

John W. Sharpe, MBA, MS, PT

Compassionate Allowance Outreach Hearing

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ONE VETERAN'S EXPERIENCE

- Good afternoon and thank you for the introduction. I am a SC veteran who had a severe TBI in 1990 that was non-combat related. What I hope to do this afternoon is give you a condensed version of the past 17 years and attempt to highlight some of the challenges and the insight gained from experience. I plan to conclude with some lessons learned and my own views of what we need to provide to these new combat veterans.
- **Rehab:** I will start with my first memory which was 44 days after my injury at the Richmond VA Medical Center on their TBI unit. I later learned that I was originally at another hospital in ICU in a comatose state prior to going to Richmond.
- The first feeling I can recall was the fear of the unknown; what had happened; why did I have a tracheotomy with OT, a tube coming out of my stomach, a cast on my leg and where were my front teeth?
- With each passing day in rehab, I was showing the signs of confusion, disorientation, agitation, memory problems and behavioral changes. My greatest challenge however, was not having any memory of what happened which led to my low self-esteem, a poor body image and then the humbling experience of losing some of the things we take for granted, like control of your bowel and bladder and being dependent on others for basic activities of daily living. I had this feeling that I was only ½ the person I once was.
- **Rehab:** Throughout my rehab I felt that I was slowly progressing and from my view, I knew I was going to be dc'd soon and return back to the Air Force. Unfortunately, that was not the plan. I was going to a transitional living center for additional rehabilitation. I had no idea what transitional living meant and I became angry and of course I showed all of the inappropriate behaviors during my outburst.
- Looking back, I learned two important concepts as a result of my rehab. The first was "compensatory techniques." Practice through trial & error to develop techniques to help overcome your deficits. For instance, to help with my decreased attention & poor STM, I have a watch with 5-alarms. Since I lose the awareness of time easily, all I have to do now is set my alarm when I have a

meeting or have something else that needs to be done. When the alarm goes off, I immediately remember what it is I have to do.

- The second concept was through my experiences with Speech therapy. Part of my therapy was working on CD programs of reading, comprehension, basic and advanced math programs. When I recognized the material as something I had learned previously, I had difficulty remembering and recalling the answers. What I discovered was the more time I worked on the programs and kept challenging my brain, the easier it was to remember and recall the information.
- Transitional Living: Now, going back to transitional living, since I was still active duty, I felt I had to follow orders and I was d/c's to this new rehab facility. I was expecting a similar hospital setting, but upon arrival, I was surprised to see a huge house with 8 bedrooms.
- During my 3-month stay, I was expected to live with 7 other clients and function by interacting with groups and if I was living on my own in the community, I was expected to do certain chores, develop and plan a weekly menu of lunch & dinner, make a grocery list, locate the grocery store and then determine how I would get there (bus, cab, etc). During our community outings, I was video taped during my outings so that I could visually see my inappropriate behaviors since I did not have the insight or awareness at that time to realize if my actions were inappropriate to others.
- Later during rehab, I was able to negotiate with my Air Force Commander to return to duty on a gradual basis.
- Started working just 3-days/week for only 2-hrs each day, brought on other challenges of memory, fatigue, endurance, and accountability.
- To give you an example of the fatigue, the second week of working, it was my week to prepare and cook dinner. After arriving home from working at the AFB, I was in the kitchen preparing for dinner and I was having a hard time thinking clearly and planning ahead the steps to complete the meal. I was spilling things and I dropped a big bowl of pasta on the floor. My lack of judgment and the accidents was attributed to mental and physical fatigue, according to my therapists. Eventually able to work a full day, for 5-days and I was d/c'd from T.L. which was approximately 7-months after my injury and I returned to Andrews AFB.
- Although I could not understand why I was there during the first month, I have realized that this particular junction of my rehab was probably the most important aspect during my recovery.
- Looking back and reflecting, I was able to understand during my hospital rehab, that I was in a very structured setting with 24/7 around the clock supervision. All

of my daily therapy was on a set schedule and once I memorized my routine, I was very self-sufficient hence, that is why I felt I would be d/c'd soon and return to the Air Force.

- However, after my first month at the transitional living facility, I realized later I was not ready to leave the hospital and return to an unstructured community or even back to the Air Force. I realized that decreases in my insight, self-awareness, safety judgment and forward thinking, were weak and I needed additional supervised rehab and healing before I could function safely in a community setting. I strongly felt the additional healing time and the supervision during new and challenging situations helped me to develop the compensatory techniques needed to function in this complicated society.
- Air Force: I returned back to the Air Force in March 1991 and within 2 weeks I had undergone a series of tests and evaluations. By the end of the month I was placed on TDRL. I packed everything up and move back to my parents home and I was wondering how I was going to survive on \$600/month. I had no idea what I should do or the direction I should go. Thank goodness for great military friends.
- My friend helped me get a job at Bolling AFB in June 1991. I even moved into my own apartment and bought a car. In January, 1992, my disability claim was awarded at 100% for severe TBI. Sometime in 1992, I had an appt. at DC VAMC with a physician and informed them I was working and my compensation was adjusted to 60%. I was also medically discharged from the Air Force in August 1992 and I received a lump sum payment, which I was told was for the time I had served in the Air Force.
- In Oct., 1993, I applied for Voc Rehab and was approved for Vocational Rehabilitation & Education. I contacted VBA and informed them that I wanted to go to college and become a P.T.
- I applied to VCU and was accepted to their pre-P.T. program. Pre meaning I had to pass 65-credits of prerequisites before I could apply to a P.T. program.
- I moved to Richmond and met with a contract Voc Rehab counselor in Richmond. This person explained the program and my responsibilities, submitted the paperwork and arranged for any medical appointments. She told me I can use services such as a tutor, if I needed one.
- I began my college experience by taking just one class each for the first 2- semesters because, if you remember, I had low self-confidence and a low self-esteem. I failed (received "D's") the first two classes. I noticed I was struggling with the constant distractions and the inability to keep up and capture all that was taught during the lectures. When I was focused writing down what was just mentioned, I usually missed the next five things that were conveyed. When I could compare my notes to another classmate's notes, I realized I was missing

