

Travis Fugate
Testimony for May 29, 2014
House VA Subcommittee on Oversight and Investigations

My name is Travis Fugate. I am 30 years old, and I am a retired specialist in the U.S. Army. I served as a member of the Kentucky National Guard starting December 5, 2003 until April 2, 2006 when medically retired because of my OIF injuries. In March 2009 I came here to tell my story about what happened to me and the complications that can occur to any of the thousands of severe eye injured if the Vision Center Excellence joint Eye Injury Vision Registry isn't fully functioning. Today as we brief you it is important that this committee continue to provide strong oversight on both DOD and VA not just today but during the work that congress mandated to be done when the VCE was mandated.

While in support the 18th Military Police Brigade I was mobilized on active duty December 13, 2004 then deployed to Iraq February 2005...I was severely injured on patrol on May 18, 2005 from IED blast. So on May 18, 2005, when I was hit in the face by an I.E.D., I remember telling myself to stay calm. We had been on a routine mission just south of Baghdad, and I had been in the turret of our vehicle. My buddies told me, "The bird is on its way," and as soon as I heard the helicopter, I knew life was in hands of medics. The initial blast caused severe facial injuries with loss of my right eye, traumatic brain injury, and penetrating injuries to left eye resulting in severe visual impairment to my left eye. Initial emergency surgery done in Green Zone, then to Lundstuhel Germany, then evacuated to Walter Reed Army Medical Center. I was in coma at WRAMC for over a month, and had several facial and eye surgeries during this time on my facial injuries, and left eye so I could not tell my providers later on what exact procedures had been done.

After discharge from Walter Reed, living in Kentucky. I had lost my right eye, and I had a limited field of vision from my left eye—about 20/200 which is legally blind. But I could still see colors, hundreds of shapes, large print and shadows.

In 2006, I went for a follow-up visit with an ENT doctor at the Lexington VA Medical Center. The nurse brought him a big stack of my paper military medical files, and he told her, "There's absolutely nothing relevant that I need in there." He told me the anatomy of my sinuses was so disfigured, he didn't know what in my face tissue was natural and what was artificially implanted. He said he wouldn't feel comfortable doing any further procedures, I trusted that decision because my experience was that the medics and Army doctors are all professionals, and I was used to putting my faith in them.

For two years, things were OK. I went back to community college, and I started being active with many different disabled sporting events and programs where I had chance to meet other injured OIF veterans, and attended the Blinded Veterans Association national convention in August 2007 and returned to other BVA OIF peer group meetings since.

Then in November 2008, three weeks before finals, I had to call my dad at 10 p.m. to tell him I thought I had one of those headaches that the doctors at Walter Reed warned me about. They

said the damaged sinus and orbit area around my left eye could lead to a severe infection in area around my sighted eye. He took me to the ER, and I was in the hospital for 10 days with a serious infection. The upper left hemisphere of my face was so swollen that my eyelids swelled together, that was the last time I had any sight.

In December I had been told that when sinus infections cleared maybe some vision would return like before. I strongly believe today the lack of having my eye surgery records in an electronic joint registry where both VA and DOD medical staff can find out immediately what treatments and surgery was done could have made a difference.

In January, I returned to Walter Reed, where the doctors would have better access to all my surgery trauma records. I saw a retina specialist, and within five minutes, he'd scheduled a five-hour surgery the following day for detached retina and bleeding in left eye. Then, I have had more surgeries, the last one March 6th 2009 where they again tried to save my damaged retina because of another detachment but it failed and have no eye sight since then.

While inpatient at Walter Reed Medical Center I was constantly visited by a VA Blind Rehabilitative Specialist who helped me with orientation and mobility training while an inpatient, and helped arrange my transfer to the Hines VA Blind Rehabilitation program in Chicago starting on March 18, 2009 for several weeks. My blind rehabilitation training was very good at Hines and they helped me learn skills to live in world being blind.

With the rehabilitation I have already completed, I understand that special devices and adaptive technology can make nearly anything achievable for a person who has lost his vision. I moved to California in August 2009 to pursue a degree in computer science and have completed three years of credits towards graduation. But again today my being here is to raise several questions about where is the VA participation and funding been to get all the veterans eye injured records into the mandated Vision Center Excellence joint registry? Because of a lack of my electronic surgery files being accessible from WRAMC, the VA medical doctors in Kentucky did not have all the information needed about my very complex eye injury and surgery facial reconstruction treatment in various military medical centers to make the right decisions.

My sister reminded me that I wrote her a letter from Iraq before I was injured. I told her that if I was hurt, I'd rather die than go on living without my sight but I don't feel that way anymore. Today, I am happy to be alive, and I'm excited about my future. But just like everyone else in this room, and everyone else in this country, I want to live a life that's full, and am not bitter about my case but want you all to recognize the risk to all OIF OEF 5,000 severe eye blast injured if the delays continue with the Vision Center Excellence Registry not having all records.

The reason I am here today is to tell my story and let you know that the Vision Center Excellence that this congress established in NDAA 2008 law is very critical to ensuring that all the combat eye injured and TBI with visual impairments are entered into a registry where the surgery records and treatments can be tracked from both military and VA eye care providers. I am disappointed that after the past three years while on DOD side they already have over 23,450 eye injured records in the Vision Registry but today VA has one veteran's record! The VA has not set this up because instead of having the clinical electronic data records contractors that DOD already doing the work the VA from what we have been told now is waiting for contract bids to

be settled before getting started. I recently had a chance to talk with my Congressman Harold Rogers to ensure this isn't delayed any longer.

I want to stress that my retinal surgeon at Walter Reed Medical Center was one of the best in the world, he is well respected by everyone, and cares deeply about me and other combat eye injured, so I want to make clear that my military medical care was top notch in this story. The joint Vision Center of Excellence will help estimated 158,680 veterans with eye conditions and injuries by coordination of their follow-up care, developing vision research plans for both medical and technology research to help all of us and previous generations of war injured veterans who need these things. Why VA did not use the \$ 5 million provided to them in 2009 and went for two past years with two full time staff to get this set up is beyond me, and funding should not be an excuse now anyway, for not doing this today! One thing that must be made clear is that the Deputy Director Vision Center Excellence Dr. Mary Lawrence here today is not to be blamed for the senior management decisions to throw up countless road blocks and not approve resources even when BVA complained to the past Under Secretary Health Dr. Petzel that they wanted top leaders to help Dr. Lawrence get the job done. For over three years BVA made their complaints known that the effort must be joint in staffing, the implementation registry, and funding.

Today I thank the chairman, ranking member, and other committee members for allowing me the opportunity to testify today and tell my story. I will try to answer any questions now for you.