untreated: Headaches, vertigo, asthenopia, movement of print and objects, binocular vision dysfunctions, balance, postural, spatial-temporal dysfunctions.

How the Global Campaign Can Help Solve the Problem
- Form a Working Group to develop recommended protocols and compensation criteria – report in 90 days or less.
- Coordinate through its network of Public-Private partners to develop the working group.
- Partner with Veterans Service Organizations, Government Centers of Excellence, Government Agencies and other Public and Private Sector Partners
- Deliver: a list of compensable IED related injuries not adequately covered by the One Fund; associated claim evaluation guidelines; and applicable evaluation criteria with actionable recommendations.

The Military Medical Sector is the Best Benchmark for Blast Related trauma
- The civilian medical sector lacks experience and IED blast trauma data.
- 85% of eye injured in Iraq and 87% in Afghanistan were from IED blasts
- 87% of hearing loss in Afghanistan and Iraq were from IEDs.
- Less than 1% of the tin Afghanistan and Iraq injured suffered amputations.

Global Campaign Partners

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