

**Testimony by SSG Brian K Pearce (retired Combat wounded vet) &
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Chairman Mitchell, Members of the Subcommittee, thank you for the opportunity to speak to you today regarding our experiences following my injuries in Iraq and during my medical care to date.

I joined the US Army in June 1992 and served until March of 2000, joining the WVARNG. After a 3 year service break I returned to Active Duty in January of 2004. My new duty station was the 172nd Stryker Brigade Combat Team out of Ft. Wainwright, Alaska. There I was assigned to 4-11th FA as the Brigades Survey/Targeting Acquisition Chief. After an intense training period we deployed in July of 2005. My SBCT spent August 2005 through August 2006 the first year of our deployment operating in the Mosul area. As the Brigade prepared to re-deploy home to Ft. Wainwright in July we were extended for 120 days. I had already returned to Alaska in June to prepare for our Brigade's homecoming. Then I was called back in August 2006 to our new area of responsibility in the Sunni Triangle.

On October 20, 2006 I was severely injured by an IED blast that caused shrapnel to penetrate the right occipital lobe of the skull. Once the blast zone had been secured I was air evacuated to the field hospital in Ballad, Iraq. There I underwent an emergency craniotomy of the right occipital and posterior fossa with duraplasty retaining foreign body, and a ventriculostomy. This blast in turn caused me to suffer from a severe TBI and cortical blindness. Later we learned it was the cause for more complex visual impairments, PTSD, hearing loss, pulmonary embolism, seizure and REM sleep disorders.

During this time my wife was contacted in Alaska and was told that I had been involved in IED blast and was in stable condition complaining only of neck injury. Roughly 3 hours later she was contacted by my commander who was with me in Iraq. He then told her that I had come through the brain surgery fine and was listed as very critical and once they could get me stable enough I would be air lifted to Landstuhl Germany. She was not told of any problem with my sight at that time. Then that evening my PA's wife came over to check on her and bring dinner. The PA's wife then asks how my sight was. Of course my wife had no idea what she was talking about. Once she was able to talk to my doctor at Ballad. This was the first question she asked him about. My wife was told at that time my diagnosis was cortical blindness and a severe TBI.

Some time on the 21 October I was air evacuated to Landstuhl, Germany. There I underwent a re-exploration surgery before being transported on to the US mainland. Upon my arrival in the states on 24 October I was admitted to Bethesda Naval Hospital first to have a cerebral angiogram done. Late on the evening of 25 October I was transferred to WRAMC's ICU. There I remained in a coma like state for 47 days. During this time my wife kept asking for someone to tell her something about my visual problems but was told that the TBI needed more attention than the vision. During the

entire time I was a patient at WRAMC there was not much done for my visual problems. The only thing that my wife was told is that an ophthalmologist came to look at my eyes and dilate them. However, before they could complete an exam they received an emergency in the OR.

Once I had somewhat regained my consciousness my wife was forced with the decision of what VA treatment facility I was going to be transferred to. Walter Reed had determined there was nothing more they could do for me. She chose Richmond and their PRC, knowing they did not have a low vision center there. The main reason for this decision was due to the fact that my wife had to leave our 7 and 8 year olds in Alaska with a friend. Then they would be coming to stay with family in Ohio and this would be the closest PRC for us to see the kids. However, she was assured by officials at WRAMC that the vision problems again needed to take a back seat to the TBI and its severity. They did tell her however to discuss further treatment options with the staff at Richmond. If need be I could be transferred from there to another facility to deal with my vision impairments. The day that I was transferred to Richmond there BROS was awaiting my arrival to begin making an assessment on my vision. In the VA hospital there was little additional information as far as the vision was concerned. This left us to wonder how this type of injury could be taken so lightly. Especially, with your sight being a vital part of your day to day activities. How we stacked up against others that had been treated either by the VA or the DOD. It was at Richmond where I was diagnosed with a left sided homonymous hemianopsia on 12/11/2006.

In January of 2007 I was discharged from inpatient care at Richmond where I had spent approximately 1 month.. My inpatient care consisted of KT, PT, RT, OT, mental health, speech, and vision sessions. After my discharge I began out patient therapies in February consisting of KT, PT, RT, OT, speech, vision and mental health. I should have returned to WRMAC to await my medical board. However, my wife had been told from several people to include my case manager at WRMAC that they could not offer the service I needed for my vision impairments. So we decided to get authorization to stay at Richmond to continue my care while waiting for my medical board.

