

Glenn Minney
Testimony Before the House Veterans Affairs
Subcommittee on Oversight and Investigations
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The TESTIMONY provided before this committee today as a combat Veteran from the war in Iraq, and **not** as a VA employee, and I do not represent the views of the Department of Veterans Affairs on these issues today in my testimony.

I first joined the United States Navy on September 4, 1985, where I attended Basic Training as well as Naval Hospital Corps School all at Great Lakes, Illinois. After serving on Active Duty tour in the late 80s, I rejoined the Navy reserves in Columbus, Ohio. As a reservist, I was assigned to Lima Company 3Bat. 25th MAR. As a civilian I was employed by the Department of Veterans Affairs as a Pharmacy Technician, and then as a police officer, and then finally as a firefighter.

On 1/3/2005 I was called to Active Duty to serve in Iraq. After spending 2 months at 29 Palms, Marine Corps Base, California, the Battalion was on its way to Iraq.

3/25 was assigned to Haditha Iraq and also to Hit Iraq. The majority of the Battalion was assigned to Haditha Dam Iraq. A 10 story hydro-electric dam we used as a firm base. We had a make shift chow hall, sleeping quarters inside engine rooms, and a Battalion Aid Station in a elevator control room.

4/18 at approx 16:30 I was on the 10th story of the dam outside retrieving medical supplies from a con-ex container. Without warning I was lifted from the ground and a bright flash of light flashed before me eyes. The next few seconds were a blur. The next thing I remember was that I was up against the rail of the dam. I then began running toward the Battalion Aid Station. Once I arrived at the BAS, I checked myself for any injuries and then began getting ready to start taking in casualties. Luckily, there were no other casualties but I was informed there had been four other mortar rounds that hit the water around the dam. Those rounds I don't remember.

The next day I noticed my eyes were a little scratchy and I had a headache. The headache I figured was from the blast, and the eyes I thought might have been sand from the blast. Later I went to a fellow corpsman and had him look into my eyes and look for debris or scratches. Nothing was found that time. A few days later I logged in to be seen in sick-call. I was examined using an ophthalmoscope and nothing was scene so I was treated for pinkeye, and as far as the headaches went, Motrin. A month or two went by and the redness in my eyes was not getting better, nor were the headaches. I covered much of the problem up because I wanted to stay with my unit. Then one day I had awoken and noticed a slight veil covering the corner of my eye. I ignored it and went on with the mission. Days later the veil was almost covering my entire eye. I knew then I had to go back to the BAS. Once there, I described my symptoms to the Battalion Surgeon, who again looked into my eyes. Once again, they gave me the same pinkeye medication. The next day I was blind in my right eye, so I went back to the BAS. The Battalion Surgeon made a few calls and sent a few emails, and the next day I was flown to Al Asad Air

Base. From there I flown to Balad, Iraq. This was a Friday and once I arrived at the Medical Cache I was informed the eye surgeon was off duty for the weekend. I was placed in a transit tent until Monday when the eye surgeon was back on duty. That Monday I was seen and told I would be flown to Germany immediately on the next flight out.

Once I arrived in Germany, I was taken to Lundstuhl Medical Center and placed in a room. I was advised I would be having my surgery in the German Eye University located in Hamburg, Germany. Within an hour on 8/16 was in surgery and the next day I was back in surgery having my left eye operated on. I spent 10 days in the German hospital with both eyes bandaged. And I didn't speak German. After having the bandages removed, I was then taken back to Lundstuhl Medical Center. There I was evaluated and told I would be on my way back to the states in three days. After the three days, I arrived in Washington, DC and was taken to Bethesda Naval Medical Center. Once there, I was seen by an eye surgeon and was told I was in the healing process and that there was nothing he could do. I was told I was to go home on 30 days con-leave.

I arrived home on 9/1 and on 9/3 I awoke to being blind again. After controlling the panic, I called my medical liaison at my reserve unit and was advised to call the closest eye surgeon who took TRICARE and get seen now. With the assistance of my fiancée, we discovered a local surgeon and he was willing to see me after hours. Once I was seen, we were told I would need surgery ASAP. Within hours, I was back in surgery having my right eye operated on. After the surgery I was informed that I would have to lay flat for one to three months face down. After that first month, I was called by Bethesda Naval Medical Center and was told I was to report at once. I didn't know what to do. I called my reserve center and advised them what was going on. I was told the Commanding Officer would take care of it. Within days, I was advised that I was now assigned to my parent command in Columbus and that I could call daily to check in.

