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Chiarelli: Stress Disorder, Brain Injury Science Lacking

By Terri Moon Cronk
American Forces Press Service

WASHINGTON, May 12, 2011 – The therapies used for the treatment of brain injuries lag behind the advanced medical science employed for treating mechanical injuries, such as missing limbs, Army Vice Chief of Staff Gen. Peter W. Chiarelli told reporters here today at the Defense Writers Group breakfast.

Chiarelli said more work must be done to properly diagnose and treat service members suffering from post-traumatic stress disorder, traumatic brain injury and suicidal thoughts.

“There’s a lot of criticism with how we handle PTSD and TBI and other behavioral health issues,” he said. “I think a lot of that is unfair, because if you study this, we don’t know as much about the brain. That is the basis of the problem.”

Meanwhile, Chiarelli said, the stigma that some service members associate with actively seeking treatment for mental health issues is still active.

“Breaking the stigma of mental health issues is the hardest part,” the general acknowledged.

Chiarelli said military medicine has been very successful in replacing injured service members’ lost arms and limbs with high-tech prosthetics in tandem with rehabilitation training.

“None of you has asked what we’re able to do with soldiers who lose arms and legs,” Chiarelli told reporters. “I’ve been using my bully pulpit in the last year or so to say that as an agency we do everything we can to understand the brain as we do the rest of the body.”

Chiarelli said progress has been made in diagnosing and treating PTSD and TBI, though he acknowledged that much work remains.

“We’re beginning to get some traction,” Chiarelli said of new information provided by recent studies of PTSD and TBI issues. The general said he’s “harkened” by the Army and National Mental Health Institute all-soldier study of PTSD and TBI, now into its third month.

“We’re starting to get back some data,” he said. “I feel good about it.”

The study starts with monitoring new trainees -- a process that has never been done before, the general said. The Army study, he added, will track soldiers during their careers to monitor them for potential risks.

“Our hope is we’ll get algorithms,” Chiarelli said, “and will be able to tell someone: ‘You’re at a higher risk of developing some kind of behavior health issue and this is what you ought to do about it.’”

Traumatic brain injuries that occur in combat are difficult to identify, the general said, because the majority of cases are caused by a blast, where the service member’s head usually doesn’t collide with the ground or any hard surface to produce a tell-tale wound. Therefore, Chiarelli said he wants to develop the ability to collect data on combat explosions inside vehicles to have a basis to better understand blast injuries to the brain.

Chiarelli said studies show that blasts occurring inside a military vehicle can result in an 11-percent chance for occupants losing a limb; a 65-percent chance for occupants developing PTSD or TBI, and a 16 to 17 percent chance of occupants suffering a brain injury.

The Army hopes to develop a tracking system for brain injuries, the general said, that’s similar to methods used to identify and track diseases that occur in organs such as the heart.

“That’s what we don’t fully understand,” he said. “We don’t know at what level that [injury] occurs and we need to find that out.”

Injured service members with PTSD or TBI may feel fine initially, but the symptoms will eventually emerge, the general said.

“When a soldier comes back from war, he might look exactly the same and act the same, but after two weeks or so, the signs start to show up,” Chiarelli said. “He goes to the doctor and says ‘fix it,’ and the doctor can’t fix it. It’s got to be the most frustrating thing in the world. That’s what we're faced with.”

The Army also is working with the Department of Veterans Affairs to aid veterans experiencing PTSD, TBI and other issues, he said.

“We are working closely with the VA in ways we’ve never worked before,” Chiarelli said. “We’re working on how to improve the disability evaluation process, and lessons learned -- what’s working and what’s not working.”

Meanwhile, he said, military health care providers “need to do a better job of screening , with [better] science that has some kind of certainty to make the proper diagnosis and [prescribe the best] treatment.”

Biographies:
Army Gen. Peter W. Chiarelli

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6/20/2011 1:32:49 PM
Veterans Village B-2 4401 Teller Street Wheat Ridge, CO 80033-3448 303 238 1456 www.veteranschamberofcommerce.org The War Widows How blessed we are to have a Prophetic friend like General Peter. We are starting an alternative to incarceration for our Wounded Warriors; i.e., providing mental health with business ownership educational studies.
- CHaplain Mary Murphy, Wheat

5/14/2011 3:44:48 AM
Finlly! Leadership is starting to take the forfront on identifying TBI and asking what can or should be done for not only TBI, but its associate conditions of PTSD and potential Suicidal ideation. Now real progress will occur if Tricare and Pentagon would recogize the importance of Cognitive Rehab.
- Nick, Colorado

5/12/2011 10:21:09 PM
As a disabled combat vet, General C never ceases to (un) amaze me. If he's not trying to casually drop the Disorder off PTSD ("PTS"), then he's doing what he's done in this article. First claiming/promoting that TBI and "brain injury" are different by providing statistics that show them as separate. Secondly, by suggesting that the doctors are over diagnosing. Disgusting, "Sir".
- Eli Israel, California

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