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Wounds of a modern war - amputations, brain trauma - harm troops' families too

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One in an occasional series.

The simple, sweet pleasure of a father playing with his child doesn't come easily to Army veteran Pisey Tan.

He takes extra care to control his balance as he gently tosses his 17-month-old daughter into the air. Making his way down to the floor to sit beside little Alyssa is even more challenging for the 6-foot, 210-pound Tan.

His two aluminum, titanium and carbon fiber prostheses - one leg was amputated above the knee, the other below - move stiffly under his baggy jeans as he bends over, puts his hands on the floor, then slides his legs backward until he can set himself down.

Tan muses about the happy toddler beside him.

"She's going to do things I didn't get to do," says Tan, who lives in Woodlyn. "I just don't want her to think daddy's a failure."

Tan is among the 38,497 U.S. service members wounded in action in Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom, the total from the start of the war through most of June. The great majority of these injuries occurred on the Iraq battlefield, though the numbers in Afghanistan are rising as more troops are deployed there and fighting intensifies.

Two types of wounds are considered the "signature injuries" of those battlefields - traumatic brain injuries and, as in Tan's case, amputations. Lifelong medical treatment and disability benefits for veterans of the wars could run as high as \$663 billion, a 2007 Harvard University study projected, a figure that likely is higher now.

Most of these injuries are the result of the prevalence of IEDs, or improvised explosive devices, bombs built with easily available materials and set off near specific targets, such as an Army convoy.

Diagnoses by the military health system of traumatic brain injuries rose 136 percent between 2001 and

2009, from 11,830 cases to 27,862 cases, according to a Congressional Research Service report released in May.

It also notes that 1,345 U.S. service members have had major limb and partial amputations over the course of the wars.

Because of better battlefield medicine and body armor, more than 90 percent of those wounded in combat have survived - compared with 76 percent in the Vietnam War and 70 percent in World War II.

That means more military families get to welcome a loved one home again - but more also face living with the wounds of war.

"Your life changes from that moment forward," says Barbara Cohoon of the National Military Family Association.



Tan, 29, is grateful to his mother, Bo Mao, and brother, Dara Soun, who were as much a part of his recovery as any doctor.

"They sacrificed so much just to get me back on my feet," says Tan, lightening his tone as he adds, "figuratively speaking."

Tan's 25-year-old brother lives with him, his wife and his daughter in a home built for Tan in 2006 by the McKee Group, a Delaware County-based builder, and Homes for Our Troops, a nonprofit group. The house is specially adapted for him and is fitted with wide doorways and halls, low counters and smooth floors.

A painting of the ancient temple complex of Angkor Wat in Cambodia, the land of Tan's parents, hangs on one living room wall. On other walls are a shadow box with Tan's military medals, and an Operation Iraqi Freedom poster showing a helicopter sitting on what looks like desert rock, with the greeting, "Welcome home. In appreciation of your dedication and commitment."

In 2005, Army specialist Tan was eight months into his second tour of duty in Iraq with Alpha Company, 3d Battalion, 69th Armor Regiment out of Fort Stewart, Ga., when a roadside bomb exploded under the Bradley fighting vehicle he was driving on patrol in Samarra, north of Baghdad.

He woke up several days later in Washington's Walter Reed Army Medical Center, his legs amputated. Tan didn't want to tell his mother.

"In our culture, in Cambodia, you lose your limbs and you're shunned," he says. "I didn't want to bring that to my mother and have everyone look at her as though she's got the friggin' plague."

She'd been through enough, he figured. Mao, 49, had survived the brutal 1970s-era regime of the Khmer Rouge. She met Tan's father in a refugee camp in 1979, though they did not stay together. Mao was pregnant with Tan when she came to the United States in the early 1980s, settling in Philadelphia in 1987.

Mao was at her job as a quality-control inspector for Philadelphia Scientific, an industrial battery-supply business in Montgomeryville, when the Army called with the news about her son. She and son Dara Soun rushed to his bedside.

"He told me, 'Mom, look, look. I don't have nothing.' And I told him, 'You have mom. Mom take care of you.'

"I remember he ask me, 'Are you embarrassed about your son because he has no legs?' I said,

'Embarrassed? What? You helped your country.' "

For the next 11 months, either Mao or Soun, who interrupted his college studies to help his brother, lived on the grounds of Walter Reed Army Medical Center while Tan completed occupational and physical therapy. They brought him meals, wheeled him to appointments, handled paperwork, and urged him on when he felt low.

When Tan fell, his brother picked him up.

"One time, he was trying to get on a bus and his leg broke right at the socket," says Soun. He wrapped his arms under Tan's and lifted his brother into a wheelchair.

In those early months of his injury, Tan never envisioned his life would become so ordinary one day.