almost 1/3 of the material. When I suggested this to my counselor, she said that maybe I should tape-record the lectures, or get someone to take my notes.

- I decided to try the tape recorder and my academic advisor suggested that I meet with the disability services office on campus. When I visited the disability services office and presented documentation of my latest neuropsychological evaluation, which documented delayed processing speed, poor STM, decreased auditory memory, and attention deficits. The office designed a setting of accommodations to help me be on the same level as other students. Some of the accommodations included tape recording lectures, testing in isolation and having the exam time limits relaxed.
- The tape recorder was a big help; it provided me the opportunity to listen to the lecture again and fill-in the missing parts I missed on my notes. Testing in isolation helped to eliminate the distractions so I could remain focused. The extra time provided during my exams helped to diffuse the anxiety I had when I could not recall information as fast as I needed to complete the test on time.
- The 3rd class I took was Biology and the accommodations made a huge difference. I received a "B" for the class.
- I was able to carry a full 12-credit class schedule and when I applied to 4 different P.T. schools in the Fall '96, I had a 3.6 GPA. I did not get accepted to any of the schools I applied to, but I did receive a place on the wait list at TJU.
- I received notification in July 1996 that I was accepted to TJU's P.T. program and classes would start in August. I finished my first semester with a 2.9 GPA.
- In January 1997, I received notice that my disability compensation payments would cease until the Federal Government recouped the total of the lump sum the Air Force gave me in 1992. This was unfair; especially since the lump sum was taxed and I received approximately \$3600 less than what the VA said they had to collect. The end result was that someone cannot receive payments for the same disability from two different Federal sources.
- I needed to apply for educational loans in order to be able to pay rent and have food while in school. The monthly Voc Rehab subsistence was not enough to cover my living expenses on campus.
- I was able to obtain school loans and continue with college and graduate school. I graduated from TJU with a Masters in Science in Physical Therapy in Sept. 1999.
- I moved back to Richmond and began working as a PRN P.T. under supervision until I could take my licensing exam. Feeling confident and with a much higher level of self-esteem, I sat for my licensing exam in November 1996 and I didn't request any testing accommodations. Well, in about 3 weeks, I learned that all the

self-confidence and increased self-esteem will not compensate for your delayed processing speed and attention deficits. I failed the exam and had to wait another 6-months before I could test again.

- Lucky for me, I could still work in a supervised P.T. setting. I studied as much as I could and I also provide documentation to request special accommodations for my brain injury disabilities. I passed the Medical Board Licensing exam on my second attempt and became a licensed P.T. in March of 2000.
- Began working at Richmond as a PT in 2001 and was certified as a SCI specialist in 2002. Worked in SCI until I was promoted to Program Specialist responsibility for employee leadership development in Nov. 2004.
- Returned to graduate school for a Master in Business Administration in August 2005, and in Nov. 2006 I was nominated for the PMF program.
- In March 2007, I was selected as a PMF finalist and I graduated with an MBA this past August. In September 2007, I started working in the OEF/OIF Program Office as a Presidential Management fellow.

Some of my analogies and perceptions of the past 17.5 years:

- **Felt like I returned to newborn status; had to relearn balance, manners, bowel/bladder, etc (Developmental sequences)**
- **Need to develop routines—to assist w/h memory so I don't forget.**
- **Things kept returning or I developed new compensatory techniques.**
- **Acceptance of injury and new deficits was difficult; and it took a long, long time~10 years**
- **Did own research and discovered I probably had undiagnosed ADD as a child. Brain injury exacerbated the deficits; explains why I received 5 speeding tickets the first year I started driving again.**
- **Sought out VA Mental health for help; prescribed generic Ritalin. Helped to eliminate my easily being distracted and wavering attention span.**
- **Support, support, and more support from family, friends, and others is extremely important and a key to success. So many times I wanted to give up; I had so many set backs and made so many mistakes along the way that I didn't feel like I would ever be good enough at anything.**
- **It took many people and caregivers who had the understanding and patience to provide the encouragement to keep trying, and never give up.**

- **Biggest difference between me and new combat veterans is that my injury was non-combat related. Their injuries and other battlefield comorbidities will present themselves to be 10 times worse than the challenges I faced. Each injury will be unique in its own way and we must base our rehab plans around the needs of each individual; a standard rehab protocol will not work.**
- **Support, understanding, patience and constant encouragement will be what is required to help facilitate these newest combat veterans back into society and improve their overall QOL. I will take a long time, but as I stand here today, it can be done.**
- **These are our Nation's heroes, who have made the ultimate sacrifice to protect our freedom, they have earned to have the best care possible and they deserve nothing less.**