

**KQED Radio, The California Report
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Transcript (unofficial)

KQED Host Scott Schaefer: "From KQED public radio, this is The California Report. I'm Scott Schaefer. On today's show, the difficult road to recovery for injured soldiers."

Harriet Zeiner, clinical neuropsychologist: "There is a segment where we return them to active military duty. But there is a larger segment of people who are moderately and severely injured where the dream of going to college, of holding a job independently, is not a realistic one."

Announcer: "...Afghanistan and Iraq, the Department of Defense reports that nearly 1,500 U.S. troops have died, and more than 10,000 have been wounded. Among the most debilitating wounds are traumatic brain injuries. One of the nation's leading brain treatment centers is the VA Hospital in Palo Alto. Jason Margolis visited some military patients undergoing therapy and files this report."

Woman speaking: "Ready? Whenever you're ready, go ahead and stand."

Veteran patient: "I'm ready."

Jason Margolis, Sacramento Region Reporter: "Within the confines of the sprawling VA campus in Palo Alto, World War II and Vietnam vets work on rehabilitation alongside returning soldiers from Iraq and Afghanistan. For today's soldier, the silver lining of modern warfare, if there can be one, is that new body armor and better emergency medical techniques are keeping more soldiers alive. The one area that can't entirely be protected is the face and parts of the skull."

Eric Castillo, veteran patient: "They say I got injured by four mortar rounds landing nearby, close to me and exploded. And the shrapnel hit my head."

Jason Margolis: "Twenty-one-year-old Eric Castillo, from Nogales, Arizona, was injured in July in Baghdad. The right side of his forehead was shattered and now sharply concaves inward. His right eye droops and can't align with the left. Speaking from his hospital bed, Castillo repeatedly strokes the hair above his injury. The doctors say he has the symptoms of a very bad stroke symptom."

Eric Castillo: "My left side of the body doesn't work so well, so I can't move my arm or my leg like normal. So that means I can't do just regular stuff, like I used to walk, used to grab things with my left arm."

Jason Margolis: "Castillo works daily with occupational and physical therapists, like Beth Pittman."

Beth Pittman, occupational therapist: "Relax. Good. Try and keep that left knee inward. You're pushing against that pillow at the same time. Good."

Jason Margolis: "On this day, they're working on a seated stepper machine. Castillo pushes lightly with his legs and left arm, slowly building up strength so he can again perform the most basic of functions, like sitting up in bed."

Beth Pittman: "Currently, he's able to roll onto his left side and sit up at the edge of the bed, with me just kind of standing by. So that's a big improvement from initially."

Jason Margolis: "Do you feel like you're making progress?"

Eric Castillo: "Yes, but it's very slow (emphasized). That's the tough thing. Everything about head-trauma, traumatic (unintelligible) injuries is slow progress, and that's what's tough."

Jason Margolis: "For most patients, it will take 18 to 24 months to recover from a traumatic brain injury. The severity of the injury determines how much function can be regained. It's a slow process because brain cells are so unique. With other parts of the body, healing is done by replacement cells. For example, if you cut yourself, a few days later there's new skin underneath the scab. But Harriet Zeiner, who's a clinical neuropsychologist at the Palo Alto VA, explains that the brain heals differently."

Harriet Zeiner, clinical neuropsychologist: "It's designed to, because it's a repository for all the information you're ever going to have. And so, if it got replacement cells, one of the main problems is they'd be dumb. They wouldn't have access to all the information you've acquired over a lifetime."

Jason Margolis: "Nationwide, 350 troops who served in Iraq have been treated for brain trauma. Thirty-eight have been in Palo Alto. Even as resources are running tight at the VA, a spokesperson says patients with severe injuries, like brain trauma, are the highest priority and will always be treated for the rest of their lives, no matter what the cost. Despite this pledge, Zeiner believes many patients with less severe brain injuries are slipping through the cracks. For a patient like Castillo, the gaping hole in his skull left no doubt about the severity of his injury, but for others, the diagnosis is not so obvious. Zeiner says soldiers can be near a blast, and the brain can be rattled around, but since there are no outward signs of injury, the soldiers are often unaware that their brain has suffered physical trauma."

Harriet Zeiner: "The individual looks perfectly okay. They sound the same. They look the same. There's no injury. They simply think more slowly. They have memory lapses. They don't read the emotional signs from their partners very well. They appear to have changes in empathy."

Jason Margolis: “Too often, she says, soldiers who complain of irritability or changes in concentration, are treated for psychiatric problems, rather than neurological issues. Ideally, she would like to see the military screen all soldiers as they’re returning home for signs of brain trauma. The 23-year-old Ray Warren (sp) from the San Fernando Valley – his injury was clear – part of his skull was shattered in Iraq six months ago. He can now walk on his own and outwardly appears healthy, besides the padded helmet he wears to protect his head. But because his brain’s frontal lobes were injured, he still has trouble with memory and decision making. He works on a problem-solving drill with speech pathologist Janet Hargadon.”

Janet Hargadon, speech pathologist: “So listen to the situation and give me your best answer, okay Ray?”

Ray Warren, veteran patient: “Okay.”

Janet Hargadon: “Okay. It’s dinner time and you don’t have anything to eat. How would you solve that problem?”

Ray Warren: “I can go to McDonald’s, a restaurant. Go to my refrigerator?”

Janet Hargadon: “Okay, well let’s say you don’t have anything to eat. Try to come up with one more answer.”

Ray Warren: “Go to my friend’s house and eat?”

Janet Hargadon: “Okay, good. How about one more?”

Ray Warren: (long pause) “I don’t know.”

Jason Margolis: “Therapists are teaching Warren new techniques to work around these deficits, like keeping to a schedule or writing down reminders like ‘Go to the grocery store.’ Surgeons will also soon place a titanium plate on Warren’s skull, after the brain swelling has fully subsided. Warren says when he’s discharged from the VA, he wants to eventually return to the Marines. But this story doesn’t have a Hollywood ending. Harriet Zeiner says part of the rehabilitation process is getting patients to set more realistic goals.”

Harriet Zeiner: “Part of my job is implanting hope, but I don’t want it to be false hope. I want it to be realistic hope. There is a segment where we return them to active military duty. But there is a larger segment of people who are moderately and severely injured where the dream of going to college, of holding a job independently, is not a realistic one.”

Jason Margolis: “Zeiner says 21-year-old Eric Castillo is making good progress and may recuperate enough to attend junior college, with assistance or do some type of volunteer work. But right now he’s still in the crucial first six months of recovery, and it’s too early to tell exactly what his future will hold.

“What do you want to do when you’re recovered?”

Eric Castillo: “Just live life, don’t take it for granted. Don’t take nothing for granted, ‘cause this is....I call it like....I’m being in my own prison, which is my body. It’s my prison. That’s what I call it.”

Jason Margolis: “Eventually, surgeons will reconstruct Castillo’s face and skull to repair his appearance. Besides providing health care, the VA will also give Castillo a stipend of \$3,000 to \$4,000 a month, tax free, for the rest of his life.

“For The California Report, I’m Jason Margolis in Palo Alto.”

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