

Week of 11.20.09

Transcript: Who's Helping Our Wounded Vets?

BRANCACCIO: Advances in battlefield medicine and better troop armor mean more soldiers are surviving bombs and IEDs...but the Pentagon estimates as many as one in five American soldiers are returning from the war zones with some form of Traumatic Brain Injury—ranging from mild concussion all the way to paralysis and even coma. This week Congress has been grappling with an important—but expensive—idea: should family members be given stipends if they devote themselves fulltime to caring for these injured soldiers? A NOW investigation has found that thousands of these family caregivers are really struggling right now. Senior Correspondent Maria Hinojosa and Producer Abigail Leonard report on the efforts to change all that.

HINOJOSA: Scot Noss was a star football player for his high school team in Oregon. When he was 21 years old, he joined the military as an Army Ranger, one of the most highly skilled positions in the U.S. Army.

RYANNE NOSS: He had somethin' that—a vision of what his life was going to be like. And he had a goal. He had a moral obligation. And he didn't falter.

HINOJOSA: Ryanne met Scot when she was in college and he was stationed at nearby Fort Benning, Georgia.

RYANNE NOSS: Literally the moment I met him, I knew he was gonna be my man. Athletic, stubborn—oh, so stubborn. But he was also a man that had a huge heart. And he loved me with every ounce of his being.

HINOJOSA: They were married six years ago, but today, their life is very different from most young couples. They live here—at the VA hospital in Tampa, where they've been for the last two and a half years.

RYANNE NOSS: Every mornin' I walk in that room and I know I probably scare him half to death. But I just yell, "Hey, Scot." And he just kinda, like, flinches I know. I want my presence known to him.

HINOJOSA: Scot has what's known as a traumatic brain injury. According to the pentagon, a staggering one in five service members returning from Iraq and Afghanistan, have sustained a brain injury. Making it a signature wound of this war. While many cases are more like mild concussions, there are thousands of soldiers with debilitating injuries—including many like Scot, who are left minimally

conscious.

RYANNE NOSS: My husband is still inside of that body somewhere, locked in there. And the reason why I know is when I'm gone, he shuts down. He won't open his eyes hardly. He'll do horrible in therapies. The moment I'm there his eyes just pop wide open—those big, beautiful, blue eyes of his, and he starts doing better in therapies.

HINOJOSA: That's why Ryanne is committed to being by his side every day. She has a PhD in chemical engineering but has put her own life on hold to look after him. And her story is not unique. Today, thousands of military family members are giving up careers, health benefits and their savings to care for wounded veterans. Now many are asking whether we as a country can help compensate these fulltime caregivers and make their jobs easier. In 2007, Scot was sent to Afghanistan—to the remote area where Osama bin Laden was thought to be hiding. It was not Scot's first or second or even third, but his eighth tour of duty. He'd been gone six weeks, when Ryanne says she had an eerie premonition.

RYANNE NOSS: I woke up with a panic, and a feeling that started in the top of my head and it, like, tingled down to my toes and I woke up screaming, "Scot."

HINOJOSA: The next day, a helicopter crash in Afghanistan made national news. 8 American troops were killed.

NIGHTLY NEWS VO: 14 were injured.

HINOJOSA: Scot was one of the lucky ones. He survived but was left clinging to life... and his young wife faced an unthinkable choice.

RYANNE NOSS: You know, I was 26 years old. And I was debating on whether or not to terminate life support for my husband. Twenty six year old who's—you know, mother in-law and father in-law told me that they would be okay if I left Scot, and divorced him. But I can't leave him when he needs me the most.

HINOJOSA: Ryanne's been here ever since—helping Scot through his daily routine. Scot gets physical therapy to help avoid muscle atrophy. Ryanne also tries to get him to follow objects with his eyes. Eye control is a major component of his rehabilitation. Doctors hope someday he might be able to move them to answer yes or no questions. Advances in battlefield medicine and armor mean soldiers like Scot who might not have survived earlier wars are coming back alive, but it's unclear how much they'll recover. Scot is only 31 and his doctors expect he'll live to old age, requiring decades of round the clock care. Ryanne says she worries about what their life will look like down the road.

