



# IRAQ AND AFGHANISTAN VETERANS OF AMERICA

## U.S. House of Representatives Congressional Forum on Iraq

### IAVA Testimony

My name is SGT Patrick Campbell and I am a combat medic in the DC National Guard. I enlisted in the ARMY one month before we invaded Iraq and later volunteered to be deployed to Iraq in 2004. For one year I was attached to the 256 infantry Brigade, part of the Louisiana National Guard. I was assigned to a line unit and patrolled various parts of Baghdad.

Since I have returned, I have begun working as the Congressional Liaison for Iraq & Afghanistan Veterans of America (IAVA). IAVA is the nation's first and largest organization for Veterans who served in Iraq and Afghanistan. We believe that the troops and veterans who were on the front lines are uniquely qualified to speak on and educate the public about the realities of war, its implications on the health of our military, and its impact on the strength of our country.

We are sincerely grateful for the opportunity to testify on the issue presented today. Before I start, I want to say that I, nor the IAVA, is prepared to provide an exhaustive analysis of the VA health care system. We defer, like the members of this committee should, to the excellent work included in the Independent Budget. I think in light of the recent announcements concerning VA miscalculations the Independent Budget proves itself to be a unique and important resource. Since I am not going to be discussing the systematic failings of the VA as whole, I will do what veterans do best... I will tell you a couple of war stories:

It has been a year and 10 days since I left Iraq. And although at times Iraq seems like a distant past, preparing for this testimony has required me to open some painful memories. On March 18th, 2005, I earned the dubious honor of being "hit" by my first IED (improvised explosive device). In the 4 months we had been patrolling a rural area of Baghdad, our patrol team of about 16 guys and 4 vehicles had been hit by 6 separate IED attacks. This particular day the IED exploded 5 feet from our vehicle as we raced down the road. The shrapnel ripped chunks out of the door and the concussion was deafening. Thankfully our Humvee's armor took the full brunt of the blast and like everyone else I was happy that we had said our prayers before the patrol, because no one had been seriously injured.

After we returned to the base, I forced all the people in my Humvee to get their ears checked... it had become an unofficial SOP (standard operating procedure). The PA (physician's assistant) told me that I had slight hemorrhaging around the ear drum. Sadly, this was common among soldiers who had a close encounter with an IED.

While I was in Iraq, we were “hit” 12 times by IEDs, mortars, gun fire, rockets, etc. As a medic I treated many horrible injuries, including an Iraqi Police Officer who had been shot 12 times and I had to watch helplessly while 4 other people died in my arms.

Coming home to the States was at times just as much a challenge as serving in Iraq. Having served with the Louisiana National Guard, we returned to the States to hear Gov. Blanco say, “Welcome home,” “Thank you” and “Prepare to evacuate.” Hurricane Rita was only 48 hours away from making landfall.

The Department of Veterans Affairs calls it “Seamless Transition”... It seems to me to be much more like mission statement than a statement of reality. Without trying to sound cynical, the idea of a seamless transition home from a war is borderline oxymoronic, but more importantly it sanitizes war for the public as whole, just like phrases “smart bombs” and “collateral damage.”

The soldiers who I served with are a proud bunch. They would only ask for help only in the most dire of circumstances and usually it would in the form of a whisper, so that no one knew that they had asked. I spent many late night hours in the Humvee debating with them about the role of the US government in the lives of the American public. Without exception they believed that people should earn what is given to them, which is why a lot of them enlisted in the ARMY.

The soldiers in my unit fought honorably and with great distinction. In my mind they earned... let me repeat that... EARNED... the right to be taken care of by the Department of Veterans Affairs.

Sadly, if a soldier has returned from Iraq and needs help, his/her bureaucratic battle has just begun. Soldiers can expect to wait years to have their claims to be adjudicated. This is simply unacceptable.

Now soldiers are hearing that the VA has been severely under funded because they failed to accurately account for the increases in the number of veterans. Reality Check... The VA hasn't seen anything yet. Veterans haven't even begun to scratch the surface on demands for the VA.

I speak from personal experience when I say that most National Guard troops who served overseas and are still in the military don't even know they need to sign up for the VA within two years of their return and not when they end their service.

In regard to the issues dealing with Backlogs and severe under funding, I respectfully defer to my colleagues who produce the Independent Budget. However, I do want to address two critical issues: Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

### **Post Traumatic Stress Disorder**

When I returned home from Iraq and was in the process of demobilization, I was given a survey that was designed to screen soldiers for possible symptoms of PTSD. We were briefed to be as candid as possible. We were also told that if we answered yes to any of the

questions that we would be held over, meaning everyone else would go home and you would stay. I don't need to tell you how all the soldiers answered that survey.

Experts agree that symptoms of PTSD can take up to 6 months to a year to begin to manifest. Thankfully the Department of Defense, got a clue and has begun to require PTSD screening for soldiers 6 months and 1 year after they return. However this mandate only affected units coming home starting in March 2006 (6 months too late for my unit).

To this day I still have nightmares and swerve away from trash on the side of the road. I also get phone calls from members of my unit who can't explain why they can't keep a job, are depressed for days at a time, can't sleep or their relationship with their wife is struggling. Of course I defer to them to the various available counseling services, but like I said these are proud people and asking for help is not a part of their way of life.

It is manifestly unacceptable that the Department of Defense is triaging the PTSD problem by ignoring those of us who have been "home for a minute." And when DoD drops the ball, it has to be the VA who steps and takes control because left unchecked soldiers are paying the price. We must begin screening all soldiers who served overseas, no matter how long ago they returned home.

### **Traumatic Brain Injury**

When a soldier barely escapes an RPG attack, or an IED explodes under a Humvee, the blast can cause a soldier's brain to slam against in the inside of his skull. This is Traumatic Brain Injury, and the result is severe brain damage. Even in milder cases, dizziness, vision, hearing or speech problems, and memory loss are common.

My second patrol after arriving in Iraq, I dropped a 70 lbs tank hatch on my head. Later in my deployment, I was the passenger in no less 5 car accidents and 2 roll overs. I had an IED detonate 5 feet from me and a mortar land 15 feet away and the only screening that I have received for Traumatic Brain Injury was the ear check on March 18, 2005, that was part of my unofficial SOP as the medic for my unit.

Traumatic Brain Injury has been called the hallmark injury of the Iraq/Afghanistan war. Unfortunately, the military's red tape and the under-funding of the VA have left hospitals under-equipped to cope with patients with TBI. Currently there is no system wide push to develop an adequate screening for TBI or a system of tracking soldiers afflicted with TBI and the treatment they are receiving.

As I said with PTSD, when DoD drops the ball the issue quickly becomes a problem for the VA. I cannot impress upon the members of this committee enough that we need to get a handle on Traumatic Brain Injury. It will take true leadership to push the entrenched bureaucracies of the DoD and the VA to take this issue seriously.

We must start screening soldiers for TBI. We must develop a system of tracking soldiers who are afflicted with TBI. We must ensure that the care these soldiers receive is worthy of their service to this country.