

Denise Mettie, mother of Army Spc. Evan Mettie

Mr. Chairman, and members of the Committee, my name is Denise Mettie, and I am representing my son, retired Army Spc. Evan Mettie who was injured in Iraq on January 1st, 2006 and the Wounded Warrior Project, a group that assists wounded servicemembers from Iraq and Afghanistan.

Let me start by giving you some of the details of Evan's initial injury and subsequent treatment. Evan was injured while on a highway outside of Baji when his patrol stopped to investigate a car. When they challenged the driver, he blew himself up. We were told that Evan was initially reported as "Killed in Action", but when a Medic arrived 15-20 minutes later, she discovered he was still breathing. He was quickly evacuated to the nearest medical facility.

In Balaad doctors performed a left side craniectomy and removed shrapnel from his brain. Evan stabilized very well and he was transferred to Landstuhl, Germany the next day. Since I could not be there with him, I had the staff put the phone up to his ear, I told him to hang on, we loved him and we would be with him soon. The nurse told me his heart rate went up as soon as I started speaking--I knew then the good Lord was watching my guy.

Evan arrived at Bethesda on January 3, 2006, just three days after the blast that injured him, and we arrived a day later. Evan spent the next 86 days in ICU at Bethesda. He endured fevers as high as 106, and his weight dropped from 190 to 99lbs. We were told he would most likely remain in a vegetative state, not breathe or eat on his own, and be paralyzed on his right side.

Before Evan came out of his coma, and just 17 days after his injury, we were approached about his Medical Boards, the process that would initiate his retirement from the military. Not knowing or having the time to figure out what that meant, I said "do what you have to do".

During the months of January and February, Evan moved his head from side to side, opened his right eye, and squeezed my fingers. When Evan's sister Kira arrived, and as soon as she started talking to him there was a huge response. He opened both eye's wide, lifted his head & shoulders up and outstretched his arms as if he were trying to sit up. On March 10th , it was like an "awakening"-- Evan was really alert, he even watched a 2hr movie and smiled.

By this time the doctor at Bethesda recommended that we return home so I could be closer to family, return to a more normal life and Evan could go to the Seattle VA. We asked about rehab and were told he wasn't ready. At no point did anyone mention the possibility of going to one of the VA's Polytrauma Centers let alone a private rehab facility.

On March 26th , he was medivaced to the Seattle VA. That night when I kissed him goodnight and turned to leave, his right hand reached up and hit my arm. I cried for joy. Frustratingly, Evan's records had not arrived at Seattle with him, so for the next few days I was filling them in on his condition. They then told me Evan was too healthy to be in the ICU and we needed to get him out ASAP. That meant Evan had to go to a civilian Skilled Nursing Facility.

One of the VA Doctors told me Evan's brain injury was one of the most devastating she had seen and hope for recovery was unlikely. Like all of the other times, I told her "we've seen Evan do

things no one else has and we have a strong Faith, so you can have your prognosis and I will have mine."

Before being sent to the Nursing Facility, Evan seemed to be making significant progress. He ultimately went 24 hours breathing on his own, squeezed his hand on command, smiled, lifted his left hand several times, gave a thumbs up sign, raised his head, and tried to lift both arms.

Because there was no interim place in the hospital to place him for a week or two to continue his vent weaning, he was transferred directly to a civilian Skilled Nursing Facility (SNF). This was a horrendous experience due mostly to their inattention to Evan's needs, their disregard for his constant pain, and their blatant disrespect of a patient unable to speak for himself.

After a month of this substandard care, the VA investigated, and Evan was transferred back to Seattle. Everyone there was wonderful, and he was treated with kindness & respect. I could finally breathe again.

In May, however, because Evan's MEB had been stalled until we gained guardianship and he was still on active duty, his Medical holding was changed to Ft. Lewis. Due to this change I was no longer able to get a per diem. I had quit my job with US Bank to be with him, and now all motel, food & gas costs were at our own expense.

The people in Seattle treated Evan wonderfully, but he was the first OIF TBI to come through there, and there was no overall treatment plan. To this day, I am still unsure how Evan originally bypassed the entire polytrauma system that could have potentially provided such a plan. I even asked for referrals but was told Palo Alto wouldn't take Evan because he was not ready.

At that point, Evan's rehab program consisted of 30 min. of Range Of Motion each morning Mon. thru Fri., and 1-3 times a week a physical therapist sits him upright on his bed. That was it. I dedicated my time to research, devising my own Coma Stimulation program and doing extra ROM activities.

On November 30th, almost a year after his initial injury Evan finally made it to rehab at Palo Alto and soon started command responses again. Evan came in for a 30 day evaluation and was extended 2 more weeks. He occasionally could answer a few questions by raising his right hand for yes and was extended another 2 weeks.

In January I was advised to take Evan home and put him into a SNF until he reached "the next level" and then he could come back for more therapy. How could he reach the next level if he was receiving no rehabilitation therapy? They said they would send videos & written instructions for the staff at the nursing home to follow, and I would be there to train them. After our experience with the previous facility, this scared the living daylights out of me. Evan was to heal himself before he could get further rehab.

Unfortunately, by mid February Evan's lack of responses was noticeable, and I couldn't figure out what was happening. On the 16th I was told the "team" doctors thought it would be a good idea to transfer Evan to a VA long term care facility until he could be transferred elsewhere. I was livid, first because moves are very hard on Evan, especially for a week or two. Secondly, since

mid January I had not seen a particular Neuro Psychologist with Evan, which was an integral part of his therapy. He had been seeing her 3-4 times a week prior to that and was making continual progress. I requested a meeting to address my concern and the doctors agreed to check the therapist's records.

On March 14th I received an apology from the Hospital Director, as it appeared that Evan's records were not accurate. They offered another evaluation and therapist for Evan, and in the meantime I had requested a 2nd opinion from both the Tampa VA and a private rehab facility called Casa Colina. Representatives from the Tampa VA met with me, and without seeing Evan, told me since he's a year out in his injury they could not help us. I asked if further therapy would be beneficial and was told no. The ironic thing was that earlier that day, I asked Evan if he was going to work with PT today, he raised his right hand for yes. Therapists asked him questions about what hair color he liked on girls, blonde? Right hand raise, yes. Brunettes, no response. Redheads? Right hand raise, yes. This, from the kid who isn't worth more therapy.

A recent CT scan shows a buildup of fluid in Evan's brain. If it is causing pressure, this could explain his regression. To date Casa Colina has not responded to my inquiries, but the Rehabilitation Institute of Chicago (RIC) is sending an evaluator. Although I don't know who will pay for this care should they accept him, RIC's answer will determine Evan's future--he will either progress with more rehab or go home to a local Skilled Nursing Facility until our house is adapted. Then he will come home where with my own prognosis, we will continue his rehab.

That is our story, and I wish it were unique. Unfortunately, many of the challenges we faced are being encountered by others in similar situations. If you take but a few things from this story, please let it be this:

- Traumatic Brain Injured patients and families need time to adjust to the reality of their situations, and it is unfair to quickly begin the retirement process for individuals with such an unknown and unpredictable injury, especially when retirement limits care options. Give us time to get our feet under us and understand what we are dealing with.
- Traumatic Brain Injured patients and families need options. I know that the VA is building their program, and I understand that it continues to make progress. Still there are many private hospitals which have many years of experience in treating and rehabilitating patients like my son. It is unfair to deny us access to the same level of care that you would choose for your children. At the same time the VA must use these private facilities as the resources they are, so that one day, hopefully soon, the VA will be the facility of choice.

Thank you, and I look forward to your questions.