By 2007, Tan was well enough to travel to Cambodia, where he was introduced to his future wife, Sieng Yon. The next year, she came to the United States and Media Mayor Bob McMahon married the two.

In their living room with her husband interpreting, Yon, 34, recalls that first meeting with Tan. His amputations didn't bother her then and don't bother her now - except for one thing.

"The only thing that bothers me is seeing him in pain," she says.

Sometimes his legs throb with pain, and Yon will comfort him by massaging his stumps. Mostly, her days are filled with tending to the house and to Alyssa.

Tan sits near Alyssa as Yon silently moves about the house, fluffing a pillow, folding laundry, and checking in on their daughter. Later, Alyssa clutches the coffee table and stands up, Yon right behind her on the floor, ready to catch her should she fall.

"We're pretty normal. If anything, we're better," says Yon. "Our family is just happy. We don't fight at all."

Their normal also includes managing their daughter's health issues. Alyssa, who is fed intravenously through a machine connected to her stomach by a tube, was born with a noncancerous tumor on her liver that also pressed against her lungs, Tan says.

Nearly all of her health expenses are paid for by Tricare military insurance, which Tan, medically retired from the Army, continues to get.

Yon has suggested working outside the home to supplement Tan's veterans benefits, but he says no, feeling an obligation as the husband to provide for his family. He's able to get around now with barely a limp, using a wheelchair only when he tires or knows he'll be inside the house the rest of the day. After Alyssa has fully recovered, Tan wants to get a business-management degree and, then, a job.

"I really want the best for my family," he says, "and I feel sometimes I can't do the best for my family."



Most service members do not come home with injuries as severe as Tan's. More commonly, they suffer from upper respiratory, gastrointestinal and dermatologic illnesses.

At the Philadelphia VA Medical Center, most war-zone injuries have been musculoskeletal - knee fractures or shoulder and hip strains that come from the heavy gear service members wear and carry, says Lori Maas, the center's Operation Enduring Freedom/Operation Iraqi Freedom program manager.

Those were expected. But the medical systems of the Defense Department and Department of Veterans Affairs were caught off-guard by so many blast wounds.

The huge backlog of disability claims was well publicized, as was the poor condition of some military hospitals and problems as patients moved from the Defense Department medical system to the Veterans Affairs system. Families complained about insufficient support services and being shut out of decisions about their loved ones' care.

The financial toll on families of long-term care for those most severely wounded veterans is another issue. It was only in May that federal legislation was signed into law giving a stipend and medical insurance to family members who are full-time caretakers of seriously wounded veterans from Afghanistan and Iraq.

Officials acknowledge they were not fully prepared.

"As the war progressed, we recognized the types of injuries, the seriousness of injuries, and very quickly realized we had to put in services," says Deborah Amdur, the Department of Veterans Affairs' chief consultant for care management and social work.

She points to special facilities for brain injuries, VA liaisons in military health centers to smooth the Defense Department-to-VA transition, and to a polytrauma care network for veterans with injuries affecting more than one organ or region of the body.

"The services are recognizing these issues need to be addressed and are moving in that direction," says the National Military Family Association's Cohoon. "But it's hard for families."



Amanda Mason, 15, is slow to open up about her dad, Pennsylvania Army National Guard veteran Samuel J. Console, 44, who served in Iraq. Her relationship with him is complicated.

"I hate the Army with a passion," is all Amanda says at first, as she shifts her iPod touch from hand to hand. Later, she offers: "I used to be close with him."

Console, a first lieutenant with the 103d Engineers of the 28th Infantry Division, had been in Iraq about nine months in 2005 when a bomb exploded as his convoy drove north of Tikrit. He saw a flash that colored his window orange, and Console shook with the blast. He wasn't hit by shrapnel, but it left him briefly unconscious.

In war zones, injuries that disrupt the function of the brain usually are the result of a blast, such as from improvised explosive devices and rocket-propelled grenades, says Troy Van Scoyoc, acting director of the Defense and Veterans Brain Injury Center in Johnstown, Pa.

The injuries can cause difficulty processing information, memory lapses, agitation, and depression.

Console recalls returning to his base after the attack, struggling with a pounding headache that his superior officer told him to sleep off, and feeling devastated about the death of an Iraqi contractor who was in the vehicle behind his. He went to aid stations in Iraq for his headaches, but, again, was prescribed rest.

When he returned a month later, his wife urged him to go to the Philadelphia VA Medical Center, where Console was assigned a primary-care doctor, a psychologist, and a psychiatrist. Honorably discharged in 2006, Console still is being treated for combat-related traumatic brain injury and post-traumatic stress disorder (PTSD).

