

Suivez Moi:

A Leader in Every Right

A hero comes home from Operation Iraqi Freedom with a Purple Heart, a traumatic brain injury, and hearing loss. Where does that leave him now? I had the honor of talking with Mark Brogan and his wife, Sunny, at the HLAA Convention in Nashville this past June where he spoke at the Opening Session. Mark was greeted by people from across the country who wanted to shake his hand and thank him for his service to our country. Among the many things Mark does on behalf of wounded vets, he is also an HLAA member.

By Barbara Kelley



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Mark Brogan tells the story about his time in Iraq easily and with intensity, although he may not remember all of it. On April 11, 2006, Captain Brogan was approached from behind by a suicide bomber during his mission in Operation Iraqi Freedom. The bomb detonated. The suicide bomber was dead and Brogan was left for dead. Such is the custom of soldiers on the battlefield to stand silently over the dead and give them their final prayers and a send-off. They said goodbye to Captain Brogan.

Blood was streaming from his ears, but to the surprise of the medics, he was still alive. Was this good news or bad news? To hear Mark Brogan tell it, it was okay with him to take the hit because the suicide bomber died and to him that was one less person on this earth who could hurt people.

Mark Brogan was born on August 31, 1980. Ten years ago, he met his wife, Sunny, at the University of Tennessee, where he graduated in 2002 with a bachelor's degree in political science and international relations and was in the Army ROTC. All this seems decades away when he wore the clothes of an ordinary college kid. Now he is CPT Mark A. Brogan, U.S. Army (Ret.); a veterans' advocate and a commander in the Military Order of the Purple Heart, Chapter 356 in Knoxville Tennessee. He and Sunny live in Knoxville. They celebrated their sixth wedding anniversary this July.

Suivez Moi

Mark Brogan served in the United States Army from May 2002 to February 2007 when he was medically retired. He was a United States Cavalry Officer in A Troop, 4th Squadron 14th Cavalry, 172 Stryker Brigade Combat Team. He was deployed from Fort Wainwright, Alaska, to Iraq to lead a platoon of infantry soldiers.

The pins on his shoulder boards bear the words "Suivez Moi"—French for "Follow Me."

They are placed on green felt to indicate leader status. He tells me this as if he is instructing me on

**“We few, we happy few,
we band of
brothers; for he
to-day that sheds his
blood with me
Shall be my brother.”**

— Mark's favorite quote, from Shakespeare's *Henry V*, excerpt from Saint Crispin's day speech

military insignias and protocol. I am touched by the significance of his words, the brass on the uniform, and the man who wears it. I can't help but ask why he wears a Marine Corps patch on the arm of his Class A uniform, since he is Army. He explains he was assigned under the 2nd Marine division when he got hurt and that a Marine commander was in close touch with him all through his rehabilitation, always checking in. The patch on the right side of the arm is the combat patch and indicates the unit with which he fought in the war zone.

Mark explained that he could have worn the Army patch, but thought it was unique to be able to wear a Marine patch on his Army uniform. In the end, they made him an honorary Marine and jokingly told him if the Army ever kicked him out they would take him.

Then, does Mark Brogan break the intensity on his face and flash his big smile.

His Injuries

Mark showed me the scar that traversed his scalp. "This is where they cut open my head to remove part of my skull and replace it with an acrylic plate. And, here is where my arm was nearly severed, look, my tricep is mostly gone. I have fortunately regained much strength and am moving it pretty well now."

He continues. "I was leading a foot patrol in Anbar province in a town called Rawah on the Euphrates River. We were conducting an Iraqi police recruitment in the town that day. I had gone to the local market to check secu-

rity. The suicide bomber ran around a corner behind us. The soldier in front of me, SGT Chris Bauer, saw the bomber first and couldn't do anything to stop it. He was hit with shrapnel and is currently serving in Afghanistan. The bomber killed the soldier behind me, SGT Kenneth Hess, and wounded me pretty badly."

"Pretty badly," is an understatement. He sustained a similar brain injury to that of ABC broadcast journalist Bob Woodruff. Brogan was flown to Landstuhl, Germany, then to the States, then to Bethesda Naval Medical Center. He was in a coma for 17 days. When he woke up, his abilities were limited. He didn't remember the actual blast or fighting to get off the stretcher when they took him away.

He asked Sunny if he had been dreaming; she said no and explained what had happened. SGT Bauer described to Sunny what had happened. Mark kept asking repeatedly as if he had been dreaming and Sunny kept explaining. It was quite awhile before this brave soldier realized what had happened to him, even if he couldn't remember it all.