My medical board was started in March 2007. Everything went pretty smooth with this except for portion of the exam on my eyes. After getting a hasty eye exam from the optometrist she told me "I know what's wrong but it would require me getting out my text books and I don't have time, go to the VA." They should be able to assist you with this since you are getting most of your care there. We turned in all the paper work to the PEBLO around the 9th of March 2007. He told us that it would take a couple of weeks to get all of the narratives from the doctors to send to the MEB. However, by the end of April 2007 we had not heard anything regarding the MEB. My wife contacted my PEBLO to find out what the statue was on my MEB. He started researching the matter to find out they couldn't find my physical exam information. Finally he was able to track it down and sent it on to the MEB the first part of June 2007. The middle of June we received a call from the PEBLO that the MEB needed more documentation on my vision impairments. My wife gathered all the medical records she had from the Richmond VA

and priority mailed them to the PEBLO on June 19 2007. A few weeks went by and when we hadn't heard from him on the status of the information that we mailed to him. My wife contacts him around the end of June leaving a message for him to contact us regarding this matter. Finally, he returned her call right after the 1st of July 2007 to tell us he had not received these documents that she sent him in June. My wife checked with the postal service to track the documents sent. She was able to track that the documents has been delivered to the address at WRAMC on June 22nd and signed for on the 23rd. The PEBLO went to the postal service on WRAMC to check if it was there to be told no. Finally on July 9th 2007 he signed for and picked up the documents needed to complete the MEB stage. The PEBLO found out that the documentation had been locked up in WRAMC post office safe since June 23, 2007. Keeping in mind this should have already been done during my eye exam for the MEB physical. I think around July 19 2007 my PEBLO calls to let us know that the MEB needs a current Goldman Visual Field screening in order to finish there finds on my vision. So we had to try and jump through hoops to make this happen with being on a tight time frame for the MEB. My MEB six month window was due to expire on September 7 2007. If not sent on to the PEB by this date I would be required to start the process all over again. We were luck enough to have a good Vist Coordinator who was able to make this happen. After having Goldman visual field test July 23, 2007 I was diagnose for the first time as being legally blind.

In June of 2007 my BROS therapist who had been growing increasingly frustrated at the lack of cooperation between the polytrauma network and the increasing difficulties in navigating the bureaucracy of the VA. He decided to leave this position. This left me without a blind therapist and no low vision doctor either. However, there had not been a low vision doctor but he did have a doctor in the eye clinic he could work with. So I went from June until October 2007 with no care for my vision. My wife and I made the decision to send me to the Eastern Blind Rehab Center in West Haven, Connecticut after coming back from the BVA's 62nd National Convention.

Once I arrived at the Eastern Blind Rehab Center I was put through extensive and thorough eye exams. I spent approximately 6 weeks going through extensive care and therapy to help me cope with everyday living with visual impairments. I also found out how complex my visual impairments are. What most people to include my doctors and therapies don't understand is the fact that my vision actually has nothing to do with my eyes themselves. My visual impairments stems from my TBI. My eyes are actually very health and I have 20/20 vision. It is my brain that will not allow my eyes to function appropriately. I have been left with no peripheral vision and about 8 degrees centrally. My wife and I often wonder if we would have had more information early in my care if this would have changed the outcome of my vision or my abilities to function better with my vision impairments. However, we have talked to several specialists since going to Connecticut and have been told that this would have made no difference. One of my wife's biggest concern is could I have gained more out of my therapies if we had the appropriate diagnose from the get go? Since returning from Connecticut the Richmond VA has hired a part-time low vision doctor and full time Bros. They have a plan from the ophthalmologist from West Haven that they are following and continuing my visual

therapy. One to two days a week I either see my bros or the low vision doctor. They have given me a plan for eye exercises to do at home as well.

Some recommendation that my wife and I would like to suggest for a better seamless transition are:

1. More education for doctors, therapist, case managers, and nurses about visional impairments relating to TBIs both on DOD and VA side of the house.
2. Teams set up at the PRCs and MTFs to deal specifically with TBI patients with visual impairments.
3. It is imperative that there is a data base both from DOD and VA to keep track of statics on vision impairment associated with TBI.
4. More awareness of these types of injuries coming out of Iraq and Afghanistan.
5. There needs to be better communication between the DOD and VA to better plan for transfer to the appropriate facility for treatment regarding TBI patients with vision impairments.
6. There needs to be easier way for the DOD and VA to share medical information pertain to the injury and there also needs to be better communication between different VA centers to access medical information.

In closing my wife and I would again like to thank you for taking the time to listen to our testimony. We hope that you gain some insight from this hearing and make great stride to resolve these issues. I know that we are not the only ones to come up against these issues. I hope no other veteran has to feel there is no one who cares about the sacrifices they have made for their country. I proudly serviced my country and would do it again if I could. However, with the injuries I abstained I can no longer do the jobs I love. In November 2007 I was found unfit for duty. I was then retired with almost 16 years on December 27, 2007. Please understand that we have no complaints about the care that I received from the Richmond VA. I received excellent medical care here far better than the WRAMC gave me. The common thing we heard then and still hear now is we are understaffed. Well I and countless other leaders on the ground in Iraq were understaffed but we made due and completed our missions. Now it's time to do the job and account for our care. I will leave you with this question. Does the VA, DOD or anyone on this panel have any idea how many TBIs with visual impairments that have come out of this war? If you answer no I challenged you to find out and start tracking this information so that veterans get the utmost of care they so deserve.

Veterans such as me have sustained what has been identified as the signature injury for this war. We do not discount the importance of keeping track of those who have made the ultimate sacrifice, but there are solid numbers for them. We continue on a daily basis to increase our numbers and fall through the cracks. Where are the statistics for how many of us there are are has been? This is basic job performance that as a leader in the Army I was expected to do, what I expected my Soldiers to do and yet the entire DOD and VA healthcare systems cannot perform what one single Private in the Army could do?