RYANNE NOSS: I don't wanna sound ungrateful. You know, there—there're the

families of the eight that did perish on that crash—would probably wanna be in my position, though, to be able to have their loved ones, regardless of the condition. And I'm very aware of that, too.

HINOJOSA: She's also aware that in a few short weeks, she will be leaving this hospital to take Scot home and care for him herself. For her it's the only option because there are no long term veteran facilities specifically geared toward younger soldiers with traumatic brain injuries, like Scot. While she's still here at the hospital, Ryanne wants to take full advantage of the care that's available. She's hoping for signs of improvement...and maybe a little more.

RYANNE NOSS: If you could just get him to say I love you.

HINOJOSA: It may seem incredible that vets with severe head wounds could ever get better. But Eric Edmundson is testament to the kind of progress that can be made with dedicated care giving. In 2005, Edmundson was deployed to Iraq, leaving his wife and infant daughter Gracie. Just four months after he left, he was hit by an IED—the improvised bombs responsible for many of the brain injuries in this war. It left him with a Traumatic Brain Injury. Eric was in the first wave of Iraq veterans with brain injuries and he came back to a military hospital system that wasn't prepared for the huge influx of soldiers with these kinds of injuries. Eric's parents realized they would need to step in to get him the care he needed. He was at a VA facility in Richmond just three months before his dad decided he needed to act.

ED EDMUNDSON: And in that three months, he just went downhill. He lost weight, he got ill, he—just essentially got to a point that he gave up. He gave up.

HINOJOSA: The final straw for his father was when he found Eric in a hallway at the VA facility, getting what was being called therapy.

ED EDMUNDSON: They called it hallway therapy there. It's good for him to be watching things going on and that stuff. But Eric was slumped over in his chair, drooling. Call it what you will, it wasn't therapy.

HINOJOSA: So ed and his wife Beth made the decision to take their son home, to Newburn, North Carolina. Eric's 25 year old wife Stephanie, who's now in college, says she saw a change immediately.

STEPHANIE EDMUNDSON: When he got home, it seemed like his whole morale change. He would smile more and he laughed and stuff when we got home. The first time he laughed was on his 22nd birthday. We went out to a restaurant and they put a Mexican hat on me.

HINOJOSA: But to give Eric the help he needs, this family has made some major sacrifices. Eric requires 24 hour care, so Ed gave up his job as a supervisor at ConAgra and lost not only his income but also his health insurance. He was the primary wage earner for the family, but his wife Beth says care giving for a grown man was a job only a father could do.

BETH EDMUNDSON: Ed can do things—some of that man stuff that I can't—I can't do for him—still can't do for him.

HINOJOSA: The VA covers outpatient care for Eric, including speech and physical therapy twice a week, but isn't paying for the 24 hour care he now gets from his family.

ED EDMUNDSON: We're saving them lots of money. They aren't having to have the staff and the therapists and the—we're doin' all that.

BETH EDMUNDSON: In a perfect world, if we were financially able to do this on our own without any compensation and—and just do it, that would be awesome. I'd love it. But we're not in that position. We've drained all of our resources. We have nothing left.

HINOJOSA: For families like the Edmundsons who want to care for a loved one themselves, 24 hours a day, they're on their own. And it's a lot of work: every morning Ed carefully shaves his son's face... and gets ready for the day. Then, it's on to rehab exercises. After two years as a full time caregiver for Eric and a part time babysitter for Eric's daughter Gracie, Ed says he burned out, but the family still wasn't prepared to put Eric in a nursing facility. So Beth resigned from her job, too. Without any income coming in, they were forced to sell their house. Now they live with Eric, Stephanie and 4 year old Gracie. Five people under one roof, all living on only Eric's disability payments.

ED EDMUNDSON: There shouldn't have to be, you know, dads, mothers, wives, husbands, you know, sisters, brothers, giving up their life as they knew it in order to care for an injured soldier.

HINOJOSA: Some in congress agree. Democratic senator Daniel Akaka introduced a bill that would allow each severely wounded soldier to appoint one caregiver. That person would get uniform training, medical care, respite care during their time off and a stipend of about 10 dollars an hour. Recently a group of caregivers from across the country, including Eric's sister Anna, a former soldier herself, came to Washington to press Congress to pass the bill.

