

TOM PHILPOTT | 'Invisible injuries' of war to be felt for decades

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Sixty-six percent of the most seriously wounded soldiers returning from Afghanistan and Iraq have "invisible" injuries of brain trauma or post-traumatic stress, which their families and society will be dealing with at great cost for decades, said Gen. Peter W. Chiarelli, the Army's vice chief of staff.

"The truth is, because we don't see these injuries they don't receive the same level of attention as amputations, burns, shrapnel injuries," Chiarelli said. "There is simply a bias — and I really mean that — there is a bias either conscious or subconscious toward invisible wounds and injuries. It exists everywhere including in the medical community."

Chiarelli made his remarks Monday at Defense Forum Washington, a one-day conference on support for wounded warriors and families as they struggle to heal and regain stable lives. The annual event is co-sponsored by U.S. Naval Institute and Military Officers Association of American.

Before Chiarelli spoke, April Marcum, wife of retired Air Force TSgt. Tom Marcum, described for attendees how her husband saw that bias from the medical community when he returned wounded from Iraq in 2008. A combat arms training and maintenance specialist with 12 years in service, Tom had been in charge of an armory on Ali Air Base Iraq when a mortar round fired by insurgents exploded 35 yards away, knocking him unconscious.

When he could, Tom called April to say that, except for a headache, he was OK. A medic told him he should rest a couple of days before returning to duty. But when Tom's tour ended several weeks later and he returned to Moody Air Force Base, Ga., April could tell he wasn't himself.

"He still had the same headache. He was confused at simple things. He had short-term memory loss. The last straw for me was the day he called me on his way from work and said, 'I can't remember how to get home,' " April recalled, tearing up. Tom, at her side, let April speak for the family.

"The local medical community, including the Air Force medical clinic doctor, seemed to be reluctant to help," April continued. "Tom's primary care doctor implied Tom was trying to get out of work. This was a slap in the face to both of us" considering that, with two boys to raise, neither Marcum had ever complained during any Tom's various deployments.

"Then the doctor made this statement: 'I'll write you a prescription for Motrin but you really need to suck it up and go back to work,' " April said.

They pressed for an appointment with the medical group commander. Eventually Tom got a thorough evaluation at the poly-trauma unit of the VA Medical Center in Tampa, Fla. Doctors diagnosed traumatic brain injury with an orbital wall blowout fracture

behind an eye. A shoulder required surgery. Tom also had hearing loss, vision deficit and post-traumatic stress disorder.

He spent months in Tampa and "received outstanding medical treatment," April said. He was medically retired from the Air Force in May 2010. Three years after returning from war, Tom remains on the temporary duty retirement list awaiting word on whether the Air Force will retire him permanently. April said she had to quit her teaching job to care for her husband and raise their sons. While living on 70-percent disability payment from the Air Force, and Social Security Disability Insurance, the Marcums have exhausted their life savings, she said.

Chiarelli, after his own remarks, took a question from April about how the Army conducted some tests on her husband and the Air Force later would not accept the results because they appeared on an Army evaluation form.

"I honestly believe it relates back to the stigma" tied to these invisible wounds of war, Chiarelli told her. "The medical community is as much stigmatized by these injuries as anybody."

For example, Chiarelli said, he believes post-traumatic stress "is a no-kidding injury. But if you were to get 10 psychiatrists and psychologists over here you would have maybe six who agree with me and the other four would say, 'General you're nuts. How dare you even say that if you haven't studied this as long and hard as we have.' The stigma is everywhere. It's throughout the service It's throughout civilian [life]."

As vice chief, Chiarelli said, his top priority "is the health and well-being of the force," which explains his focus on "the signature" wounds from Iraq and Afghanistan. Many soldiers and veterans with post-traumatic stress disorder and traumatic brain injuries aren't yet receiving care because their injuries haven't been diagnosed and might not be discovered for years.

The National Institutes of Health, he said, has estimated that the average length of time in this country between when an incident occurs that causes post-traumatic stress and the illness gets diagnosed is 12 years.

"And lots of bad stuff happens in that 12-year period," he said, which can have lasting impact on individuals, their families and their careers.

Symptoms of both post-traumatic stress and traumatic brain injury can include difficulty concentrating, irritability, personality changes and memory impairment. Yet the physiology behind these types of injuries still is not well understood, Chiarelli said. Advocates at the forum said oftentimes only a family member can spot symptoms and arrange needed medical help.

"The reality is that we as a department and as a nation will be dealing with the symptoms and effects of these injuries for decades to come. And make no mistake, this is where your money will be spent," Chiarelli said.

About 20,000 soldiers are going through Army's disability evaluation process, which takes on average 373 days. Another 20,000 are non-deployable for medical reasons. That 40,000 soldiers are removed from Army active end strength at any given time is "what happens when you have one percent of the population fight a 10-year war," the vice chief said.

Fortunately, he said, much has been achieved from studying invisible injuries from these wars toward more timely diagnoses and treatment. For example, researchers are perhaps just a year away from developing a biomarker to detect conclusively whether a patient has suffered a concussion, using a device similar to what diabetics use to test

blood sugar.

"Do you know how huge that will be?" Chiarelli asked.

Yes. Many in this audience, comprised mostly of wounded warrior caregivers and advocates, did indeed know.



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