

## March 3, 2009 - Lawmakers Want Faster Progress on TBI, PTSD

Army Times

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Lawmakers want faster progress on TBI, PTSD

By Kelly Kennedy - Staff writer

March 3, 2009

A hearing meant to give Defense Department officials a chance to explain their plans for spending \$900 million allocated for mental health care quickly turned into a debate on how that money should be spent.

As yet, military experts on post-traumatic stress disorder and traumatic brain injuries are still working out which studies should be funded, which treatment methods should be adopted and which pilot programs should be put in place.

"We keep getting studies," Rep. John Murtha, D-Pa., chairman of the House defense appropriations panel, said at a hearing Tuesday. "That's the problem with the Defense Department — they study it to death."

"I would say that you've helped us significantly," Ellen Embrey, deputy assistant secretary of defense for force health readiness and

protection, told Murtha and other lawmakers. "I would like to report in future hearings what we're doing with that money."

Lawmakers had plenty of ideas of their own: Buy more helicopters to get wounded troops out of Afghanistan faster; begin treating traumatic brain injuries immediately using hyperbaric oxygen chambers; and, most importantly, quit spending so much time studying options that never become reality.

Murtha began the hearing by lamenting the growing number of suicides among active-duty soldiers, higher rates of divorce in the ranks and stories he said he keeps hearing about service members being treated poorly when they ask for help.

But Army Brig. Gen. Loree Sutton, director of the new Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, said there is much positive news since her program was created.

"We have come a long way since just over a year ago when we were a name on a piece of paper," Sutton said.

She said there are 20 new sites to deal with mental health and traumatic brain injury issues, that a new pilot program helps young people who now need assisted-living services, and that 2,700 providers have been trained about PTSD and TBI.

However, she said, the Defense Department missed its goal for hiring new mental health providers.

"Are we hiring enough?" Embrey asked. "I don't think we could hire enough at this point. The services had hoped to hire 1,000, and they've hired 800, so they're not as successful as they'd like."

She said officials are working on better recruiting methods, but there is a national shortage of mental health care workers.

Sutton said the Veterans Affairs Department also has made changes, contacting 500,000 veterans to make sure they know what support is available and to see whether they're having problems. And, she said, a new suicide-prevention hot line has received more than 100,000 calls.

"Yet suicide rates are up?" Murtha asked.

Sutton said the military was putting its "greatest efforts and focused urgency" on the suicide issue, and ensuring other service members know the warning signs and how to intervene.

Of 4,000 people with traumatic brain injuries in the Defense Department's TBI registry, 80 percent to 85 percent have mild TBIs, Sutton said. But "mild" can be a misnomer: Some people with mild TBI face permanent short-term memory loss, headaches, vision problems and seizures.

She also said 10 percent to 20 percent of troops screen positive for PTSD during redeployment screenings.

But she noted that although combat affects everyone, not everyone develops a disorder, and that most people with TBI fully recover. Still, she said, the military must continue to chip away at the stigma that deters service members from seeking help, and more research needs to be done on treatment for PTSD and TBI.

Bouncing back

Perhaps the most surprising bit of news from Sutton was something she called "post-traumatic growth."

She told lawmakers of a service member who had lost his legs in combat and, she said, told her he wouldn't take them back "for the world" because he had grown so much after losing them.

She said many troops "bounce back" and are coming through their experiences stronger than before.

Sutton said some of the money Congress allocated for mental health issues has been targeted for alternative forms of medicine, such as tai chi, massage, acupuncture and yoga.

Ten such projects are in place. "We can perhaps even serve as a model for the nation at large," Sutton said of the success of those methods.

When she and Embrey finished talking about their programs, lawmakers weighed in on issues they thought were important.

Murtha said service members in Afghanistan are dying at higher rates from their injuries than service members in Iraq, and he blamed it on a lack of transportation. "It's taking longer to get out of Afghanistan," he said. "I would assume it's because they can't evacuate them as quickly as they might."

Rep. Sanford Bishop, D-Ga., asked why the military is not yet using hyperbaric oxygen chambers to treat TBI in the wake of a recent study of 16 people with TBI that showed all 16 improved.

The treatment involves 40 to 60 sessions in a chamber in which the patient is exposed to higher oxygen levels. The chambers have long been used to help people who develop the bends from deep-sea diving, and have been shown to be beneficial for healing wounds faster and getting rid of

infection, Sutton said.

She called the new study "promising" and said defense officials will meet with Food and Drug Administration officials at the end of the month to plan a clinical trial.

"We are as hopeful as anyone that this will become a proven standard of care," Sutton said.

"It just takes so long," said Rep. Norman Dicks, D-Wash. "That's what's so frustrating."