

Sergeant First Class Thomas M. Morrissey

Good morning Chairman Akaka, and members of the Committee: My name is Sergeant First Class Thomas M. Morrissey. Thank you for extending me the invitation to speak before you today. I've served in uniform for over 30 years. For the last 13 years, I've been a member of the Illinois National Guard and I'm proud to be a citizen/soldier in service to his country during a time of national need.

In June 2006, I was on my 3rd combat tour in Afghanistan when I was caught in an enemy ambush. As a result, I received 8 direct hits from an AK-47 in all 4 extremities and my upper pectoral area. I'm able to speak to you today because of the superior leadership, training, equipment and medical care provided to me by the U.S. Army. It starts with my team commander who insisted on extensive medical training and rehearsals during our pre-deployment train-up. It was due to his leadership and emphasis on training that I reacted without having to think in the seconds after being shot.

Medical personnel from an American forward operating base (FOB) quickly responded to my call for assistance. I was in the air on a medical evacuation flight 45 minutes after the ambush and into my first surgery within 2 hours. I awoke in the recovery room the next day and my first thought was about my family. They had been contacted shortly after I was injured and were at home when I called to speak to them. I owe my Battalion Commander many thanks for personally keeping them advised on my status. The next day I left Afghanistan for Germany where I remained for 5 days and 2 additional surgeries.

Nine days after receiving my wounds, I arrived at Eisenhower Army Medical Center (EAMC), Fort Gordon, GA. I was reunited with my family in the emergency room where the medical staff gave us a joint briefing on what to expect. The next morning I began the process of having both my arms rebuilt. My right humerus bone had been shattered and a cadaver bone was implanted as part of the repair. In my left forearm, both my ulna and radius bones were fractured. The nerves in both arms were traumatized so I could not use the arms to do anything. Both of my legs had extensive soft tissue damage, but no fractured bones.

Every morning, a procession of doctors would start their rotation through my room at 0600 hours. I was completely dependent on the nursing staff to assist me in all activities of daily life (ADL). This humbles a person even more than the initial realization that one cannot do the simple things we all take for granted. This went on for months. My wife, who is a social worker in a civilian hospital, was amazed at the attention and support I was receiving.

It took 2-1/2 months of surgeries and general rehabilitation before I was ambulatory and could exit my bed. During that time, secondary complications added to the difficulty of my physical and occupational therapies. Lymphedema, heterotrophic ossification, muscle atrophy, a gangrenous gall bladder, multiple infections caused by the hospital environment and even tinnitus made it difficult to establish a regular, effective rehabilitation regimen.

At the end of August 2006, I moved to the Veterans Affairs (VA) Active Duty Rehabilitation Unit to further my progress. Prior to leaving EAMC, I met the head doctor and physician's assistant from the VA rehab unit. They briefed me on the facility, staff and the uniqueness of the unit I

was about to become a part of. I quickly realized the unit is staffed at all levels by professionals filled with compassion for all injured soldiers.

My inpatient status at the VA lasted 10 months. During that time, I reported back to EAMC for regular doctor reviews and follow-on surgeries, but my day-to-day needs were very efficiently served at the VA. I moved back to Ft. Gordon in July 2007 and continue my rehabilitation as an outpatient at the VA. To date I've received 16 surgeries and have at least 2 more planned. I'm able to perform all basic ADLs, but I still have my limitations. Everyday is a new challenge and an opportunity.

No process or program is perfect and improvements can always be made. Some part of my personal success is the fact I'm a senior NCO who knows how to make his way around the structure of the military. The areas I believe which need to be refined and better integrated for the benefit of all soldiers are as follows:

1) Case Management - It appears most injured soldiers are in their late teens or early twenties and have not been in the military very long. Some may be seasoned early by their exposure to a war zone, but most do not yet know how to deal effectively with a bureaucracy. This is especially true when they and their families are under physical and emotional stress. The case manager is expected to help the people assigned to them with the everyday management of their health care program. The issue is continuity. In my own case I've dealt with 7 different case managers in the past year, both civilian and military. Based on their individual training, experience and personality their effectiveness in helping or hurting a soldier varies.

2) Financial Entitlements - There has been a rush to establish and upgrade various entitlements for injured soldiers. Some are specific to veterans injured in theater and others are applicable to all soldiers regardless of how and where injured. The problem is no one individual appears to be responsible for advising the soldier of the entitlements, or where/how to get them. A simple checklist and official briefing on all the potential entitlements maybe the simple answer, but the responsibility to deal with the on-going changes needs to be assigned somewhere.

3) Family Visitation - When I first arrived at EAMC, I was told that while I was in the hospital two family members would remain on official Army orders. The orders were intended to cover reimbursement on lodging and per diem when the family members were visiting me in Augusta, GA. Once I moved to the VA, I was told the family orders were no longer valid. This seems to be an inconsistent policy. In casual conversation with other soldiers I found those who complained received extended compensation for their family members. My concern is not for myself, but the junior enlisted who maybe the sole income producing member of a family. Family participation in the recovery of the soldier is critical and should be supported.

The health care I've received from the U.S. Army and the Veterans Affairs has been exceptional. My family has been treated with respect and compassion always. I'm amazed at the capabilities I've recovered due to the joint effort of my doctors, therapists and nurses. I will be forever grateful. In my opinion, this unique partnership should be expanded anywhere complementary facilities exist to insure the largest number of injured soldiers recover their maximum potential.