ANNA EDMUNDSON: Sister of Eric Edmundson, Anna.

HINOJOSA: The bill has backing from both Democrats and Republican members

of Congress. But the Obama administration, which has supported significantly increasing VA funding, has declined to endorse the family caregiver stipend. That has Republican Senator Richard Burr concerned. He's the Edmundson's senator and was an early supporter of the bill.

SEN. RICHARD BURR: I was looking through some of the comments that have been made by the Administration it said they have determined that this will cost a lot of money. And I sat there thinking how in the hell do you put a value on this?

HINOJOSA: In fact, funding for the stipends—which would cost 55 million a year—became the major sticking point for the major veterans health care bill. Republican senator Tom the Obama administration is pushing for an increase in VA funding but so far has declined to endorse stipends for family caregivers. Republican senator Tom Coburn had become the bill's chief opponent, saying "our nation faces a severe long-term fiscal crisis. If we don't start paying for new programs we're not going to have a country left to defend." After months of delay, Sen. Coburn relented and just this week the bill passed with Coburn's support. Next it goes to Conference Committee. It remains to be seen if the president will sign it. As the politicians debate, the pentagon is moving ahead in its efforts to care for severely wounded veterans.

BRIGADIER GENERAL LOREE SUTTON: As a general, I feel like we owe these families everything that we can possibly give them that will help them care for their loved one.

HINOJOSA: Brigadier General Loree Sutton knows a lot about severely injured soldiers. She is the Army's highest ranking psychiatrist and one of only a handful of female generals.

There are estimates that it could cost billions, not millions, but billions of dollars to treat all of the service members who are coming home with traumatic brain injury. Is that feasible?

BRIGADIER GENERAL LOREE SUTTON: As far as I'm concerned, as a nation, when we send our treasure, our sons and daughters to war, we owe them and their families whatever it takes to help them recover, to rehabilitate, to reintegrate, to live lives of purpose, passion and meaning.

HINOJOSA: Brigadier General Sutton works with the VA and D.O.D. to provide care for soldiers with traumatic brain injuries. She helped create a training program for family caregivers and is also overseeing the first assisted living facility dedicated to rehabilitating soldiers with traumatic brain injury.

What exactly do you believe is the responsibility of the Department of Defense and the VA to the families, to the caregivers of these severely wounded soldiers?

BRIGADIER GENERAL LOREE SUTTON: As I think you're well aware—there certainly—is a lot of activity right now in the policy world. Which is not my world. So I—I can't comment specifically on the proposals. But there certainly is—plenty of activity right now looking at, for example, health benefits and possible—

HINOJOSA: Stipends.

BRIGADIER GENERAL LOREE SUTTON:—compensation.

HINOJOSA: What do you think about that? What do you think about health benefits for caregivers? Stipends for caregivers. Respite time for them?

BRIGADIER GENERAL LOREE SUTTON: I will not comment on that. That's simply outside of the purview of my set of responsibilities. I've got plenty to do with what I've described to you. And that is to say to keep our eyes on the prize. The health and wellbeing of our warriors and those who love them.

HINOJOSA: Ed Edmundson has spent years dealing with the Veterans Administration and says vets and their families are still not getting the support they deserve.

ED EDMUNDSON: They're being sent over there to risk their lives. And possibly come home to a system that's unable to properly care for them.

HINOJOSA: Ed began investigating treatment options for his son and discovered that the VA would actually would pay for his son's treatment at a *private* facility. Eric arrived at the rehabilitation institute of Chicago unable to move his limbs and 7 months later, with assistance, Eric walked out into the arms of his wife and daughter. It's also where Eric learned to use this computerized voice box

ERIC EDMUNDSON: It was the end of seven months of hard work I was so excited to see my wife and Gracie again.

HINOJOSA: Eric, do you feel that you have gotten your life back? Yes? Yeah? And did you always know you could do it? Did you always know you were gonna be okay? You did?

ERIC EDMUNDSON: My family are the definition of family: loving, dedicated, devoted. We are a family that likes to have fun and laugh a lot. My dad can be a pain in the arse sometimes.

HINOJOSA: His dad though, is always there for him, even during our interview. Ed could tell from the way Eric tensed up that he was getting a little nervous, so he stepped in to help.

