

Thank you for the opportunity to speak to you today regarding our experiences following my husband's injuries in Iraq. My name is Sarah Wade. I am the wife of SGT Edward Wade, or Ted as most people know him. My husband joined the Army's 82<sup>nd</sup> Airborne Division during the summer of 2000, and following the attacks of September 11, his country called on him to serve first in Afghanistan and later Iraq. On February 14, 2004, his humvee was hit by an Improvised Explosive Device (IED) on a mission in Al Mahmudiyah. He sustained a very severe Traumatic Brain Injury (TBI), his right arm was completely severed above the elbow, he suffered a fractured leg, a broken right foot, shrapnel injuries, and complications due to acute anemia, hyperglycemia, infections, and withdrawal of life support was considered. Both Ted's parents and I flew to Germany to be by his side, and, fortunately, after two weeks, he was stable enough to be transferred back to the United States. Ted remained in a coma for over 2 ½ months. After several weeks at Walter Reed Army Medical Center, Ted was discharged to the McGuire VA hospital in Richmond, Virginia for TBI care where he remained for 5 ½ months.

At that time I started making the 320 mile round trip commute to North Carolina three days a week to work, so I would not lose our house or my job as a server, and withdrew from school. Ted's father, who lives and works in Georgia, worked out of the hotel in Richmond and took whirlwind trips to meetings--often a twenty-four hour turnaround, for fear of losing his job so close to retirement. He also struggled to shoulder the financial burden to be near his son and keep stride with Ted's Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) proceedings in Washington, D.C. Due to the nature of his injuries, one of us had to be with Ted every step of the way to oversee his medical care. During Ted's hospitalization, he was placed on the Temporary Disabled Retirement List (TDRL) so we were also juggling the responsibilities of clearing him from Division in North Carolina and out processing him from the Army in Washington, DC, while his care was ongoing in Virginia.

Next, Ted was transferred to the Durham VA near our home in Chapel Hill, North Carolina and his parents were finally able to return to their home in Georgia after having been away for seven months. Ted was housed in the extended care facility where he received maintenance care, but no comprehensive rehabilitation or treatment of his multiple traumatic injuries. Unfortunately, the expertise he needed could not be provided in-house nor did he have access to what civilian expertise there are in our local community. Therefore, we requested transfer back to Walter Reed. I was told he could return when he was discharged to outpatient status. Ted also required a non-medical attendant to accompany him at all times, so I had to leave work again.

Six months into Ted's prosthetic training at Walter Reed, however, he was forced to abandon his rehabilitation due to setbacks with his TBI care, that the Army was not staffed to address, nor able to get him help, due to the limitations of his TDRL status. Neurology advised we seek specialty care elsewhere, and due to the lack of upper extremity resources near our home in North Carolina, it made the most sense to seek TBI care in the Washington, DC area so Ted could continue his amputee rehabilitation at Walter Reed. However, because Ted was not on Active Duty we were told that he was no longer eligible for the Global War on Terror (supplemental) funds required to care for

him. In addition, TRICARE will only cover cognitive therapy in private facilities for Active Duty Service Members, and the VA can only contract fee basis care through his home of record. Therefore, we were unable to access the TBI care Ted so desperately needed in the DC area.

Before returning to North Carolina we were able to convince VA that he absolutely had to have outside therapy. Through the world-class cognitive care Ted was offered at a private practice near our home, fifteen months after he was initially injured, he slowly started to recover. Unfortunately, he is still unable to receive simultaneous treatment for his two primary injuries due to the gaps in current policies, some of which I previously mentioned. Due to frequent travel to Walter Reed for services, I was unable to return to regular work or my studies and would eventually be fired from my job because I had “a lot going on” in my life. Because his amputee and orthopedic rehabilitation are still ongoing we are still “in transition” three years and seven months after the blast and I am still unable to maintain employment.

Needless to say, the long term financial challenges faced by the care providers of our Severely Injured Service Members are daunting. I have been blessed to have a family with the means and generosity to see us through these difficult times. Our situation is not typical, nor is the case of my father-in-law. Mr. Wade has graduate degrees in both business and chemical engineering, and had been working for the same company for thirty-three years at the time of Ted’s injuries. Most family members do not have jobs that allow them to telecommute as he did for six months, nor the loyalty earned over a long and successful career in corporate America. Many family members, such as myself, work for small businesses, have a job where they work for tips or earn commission, or are self-employed. If they are not at work, they do not get paid or they may get fired. It is that simple.

I am very pleased the committee is considering an extension of the Family Leave Act. However, I do hope that while you are reviewing ways to better protect the employment of caregivers who clearly need more medical leave than is allowed under current law, you also consider assistance to those who are not granted any leave at all. While this change would have been very helpful to my father-in-law, those of us who work for small businesses or are self-employed remain vulnerable.

I want to thank you again for the opportunity to share our experiences with you today, as our story is the story of so many other families, many worse off than ourselves. I look forward to answering any questions you may have.