Thanks to advancements in medicine and rehabilitation, Mark had his skull rebuilt at Walter Reed Medical Hospital in Washington, D.C., with a state-of-the-art 3D system. Add to this the two years of physical therapy and speech and cognitive therapy, Mark is back, not in the same way, but back and advocating for veterans care.

According to the U.S. Veterans for Disease Control and Prevention, 3.2 million Americans are living with long-term disabilities from brain injuries. There are an estimated 320,000 veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF-Afghanistan) who have suffered a traumatic brain injury. An estimated 58,000 return with hearing loss and tinnitus (ringing in the ears).

Last month the NBC news affiliate Channel WBIR in Knoxville, filmed Brogan in his home talking about post-traumatic stress disorder (PTSD) and the need for a clinic in the

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Knoxville area to treat those with PTSD.

Brogan testified on April 28, 2009, before the House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations, giving supporting arguments on the Federal Recovery Coordinator program in regard to coordinated care post injury. Sunny Brogan served as care benefits coordinator, because Mark was unable to coordinate the many levels of care when he returned home.

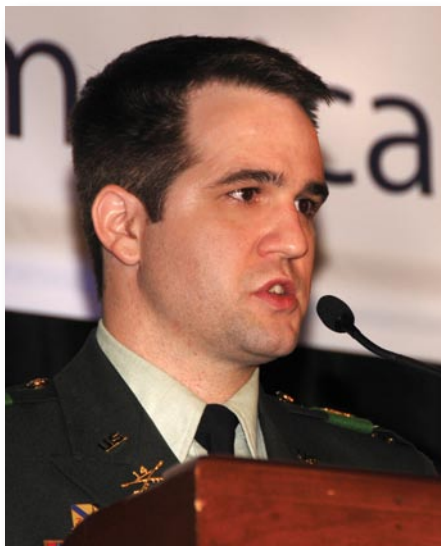
Mark testified, "Coordination for my care has been a heavy burden for my wife from day one. Only recently has the VA created a polytrauma clinic at my closest VA hospital which checks on me regularly. The only problem is that their only expertise is medical information. When it comes to benefits, we enter the 'I don't know' loop yet again, and the vicious cycle repeats itself."

He continues to lead the fight to help others.

His Hearing Loss

In addition to the other injuries, Brogan also sustained hearing loss. He spoke about hearing loss at the Opening Session at the HLAA Convention this past June. Here is what he said to the audience:

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CPT Brogan spoke at the Opening Session at the HLAA Convention in June.

"I'd like to thank the NTID/HLAA partnership and everyone here for their support. It's amazing that we have the kind of educational support at home for our veterans that will lead to successful integration of our veterans with hearing loss back into our communities. I'm honored to be here and participate with such an excellent organization as HLAA.

It's estimated that 58,000 OIF and OEF vets returning have hearing loss. This is a significant healthcare issue that will be dealt with through the Veterans Administration (VA) and the military. It's going to require a committed effort by all parties to make sure that they're successful in returning to their communities and learning how to deal with hearing loss.

HLAA can be an incredible tool to work alongside these veterans to make sure that they are successful. Three years ago at this time I was at Walter Reed doing physical therapy every day relearning how to walk, talk, just about everything really. I knew that I couldn't hear well, but we had no idea just how bad it was. From what I've been told, after the bomb went off and my fellow soldiers got to me, I had blood pouring from both of my ears. I later found out that my right eardrum was perforated and I had severe-to-profound hearing loss in both ears.

Once I went to rehab at the VA and was fitted with my first pair of hearing aids, I realized, "Wow, did I have hearing problems?" The difference between having them and not having them in my ears was amazing. I had taken my hearing for granted before this, I had excellent hearing, I was a musician and it just was incredible to realize that wow, you know, not hearing is such a challenge.

Out of all the injuries that I have, hearing loss is definitely one of the most troublesome problems. Between the brain injury and the hearing loss, I may hear, and I may not. If I do hear, I may not understand because of the brain injury. So it's kind of a double



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From left: Jennifer Thorpe, Mark Brogan, Abbie Cranmer and Zac La Fratta

whammy. But it's about learning to overcome those difficulties and continue with life. As I've continued on this journey of recovery, I've learned that advocating for others has really been the key to my recovery. You have to get out there and get moving. Do something and not just sit there and feel sorry for yourself.

