

**PRESENTATION TO COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON MILITARY PERSONNEL
UNITED STATES HOUSE OF REPRESENTATIVES
109th CONGRESS**

SUBJECT: "Care of Injured and Wounded Service Members"

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3 MARCH 2005

**NOT FOR PUBLICATION UNTIL RELEASED
BY THE COMMITTEE ON ARMED FORCES
UNITED STATES HOUSE OF REPRESENTATIVES**

INTRODUCTION

Mr. Chairman, and distinguished Members of the Subcommittee, thank you for the invitation to testify before you today. I am an active duty Air Force member, assigned to the 343d Training Squadron, part of the 37th Training Wing at Lackland Air Force Base Texas.

After the attacks on 11 September 2001, my friend and I went to New York City for spring break while my other friends went to the beaches in Cancun,

Mexico. When I was standing on the ledge overlooking the aftermath of the Twin Towers, I instantly knew what I wanted to do. Join the military! I enlisted in the Air Force in 2002 to serve my country and pursue a career in law enforcement. I had always been interested in law enforcement and chose the Security Forces as my career field. For about eight months, I worked various positions for a Protection Level 1 weapons storage area at Minot AFB ND. Minot AFB was not a base most Security Forces members deployed from. When an opportunity presented itself, most members were fighting to go.

In August 2003, a tasking came down for a 13-person team to deploy in support of Operation ENDURING FREEDOM. Our team was sent to Indian Springs Auxiliary Field, Nevada to train for four weeks at the Air Combat Command Security Forces regional training center. Upon completion of the course, we returned to Minot Air Force Base to conduct additional specialty training. In November 2003, we were informed that we would be sent to Bagram Air Base, Afghanistan. I was very excited that I was going to fight the war on terrorism and it validated my reasons for joining the Air Force. While making the 36-hour trip, many things were going through my mind. Being injured was never one of them. We arrived and started work

immediately the next morning. Our duties initially consisted of patrolling inside and outside the base perimeter and flight line security. About four days later, we ended up working missions with the Air Force Office of Special Investigations (AFOSI) under the Counterintelligence Joint Direct Support Task Force. I have to admit it was not a normal Air Force operation. We would dress in civilian clothes, go off base, find weapons or even terrorists, do what we needed to do and come back. This was a daily thing. Along with the normal Security Forces duties that we had, I felt that we were really accomplishing things. For four and one half months we performed these missions with AFOSI.

On March 13, 2004 it appeared to be a normal day. I got up, got my gear and proceeded to my assigned duty location. About half way into the shift, SrA Josh Beach and I were out conducting a perimeter patrol of the eastern side of the perimeter fence line. Explosive Ordinance Disposal personnel previously cleared this area for landmines. However, I later found out that an Army sergeant was injured (left leg below the knee amputation) in the same area when clearing it for landmines.

About 10 feet from our up armored HMMWV we heard a loud blast from under our feet and a large smoke cloud. We were immediately blown away from one another. I fell to the ground while SrA Beach tried to locate me. Once the smoke cloud settled and he finally got to me, we realized something bad had happened. I looked at him and noticed blood on his clothing and gear and coming from his face. Most of the blood on him was actually mine. He had a superficial wound to his face but nothing too bad. I really did not know what had occurred until he told me to look down at my feet. I noticed that I could not see my left boot and I felt a burning sensation on my right leg. He did not let me look at the injured area and he immediately started Self Aid Buddy Care. Ripping off his gear he used his shirt and a stick to make a tourniquet. He assisted me to the HMMWV that was parked on the concrete road and laid me down.

At this time there were a lot of people showing up. Most were screaming aloud and I asked SrA Beach to tell me what was going on. He said your left foot is gone and your right leg has a lot of shrapnel wounds to it and you are bleeding really badly. That was good enough for me I laid down and let the medics take care of me. One of the last things I remember was riding in a HMMWV ambulance with SrA Beach heading to the Combat Army Surgical

Hospital. I remember them telling me "it was going to be alright." I looked at the nurse and asked her, "Do you think they will let me stay in?" She replied, "There's a lot of technology with prosthetics now, you have a good chance!" I looked at her eyes and I could tell she was serious.

I then faded out of consciousness. The next thing I remember saying is good-bye to my team members from Minot at the aircraft. The medics gave me something and I was placed into a medical coma for about five days. When I woke up, I was in Landstuhl, Germany.

Still groggy, I looked around and saw SrA Beach, my squad leader, and a woman that looked familiar. The doctor asked me "who is this?" and I looked at her and said, "I have no idea." At first, the doctors thought I had brain damage...not good for the MEB by the way. A few hours later, I looked at the woman and I knew exactly who it was. My mom.

For the next few days I lay there and just waited to see what was going to happen next. Once medically cleared, I got a flight back to Andrews Air Force Base and onward to Walter Reed Army Medical Center. I spent about three weeks in the hospital and then was discharged to the Mologne House, the base hotel. I spent the next three months training on my new leg and

making sure all of my medical needs were met. It was actually a great experience there, meeting new people, and learning to walk again. After I had a good grasp on walking they moved me to Andrews Air Force Base where I was put on medical hold. I was on medical hold for about two months while my paperwork went through the medical board process.

I met Colonel Silva-hale, Commander of the Patient Squadron, to see if I could still perform my job. She sent my MEB paperwork to the Air Force Personnel Center at Randolph Air Force Base, Texas. Two weeks later, I was told to report to the MEB liaison at Andrews. There were a lot of things going through my head. Was the Air Force going to keep me in or were they going to kick me out? I sat down and she looked at me and said, “you’re back to duty.” I thanked her, ran over to my supervisor and had orders about a week later to Lackland Air Force Base.

Since I have been back to duty, I ran the Army ten miler in Washington DC and graduated from the Air Education Training Command Basic Instructor Course. I have had the privilege of relaying my incident at several speaking engagements for military and civilian audiences. Additionally, I have played a big part in talking to new amputees at both Walter Reed and Brook Army

Medical Centers. I am currently in the unit's Operations Flight as the Personnel Reliability Program Monitor and Safety Representative. My future goals are to continue a career in the military and deploy in the near future.

Overall, my experiences since 13 March 2004 have gone very smoothly. The only two concerns I have are with Land Mine identification and amputee continuation care at Air Force and Army medical treatment facilities.

As I stated earlier in my testimony, there was another Army sergeant who lost his left leg below the knee in the same area I was injured only two months earlier. The area was identified as "cleared" for land mines as stated in briefings from local Army EOD. Moreover, one month prior to my incident, an up-armored HMMWV was driving along the eastern perimeter and ran over six landmines in an area identified as "cleared." Fortunately, there were no injuries sustained to the occupants of the vehicle. I believe posting signs around the area identifying it for landmines could have prevented my situation as well as the others. I spoke with my previous Operations Officer at Bagram AB since he returned in August 2004, and he stated that signs still had not been posted along certain areas of the eastern perimeter.

My other concern is with my treatment as an active duty patient versus an OIF/OEF patient at a designated facility for amputee care. In my case, both Malcolm Grow and Wilford Hall Medical Centers were not equipped or knowledgeable on amputee follow on care and have diverted all of my treatment to Army Medical hospitals. However, I was referred to Brook Army Medical Center, which also lacked experience in treating amputee patients, unfamiliarity with prosthetics, and discussing basic amputee medical terminology. I understand that these types of injuries were uncommon prior to the war, but I believe physicians need to get more training and experience on amputee victims prior to patients arriving at Brook Army Medical Center.

Again, I would like to thank you for this opportunity to present my testimony and for your continued support of our military men and women, and the care and concern for our military injured.