During recovery time, I continued to have some headaches and vision problems so I went to my local Veterans Affairs Medical Center where I worked as a civilian. After I arrived, I was told I could not be seen there because I was on Active Duty and that I had TRICARE. Also, because I didn't have a DD-214, I wasn't a veteran. After speaking with the Associate Director, I was seen without any problems. I was scheduled for an MRI of my head because the doctor I saw asked if I'd had any sort of imagining after the explosions or after the surgeries and I said no. In 12/05 I was called by BUMED and advised that I either had to report to Great Lakes and process off Active Duty or they would do it over the phone. I called my Commanding Officer and advised him of the situation. Within hours I was advised that I would be staying on Active Duty and assigned to the Wounded Warriors Barracks at Camp Lejeune, North Carolina.

While at the WWB I once again felt that I was an asset to a unit. I was back to being a Navy Corpsman taking care of Marines. I performed dressing changes, stump wound care, wound irrigation, and medical administration issues such as getting the Marines to their appointments or to the VA to begin their paperwork. Also while there, I went through different types of therapy and I received my MRI. It was then and finally then that it was discovered I was suffering from a severe TBI. All the medical centers I described above and not one had performed any sort of MRI, CT Scan, or even an X-Ray. The VA in Chillicothe Ohio thought outside the box and set it up, but I was transferred before they could do the MRI so I had it done while I was at Camp

Lejeune. It was then they discovered I had a loss of brain tissue in the parietal lobe as well as the occipital lobe (which works the eyes). I went through several neuro-psych exams to determine the extent of my injury, and after several tests, it was determined that the TBI was also a major cause in my loss of sight. The eye healed from the surgeries, but it was also the optic nerve that was damaged as a result of the TBI that was now a concern.

In 9/06 I was officially retired from the Navy, and I was rated at 100 percent disabled. While at Camp Lejeune I had already began my VA disability paperwork so, once I arrived in Ohio at my parent VA, I was one step ahead.

I ran into a problem, however. I couldn't see, so how was I going to provide for my family as a firefighter? The Associate Director of the VA in Chillicothe offered me the position of Patient Advocate. As he put it, "Who better to assist veterans than a veteran"?

Since returning to the VA as an employee and veteran, I have had to overcome some other barriers. Once I was working, I had trouble reading and getting around. Months after returning to work, I met my VIST Coordinator. I had no idea there was such a person. We met for about 30 minutes and he gave me a folder of papers and a hand-held magnifier. I hadn't seen him since until this last month. I understand that in Ohio the VIST Coordinator only comes to the VA once a week for a few hours at a time. He is a mobile VIST Coordinator. After my first visit with the VIST Coordinator I was placed in touch with Vision and Vocational Services from Columbus, Ohio, a nonprofit organization that helps those with visually inabilities and with total vision loss. Within weeks of meeting the people from this organization, I was evaluated and provided with several magnifiers, a large computer screen, a new desk, several computer programs, and new glasses. Whoa, VVS came through. After this had all happened, my VIST Coordinator called and advised me that I would be getting a CCTV, a monitor that enlarges print. I work everyday helping veterans in whatever way I can and now I have the equipment I need to complete these tasks.

In conclusion, it is my impression that there is still not a seamless transition between VA and DoD. I see evidence of this everyday in the VA system. Fellow combat vets are trying to enter the VA for the first time, still not sure of what to expect. I also would like to see a fully staffed TBI/EYE trauma center built so that other veterans like myself won't have to go months or years not knowing that the reason they are the way they are is actually due to a TBI. Right now I am on a registry. I'm a number, which isn't helping me or any of us who really need the one-on-one treatment from an actual TBI/EYE trauma center. Research, education, vocational rehab, adult daily living skills—these are all items that can come from such a facility. Staff the facility with eye specialists, neurologists, physicians' assistants, nurses, and rehabilitation specialists. The discovery of a TBI is the first step in a new life for an injured service member. The number of TBIs is growing every day and only a fraction of those exposed to explosions actually know when something is wrong. Thinking patterns, cognitive issues, memory problems, anger, and also vision problems. These are all issues related to TBIs. Once again, thank you.