

# Care of veterans aired at interims

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MARTINSBURG — Nearly 3,000 West Virginia veterans who returned from combat in Afghanistan or Iraq have been diagnosed with post-traumatic stress disorder, and the list will only grow longer, according to a spokesperson from WVU Health Sciences Center.

Hilda Heady, associate vice president for rural health at WVU Health Sciences Center, spoke with state delegates serving on the Joint Committee on Government

and Finance Tuesday to discuss the state of affairs for soldiers.

There are about 245,000 veterans in West Virginia. Only one third of those veterans are currently being served through the Veterans Affairs health system, Heady said, making it difficult for other primary care professionals to diagnose and treat the remaining two thirds when they are not aware of screening procedures.

“West Virginia suffers from a lack of adequately distributed mental health professionals serving rural people,” Heady said.

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“We don’t have individuals trained in the civilian work force to identify these (and other) issues with our service men and women.”

For example, about 55 battle-scarred soldiers in West Virginia are suffering from traumatic brain injury, or TBI, caused from the detonation of an improvised explosive device, with effects similar to that of Shaken Baby Syndrome, she said.

“We believe this injury will go down in history as the signature wound of this war,” she said. “It’s hard for the VA system to diagnose and treat these cases when they are not part of the system.”

Heady recommended legislators address these issues by including an amendment to the Rural Health Initiative of 1991 to extend the rural rotation requirement to state-supported programs in psychiatry, psychology, social work and other mental-health

practice fields at schools.

“By increasing appropriations by \$100,000 to the Health Sciences Scholarship Program, mental-health professionals could be given stipends to work with returning soldiers,” Heady said, adding there is a need nationally to develop a screening tool for primary-care providers to use to assess the well-being of returning soldiers and veterans.

“West Virginia provides an excellent development and testing environment for such a tool ... and could be in the forefront of this effort,” she said.

Heady also suggested that legislators, at no added cost, direct each academic health sciences center to form an internal study group on their institution’s response to the needs of returning soldiers and aging veterans, noting ways they might improve their training of health professionals.

“We need to be very concerned of this situation,” she said. “The cuts in the VA budgets have been more dramatic in the last 12 years, and we’re at war. The VA system is an excellent source of care, but they know they can’t serve all the soldiers.”

Committee co-chairwoman Del. Barbara Evans Fleischauer, D-Monongalia, showed significant interest in Heady’s report and said the Joint Committee on Government and Finance has recently engaged in a study to examine these and other needs of soldiers and veterans, particularly those injured in the Iraq and Afghanistan wars.

“We as a legislature looked at our own VA system and asked how we could improve it,” Fleischauer said. “We want to make sure we are doing everything we can as a state to make sure these heroes and heroines are taken care of.”