I found being involved with a lot of the veteran service organizations and a traumatic brain injury support group in my hometown of Knoxville, was really rewarding. So, I decided I would see if there was any organization relevant to hearing loss, and I happened to come across HLAA's website. I typed in 'Knoxville' and found Laurie Pullins and the local HLAA chapter.

I went to a meeting and it was so nice to be able to come and be among people that also had hearing loss. It was really hard to describe to my family and friends how it was to not be able to hear; they had just never seen me like that before. I got involved with the chapter.

My hope is that in the future HLAA can be involved with all the veteran organizations such as the DAV and VFW and help all the veterans with hearing loss."

Still Leading

My brief encounter with Mark and Sunny Brogan was delightful and inspiring. They are young, attractive, playful, and clearly buddies. It is hard to imagine they've been through so much at such a young age and still want to do more.

There was a party with karaoke the evening after he spoke at the

Opening Session. It took a bit of coaxing but Mark got up and joined the other young adults who had already chosen the song. He studied music most of his life and likes to sing so he joined in. Soon, he was moved to the middle of the group to lead them in the song, *Lean on Me*.

Sometimes in our lives
we all have pain
We all have sorrow
But if we are wise
We know that there's always tomorrow

Lean on me, when you're not strong
And I'll be your friend
I'll help you carry on
For it won't be long
'Til I'm gonna need
Somebody to lean on

Please swallow your pride
If I have things you need to borrow
For no one can fill those of your needs
That you don't let show

Lean on me, when you're not strong
And I'll be your friend
I'll help you carry on
For it won't be long
'Til I'm gonna need
Somebody to lean on

If there is a load you have to bear
That you can't carry
I'm right up the road
I'll share your load
If you just call me

Lean on me, when you're not strong
And I'll be your friend
I'll help you carry on
For it won't be long
'Til I'm gonna need
Somebody to lean on

So just call on me brother,
when you need a hand
We all need somebody to lean on
I just might have a problem that
you'd understand
We all need somebody to lean on
Lean on me...

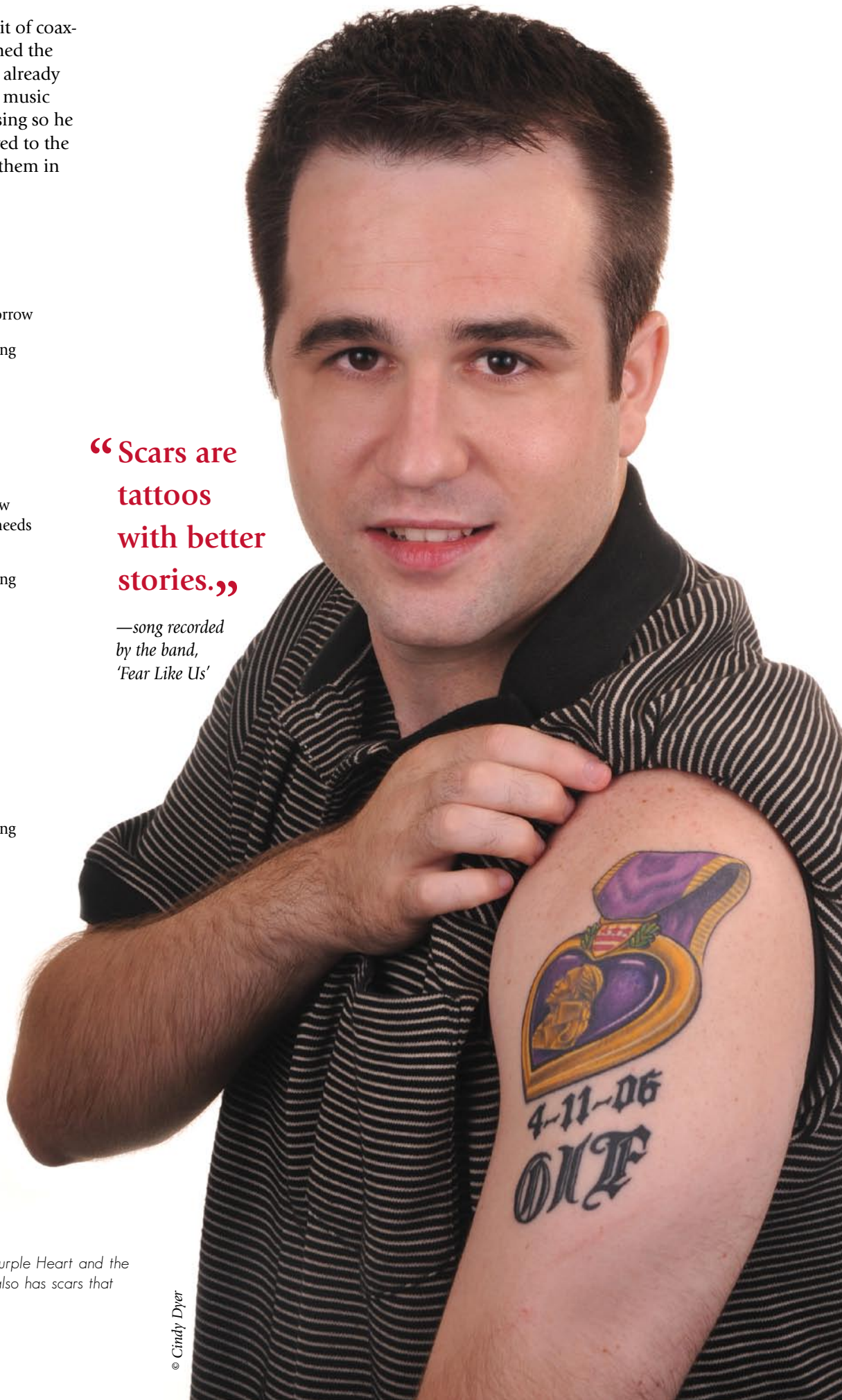
*All lyrics are property and
copyright Bill Withers.*

