



Military summit focuses on invisible wounds of war

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Vice Chief of Staff of the Army Gen. Peter Chiarelli tells hundreds of researchers gathered for the TBI Spectrum that collaboration to heal the invisible wounds of war is his top priority. TBI stands for traumatic brain injury.

WASHINGTON (Army News Service, Sept. 22, 2011)
 --About two-thirds of the most-seriously-injured Soldiers are suffering from post-traumatic stress or traumatic brain injury, or TBI, and military researchers are teaming up to work on the problem, said the Army's vice chief of staff.

Gen. Peter W. Chiarelli spoke Sept. 22 at the TBI Spectrum, the fourth military medicine symposium about the subject which brought representatives from the military, government, industry and the private sector to the Renaissance Hotel in Washington, D.C., to discuss what was termed "one of the most perplexing medical challenges:" traumatic brain injury.

Hosted by the Uniformed Services University of the Health Sciences and the Henry M. Jackson Foundation for the Advancement of Military Medicine, this conference offered a review of TBI research and clinical care, rehabilitation and reintegration, as well as prevention, diagnosis and treatment.

"As of September first, 66 percent of our most-seriously-

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wounded Soldiers were suffering from PTS (post-traumatic stress) or TBI," Chiarelli said. "Now compare that to the number who have lost arms and legs or multiple limbs, and that's 10 percent."

Uniformed Services University
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Chiarelli has frequently referred to "invisible wounds" as the signature wounds of the past 10 years of war.

"And the fact is, there are many other (Soldiers) affected who are not enrolled in our Army Wounded Warrior program or have yet to be diagnosed," he said.

According to a Department of Defense report released earlier this year, more than 19,000 service members were diagnosed with mild TBI or a concussion last year.

"We must get a handle on this," Chiarelli said.

While collaborations between the public and private sectors are not new, the summit also provided many opportunities for partners within and outside of the Department of Defense to work together to expand and enhance the resources available to the military system in support of the nation's wounded warriors.

"It's important for people to collaborate, but that's nothing new," said Stanley B. Prusiner, director of the Institute for Neurodegenerative Diseases and professor of Neurology at the University of California, San Francisco.

"People have been collaborating in science for a long time. When scientists are trying to get things done, they tend to bring in other people and work together," Prusiner said.

In 1997, Prusiner won the Nobel Prize in Physiology, and in 2009 he was awarded the National Medal of Science by the president of the United States.

Currently, he and Daniel Perl, director of the Military Brain Injury Studies program and professor of Pathology at the Uniformed Services University of the Health Sciences, Bethesda, Md., are collaborating on the effects of Tau, a protein discovered in the 1970s.

From the point of view of the neurologist/psychiatrist, Prusiner said, the Tau creates tangles in the front of the brain when NFL players, for instance, have repeated head trauma. People with frontotemporal dementia also have these tangles.

"You can take those symptoms and overlay them on Soldiers with PTSD who go on and take their lives," Prusiner said.

"While Dan is looking at the pathology of the accumulation of the Tau protein, we're trying to take the other side of it and look for ways, such as a pill, to decrease the Tau protein so the aggregates that cause the tangles disappear," he said.

Chiarelli told the few hundred gathered from across the country that his number-one priority is the health and well being of the force that includes Soldiers, Army civilians and family members.

"The rest is important -- the network, improvements made to our fleet of combat vehicles and other equipment, cost-saving initiatives -- but the Army and the Marines are people-centric, our platforms are our people. The rest simply would not matter if our people aren't cared for properly," Chiarelli said.

Fortunately, he said, many of the nation's best and brightest men and women, from academia, industry, the medical community, DOD, and government are working tirelessly in TBI and PTSD research.

"Part of my reason for coming here today was to ask for your support and to look at tackling some of our most difficult challenges," he said.

Some of the challenges he mentioned were:

-- determining how best to treat co-morbid conditions, or the presence of one or more

disorders or diseases in addition to a primary disease or disorder

-- getting a better understanding of the potential interactions of drug treatments, also known as poly-pharmacy

-- understanding the correct sequencing of treatments for TBI, PTSD and other co-morbid conditions

-- pursuing alternate methods of treatment in order to reduce the number of pharmaceutical drugs Soldiers are prescribed

-- recognizing latency of symptoms common to brain injuries that often result in a lag of diagnosis and treatment, as the time between when a brain injury is incurred and when it's diagnosed can be fraught with related symptoms, such as irritability, problems concentrating, anxiety and depression

Often, as a result of one or more of the above conditions, Soldiers will take their own life.

"Once a month, I host a Suicide Senior Review Group, or what we call the SRG, during which every single suicide is briefed to me by unit commanders, either in person or videoconference, from their locations around the world. It is without a doubt the most difficult two hours that I spend every single month," Chiarelli said.

"It's heartbreaking and frustrating knowing there was either no sign of problems, or the chain of command did everything they should have and the individual still took his or her own life, in spite of their efforts," he said.

Military medicine, though, has made great advances, including prosthetics, he said.

"Every time I go up to the new Walter Reed National Military Medical Center to visit our wounded warriors, I am always encouraged when I talk with the individuals in rehab recovering from amputations," he said.

During his last visit, a young man was genuinely excited as he told the vice chief of staff about the new prosthesis that he had been fitted with that would allow him to make a full turn on his golf swing.



"But when you look back on this war, 20, 30 years from now, I believe that the greatest advances will be in the area of brain science," Chiarelli said.

"We've already made tremendous progress in what has largely been uncharted territory with effective protocols, new treatment and imaging methods, therapies, technologies and protective devices. And these and other advances are benefiting not only today's service men and women, but people outside of the military, including athletes," he said.

The fact is, he said, the medical community is very proficient at fixing mechanical problems with the body, and the natural tendency is to believe the same could be said of the brain.

"I ask all of you to continue the outstanding work you're doing in this area. Pursue further opportunities to improve or expand upon current efforts and collaborate, collaborate, collaborate," Chiarelli said.

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