

## Wounded vets panel told more must be done

by Rick Rogers - CNS

SAN DIEGO - Combat veterans - especially reservists and those living in rural areas - lack proper mental-health care because there are too few treatment specialists, a flood of patients and a lingering stigma among troops about seeking help.

That was the gist of what medical experts and private citizens told the President's Commission on Care for America's Returning Wounded Warriors during its hearing in San Diego.

President Bush established the panel in March to gauge the needs of injured service members after he learned about shoddy patient care at Walter Reed Army Medical Center in Washington, D.C. The commission is led by Bob Dole, former U.S. senator and Republican presidential candidate, and Donna Shalala, former U.S. secretary of health and human services.

"We are trying to find a solution," Dole said. "We are not on a witch hunt or a white-wash."

It didn't take long for the commission to hear what became a recurring message: More needs to be done.

"The military system does not have enough resources, funding or personnel to adequately support the psychiatric health of service members and their families - in peace and during conflict," said Richard McCormick, a professor at the Case Western Reserve School of Medicine in Cleveland. "This creates a perfect storm of barriers to receiving care."

Few of the roughly 50 people who attended the Thursday meeting were combat veterans. The commissioners visit Camp Pendleton on Friday to meet Marines and their loved ones.

Oceanside resident Miguel Delgado was the lone veteran who spoke during Thursday's session.

Delgado, a retired Navy senior chief and corpsman and a two-tour veteran of the Iraq war, said he kept rationalizing his drinking, anger and flashbacks until he awoke one day to find himself choking his girlfriend.

He blasted the treatment he has received for post-traumatic stress disorder since leaving the military in

November.

"I am not convinced there is a system in place for veterans who return with PTSD," said Delgado, 45, who did praise other medical services provided by the Veterans Affairs system.

He stopped going to group counseling because he didn't feel comfortable sitting next to heroin addicts and the homeless. Delgado fears he could meet the same fate if better PTSD treatments, including more specialized counseling services, aren't made available.

"I'm afraid I am going to wind up in the street with a sign," Delgado said.

He is "100 percent certain" that many Camp Pendleton-based Marines are suffering from PTSD because of their combat duty in Iraq. Delgado also said Marines routinely lie on mental-health assessments so they can deploy with their units and avoid the stigma of being seen as weak.

"Stigma is still an issue for us," said Col. Elspeth Cameron Ritchie, an Army psychiatrist and a consultant to the Army's surgeon general. She said 20 percent of the soldiers in Iraq show signs of mental-health problems.

"We are concerned about the number of suicides," Ritchie said.

Last year, the Army saw its suicide rate spike from the annual average of 10 to 12 soldiers per 100,000 to just over 17, according to a recently released Pentagon report on troops' mental health and ethics.

McCormick, the Case Western professor, is part of a Defense Department task force on mental health. He visited Camp Pendleton and other military installations nationwide to help prepare the task force's report, which will be released next month.

The military's mental-health services are uneven, McCormick said, but active-duty troops who live in remote areas and National Guardsmen and reservists might be the most vulnerable. They have less access to specialized medical care or belong to branches with a poor health-care infrastructure.

"The reservists are a special challenge," McCormick said.

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