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CPT Brogan has a tattoo of the Purple Heart and the date of his injury on his arm. He also has scars that outnumber his tattoos.

“Scars are
tattoos
with better
stories.”

—song recorded
by the band,
'Fear Like Us'





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“It was nearly three months after the injury before Mark was given a hearing test and his first set of hearing aids. Like many others outside the hearing loss community, I thought he would be able to hear perfectly again. That, of course, wasn't and isn't the case, but it took awhile for that reality to sink in with me.

“In the early days of Mark's injury, he always looked to me to translate what the doctors, nurses, therapists, even his family members, were saying to him. He said it was just easier for him to understand my voice.

“It's been three years since Mark's injury and, yet, we still try to talk to one another from different rooms. Since the HCAA Convention when we all shared our experiences, we've made a pact to no longer do this, but at times that old habit sneaks back.”

– Sunny Brogan



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Mark Brogan can be reached at broganm@hotmail.com and can be found on Facebook.

Comments from Gene Bratt, Veterans Administration, at the HCAA Convention 2009 in Nashville

This year in particular we join with HCAA in recognizing the sacred sacrifice of our nation's veterans through their military service and the obligation we undertake to provide for those who have borne the battle, the best care that we can imagine. On this occasion two individuals come to mind who I would like to note.

The Founder of SHHH (now HCAA), Rocky Stone, who was a veteran of military duty and CIA operative, understood the magnitude of the sacrifice and our need to respond with our very best efforts to those soldiers injured in harm's way.

And also to Captain Mark Brogan (Ret.), what an honor it is and privilege for me to be able to share this platform with this remarkable young man. He is a soldier who has served with honor, who sustained life-threatening injuries because of that service. And through his achievements now inspires us to do all that we can to repay our debt to those heroes of military conflicts past and present.

Here is a glimpse of what the Veterans Administration (VA) is doing for our veterans in the areas of speech-language pathology and audiology. In speech-language pathology, our greatest challenges lie in the understanding of the effects of a misnamed condition that has become the signature injury of the present conflict in Iraq and Afghanistan—mild traumatic brain injury.

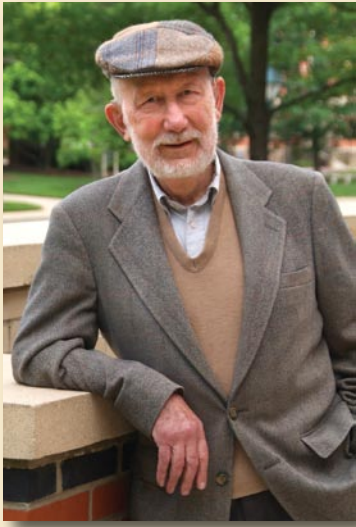
It is misnamed "mild" because the outward and immediate effects appear to be mild. But we are just beginning to understand and address the far-reaching consequences these injuries have upon one's cognitive, attentive and organizational abilities. Be assured that research is ongoing within the VA to provide the best treatment strategies to address these effects that significantly complicate the daily lives of our injured veterans.

