

Pentagon focuses on brain trauma

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WASHINGTON — Troops caught near a roadside blast will be pulled out of combat for 24 hours and checked for a mild traumatic brain injury, even if they appear unhurt or say they are fine, according to a treatment policy the Pentagon is planning to release.

"Very clearly, we're sort of taking it out of their hands," said Adm. [Michael Mullen](#), chairman of the Joint Chiefs of Staff, who pushed hard for the policy change. "The sooner you're able to treat somebody and get it right, the higher the probability you'll reduce the long-term impacts (of brain injury). So speed is really important here."

The policy change stems from growing concerns that troops suffer mild traumatic brain injuries (TBI) in combat — or more than one — and they go undetected, Mullen told USA TODAY in an interview. "We need to treat ... more quickly and then we need to keep track of people," he said.

The Pentagon is "likely to issue" the policy in the next several weeks, spokesman Bryan Whitman said.

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A RAND Corp. study estimated in 2008 that 300,000 U.S. troops may have suffered this injury, many from a blast. About 100,000 troops have been diagnosed with mild TBI since 2003, with numbers increasing as military medicine has become more aggressive in screening for the hidden injury, according to Pentagon data.

The new policy is a major expansion of battlefield medicine because it treats troops based on what happened to them, not just visible wounds, said Air Force Col. Michael Jaffee, director of the Defense and Veterans Brain Injury Center.

Pentagon data estimate that fewer than 2% of soldiers or Marines would be sidelined by these policies, Jaffee said.

Research shows that 5%-to-15% of mild TBI cases lead to persistent problems such as short-term memory, problem-solving skills and headaches, Jaffee said.

The servicemember may not be fit for combat until he or she recovers, Jaffee said. The majority recuperate in a few days, he said. If the servicemember returned to combat before the brain heals, a second concussion from another blast could cause significant damage, he said.

Under the proposed guidelines, squad and platoon leaders working with medics or Navy corpsmen would pull from combat for at least 24 hours any servicemember who was in a vehicle or structure damaged by a blast, or who was standing within 55 yards of an explosion, Jaffee said.

The person would be checked for symptoms such as headaches, ears ringing and double vision, and then tested to assess short-term memory and concentration, with a score. If there are symptoms or a poor test score, the servicemember would stay out of combat until he or she improves, Jaffee said.

Soldiers heading to Afghanistan are already being trained in the new protocol, said Gen. Peter Chiarelli, Army vice chief of staff. Chiarelli told about 600 soldiers with the 1st Brigade Combat Team, 101st Airborne Division about the new policy last December. The brigade is going to Afghanistan.

"We're the first unit to have this training before we deploy," said Maj. Scott Harrington, the brigade surgeon.

Chiarelli said it was important to make these changes soon. In the past, he told USA TODAY in a recent interview, "we have not been as fast to react as we needed to" with TBI.