ED EDMUNDSON: I want you to put arms and your hands at rest. Bring your thumb down, close your thumb down. C'mon. There you go. Shoulders back. Head up. C'mon. Now, relax. There you go.

HINOJOSA: Understanding what Eric needs is a major part of being a caregiver, and Ed knows that strengthening Eric's relationship with his own young family is most important. On Sunday nights, Eric goes to Gracie's choir practice. It's time when he's able to be a father to Gracie and husband to Stephanie.

Back in Tampa, that kind of progress is still a distant dream for Ryanne Noss. On this day, a caseworker has come to talk about what life will be like once they go home. With only a few weeks left here, the reality is finally sinking in.

RYANNE NOSS: I was completely delusional when we first started with this brain injury journey. I was hoping that it was going to be just little bit more than this. We've just seen the miracles. When people say you never know I know what that means. We've seen people who come in at actually lower level than Scott if you can imagine and they literally walked out of this floor. They were just dealt a better hand.

HINOJOSA: Ryanne now faces the daunting task of taking her husband home and being his principle caregiver. It's a tough road. She's found that to go forward, she's drawing more and more on the support of others. Her constant companion is Ivonne Thompson, whose husband Anthony is now Scot's roommate in the hospital. In 2007, Anthony, a navy medic, sustained a traumatic brain injury in Iraq when insurgents detonated an IED under the bridge he was patrolling. Ivonne, who was five months pregnant at the time, was overwhelmed but Ryanne came to her rescue.

IVONNE: And she just came in with the biggest smile on her face and just this bubbly little personality that I just almost wanted to go, you know, like, really? But—and she just looked at me and she—and she said, "What's—what's your husband's name?" And I said, "Anthony." And she went right up to his bed. And it—and it's weird because you—you realize afterwards just what it means for someone to talk to your loved one like they're there and talking back, and she did.

HINOJOSA: With Ryanne's help, Ivonne has built a world here for herself and her family. Her son Anthony Junior, A.J., has grown up here. He's become a fixture on the floor, sitting with the nurses while his dad gets hours of therapy. Ivonne says it's a comfort to have him here. But it can be hard to explain a traumatic brain injury to a two year old—the other night, she was showing A.J. photos from their wedding.

IVONNE: And I said, "Who's that?" And I pointed to me and he said, "That's

Mommy." And I said, "Who's that?" And he looks at me and goes, "I don't know." And I go, "You know who that is." He goes, "No, I—I don't—I don't know." And I said, "That's Daddy." And he went—and he—and it took him a minute and he just kind of looked at it and then he went, "That is Daddy." He's never seen a smile on his father's face.

HINOJOSA: Ivonne hopes that someday her son will be able to see his father as he once was. But for now, she and Ryanne are determined to create as normal a life as possible here. So that means leaving the hospital once a week on 'date night.' They do a little window shopping, then head to the movies—at this theatre where the staff has come to know them. It's a brief respite from the grind of daily life. Soon though, they'll go home, to specially equipped houses built by the non-profit group, homes for our troops... they'll be on their own and several states apart: Ryanne in Alabama, Ivonne and A.J. in Texas.

RYANNE NOSS: Do I want to stay home with Scot 24 hours day, and take care of him? No. I—I would like to have a career. I would like to get out there. But, unfortunately, I'm not in that place, to be able to think about that.

IVONNE THOMPSON: The thought of going home, and doing all of this on my own, with AJ, and—I mean, it's terrifying. It's terrifying.

HINOJOSA: Whether or not there is additional government support for caregivers, Ivonne and Ryanne will join the thousands of other family members taking care of wounded veterans at home.

RYANNE NOSS: Don't be sad for me. Be sad for Scot and the ones that are injured, I'm willingly doing this. I choose to do this. Just as Scot chose to sign on that dotted line. So instead of pitying him, thank him, because he chose to do what he did, too.

BRANCACCIO: If you feel moved to action on behalf of wounded veterans, there are several ways to help. On our website, learn about pending family caregiver legislation and explore how to volunteer in your own community. Pbs.org will get you to the info. And that's it for now. From New York, I'm David Brancaccio. We'll see you next week.