To address hearing-loss-related injuries, the VA, through its training programs, is attracting the brightest and best audiologists in the country to provide care along a wide continuum; including hearing aids and other assistive technology, balance assessment and rehabilitation and tinnitus assessment and management. Last year, the VA dispensed over 400,000 hearing aids at a cost of \$135 million and 33 million hearing aid batteries at a cost of \$4.5 million, and implanted 170 people with cochlear implants. In 2008, one out of every seven hearing aids that was fitted in the United States was fitted by the VA using the latest technologies available.

Our mandate for care is extended to veterans of all periods of service. Presently we bring special attention to younger injured veterans to provide assistance not only in healthcare, but as well with assistance and vocational pursuits, job training, parenting skills and fitness and wellness.

And we also want to double your resolve to do what is necessary to provide and promote hearing care for all those who need our services. 🇺🇸

Gene Bratt, Ph.D., is the chief of audiology and speech pathology services at the VA Tennessee Valley Healthcare System. He is also chair of the National Audiology and Speech Pathology Field Advisory Council. The Council reports directly to Lucille Beck, Ph.D., who is head of audiology for the Veterans Administration. Dr. Beck is also a former board member of HCAA.



Mark Ross on Veterans and Aural Rehabilitation

Mark Ross, Ph.D., is an audiologist and associate at the Rehabilitation Engineering Research Center (RERC) at Gallaudet University. He was awarded the HLAA Lifetime Achievement Award in June 2008. He and his wife, Helen, live in Storrs, Connecticut. For more articles on technology for consumers by Dr. Ross, go to: www.hearingresearch.org.

It is generally agreed that the profession of audiology had its genesis during WW II. It arose from the efforts of the U.S. Military to provide aural rehabilitation programs for the servicemen who suffered a hearing loss. The programs developed were state of the art for the time, with the government providing all it could and all it knew to the people who returned with a service connected hearing loss.

Clearly, the potential impact of a hearing loss was recognized and the government accepted its obligation to try to ameliorate the resulting handicap. Nothing was “too good for the boys,” and cost seemed an irrelevant consideration. Later, upon their discharge, the Veterans Administration (VA) picked up the responsibility for taking care of these men.

The programs that the VA developed were also pretty much state-of-the-art. I trained and worked for the VA myself at the end of the 1950s and the early 1960s, and I know that we provided our patients with whatever was felt they needed. The VA also served as the primary incubator in which many future audiologists received their first clinical experiences. The testing and hearing aid selection procedures initially developed during WW II were adopted and extended by the VA.

During this period, in my experiences with the VA as a patient and as an audiologist, the profession expanded and matured while still providing an example of excellent clinical services that should be emulated. While there was not as much available then to ameliorate the potential impact of a hearing loss as there is now—either with prosthetic devices or rehabilitation procedures—the VA did what it could with the resources it had available.

It is because of this background and history that I was so interested in listening to Captain Mark Brogan (Ret.) at the HLAA Convention this past June. Out of all the injuries that he sustained, he considered his hearing loss as “definitely one of the most troublesome.”

We all know how often the effects of a hearing loss—this “invisible condition” in the words of Founder Rocky Stone—are underestimated. For somebody like Mark Brogan, its impact is compounded by the traumatic brain injury he also suffered. While he received many months of therapy for his physical and brain injuries, there was evidently nothing comparable provided to him for his hearing loss. For this he was given hearing aids, which fortunately have proved to be very helpful, but more can and should have been done. Being the person he is, he has taken the initiative in seeking other sources of help and support; such as his local HLAA chapter. The provision of other necessary technical and support services should not be left to happenstance, but should be built into the system, in much the same way as these services are provided for someone with a physical impairment.

While I am absolutely not comparing the disability or impact of a missing limb or to having a hearing loss—that would be arrogant and presumptuous of me—I am recommending that the same therapeutic model be followed for those with a hearing loss.

Someone fit with an artificial limb is not dismissed from therapy once he or she receives the prosthesis, but rather is entered in a full-course therapy program to teach the person how best to use the prosthesis. And so should it be for military veterans who sustain a hearing loss while on active duty. The main challenge is not the content of such an aural rehabilitation program—there are a number of good models out there—but the necessity to fully appreciate fact that a hearing loss is not a trivial condition, one that can be “treated” simply just with hearing aids. While these may be an absolute necessity, they are insufficient.

We may not be able to resurrect the kind of aural rehabilitation program I received from the military many years ago, but we can resurrect an attitude that viewed a hearing loss as a potentially serious condition—and then take the appropriate steps to ameliorate its effects. ■■■■