"When an injury takes place it leads to a cascade of events that can dramatically change the developmental trajectory of a family," says Stephen J. Cozza, associate director of the Uniformed Services University Center for the Study of Traumatic Stress and a top expert on how deployment to the current battle zones affects children.

Everyone in the family faces adjustment pains at the same time when a wounded parent returns, beginning with the service member reintegrating into the family and community, Cozza says. If a family had reported high levels of distress before the injury, he says, it may have an even harder time coping afterward.

"The most challenging injuries from the family point of view are related to the invisible wounds - TBI [traumatic brain injury] or PTSD," says Jeremy Chwat, chief program officer for the Wounded Warrior Project.

The parent looks the same, but is acting in a dramatically different way.

Amanda and her brother Mark Mason, 17, were glad their father was back and threw him a welcome-home party.

"We just missed him, hanging out with him," says Mark.

Amanda liked how the three of them used to watch *SpongeBob SquarePants* cartoons and play games. At first, says Mark, "We didn't even know he was injured. You couldn't see it."

And Console, who works at the Philadelphia International Airport in planning and environmental stewardship, didn't tell them, preferring to have his children "see me as I was before I left - healthy."

Gradually, Amanda and Mark noticed a new impatience, irritability, and nervousness in their dad that still exists. He doesn't sleep well anymore. Loud noises disturb him. He sets down his glasses or other objects and does not remember where they are. All these behaviors can be symptoms of traumatic brain injury.

Amanda noticed he was entering medical and other appointments into his cell-phone calendar and using the alarm to remind him of them.

The hardest part to deal with, his family says, is Console's preoccupation - he sees it as a passion - with the Army and a book he's writing to help veterans with experiences similar to his. He even thought recently that he might try to return to Iraq with the military, an idea he abandoned after his family protested.

It's hard to say whether it's passion or a symptom of what ails him, but Console steers almost every conversation to his book and Iraq. When he's not at his job, he spends most of his time writing and working on veterans' initiatives, some for the Philadelphia VA.

He's consumed with the Army, says his wife, Dawn Elliott, an associate professor in orthopedic surgery at the University of Pennsylvania. They married in 2004, just before he got the mobilization order for Iraq.

She says Console is a good father to their 2-year-old son, Matthew, who didn't make sleep easier for him when he first returned. But she worries that he "spends a lot of time on those [military-related] activities. It's less time to invest in our relationship and our family. I think he's starting to understand it puts distance between us."

Elliott and Console have gone to a marriage counselor through the VA. Otherwise, Elliott says, she has had little contact with any part of the military.

"I expected information when he was in Iraq, before during and after his deployment. . . . I got none," she says. "I expected interaction with other families. I got none. I expected someone to tell me about his injuries and what I should do. And I got none."

Amanda and Mark learned from Console about his injuries just in the last couple of years.

"We were sitting in the car and he said there was something wrong with his brain and he told us we had to

take it easy on him," Amanda says.

During the school year, Amanda and Mark spend weekdays in Levittown with their mother, who was divorced from Console in 1999. In the summer they are mostly in Philadelphia with their father and Elliott. Console is busy with work, the 2-year-old, or his military-related pursuits, so she and Mark mainly play on the computer, Amanda says.

"I don't like being around him as much because all he does is talk about the Army and it's kind of obnoxious," she says.

She understands he was injured, she just doesn't get why - *because* of his health problems - he doesn't leave the military behind.

"I can't let go of things," Console admits. His veterans activity nourishes him, and yet, he says, "I feel broken."

Console says his relationship with Amanda is tense. "I'm extremely impatient," he says. "We cannot work through problems no matter how little they are."

Even sharing their story separately, it is clear that father and daughter have had the conversation before, face-to-face.

"I just think he should get over the Army and get on with it if it's causing so much trouble in his brain," Amanda says.

"She hates what I love," Console says.

"He's still a great dad," Amanda says.

The Hidden Home Front

Read previous stories in The Hidden Home Front series at www.philly.com/militaryfamilies.

For More Information

Resources for injured service members and their families:

Army Wounded Soldier and Family Hotline

1-800-984-8523

Brain Injury Association of America

www.biausa.org

Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury

www.dcoe.health.mil/ default.aspx

Disabled American Veterans

www.dav.org

Fisher House

www.fisherhouse.org

Iraq and Afghanistan Veterans of America

www.iava.org

Homes for Our Troops

www.homesforourtroops.org

MilitaryHOMEFRONT

www.militaryhomefront.dod.mil

National Military Family Association

www.militaryfamily.org

National Resource Directory

www.nationalresourcedirectory.gov

U.S. Department of Veterans Affairs National Center for PTSD

www.ptsd.va.gov

Noanie.com

www.noanie.com/#wounded

Wounded Warrior Project

www.woundedwarriorproject.org


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www.woundedwarriorresourcecenter.com

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