

Statement for the Record of Scott Restivo, United States Army Veteran and Amputee

For a Hearing in the Subcommittee on Health

“Life After Limb Loss: Examining VA Amputee Prosthetics Care”

House Veterans Affairs Committee

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I joined the United States Army in March 2006 and was honorably discharged in January 2014. I deployed overseas with each unit I served. My combat service began in Iraq from 2007-2008 with 2nd Battalion, 22nd Infantry Regiment, 10th Mountain Division where I was attached to Special Forces and participated in air assaults and multiple fire fights. I deployed a second time to Iraq from Fort Lewis, Washington in 2010 with 2nd Battalion, 23rd Infantry, as an infantryman in a Stryker unit. My last deployment was from Fort Campbell to Afghanistan with 3rd Battalion, 187th Infantry. During that deployment, a guard tower I was posted in was struck by enemy rocket propelled grenade fire. Early in my military service I injured my right leg in training and that injury was later aggravated on deployment, eventually requiring a rod placement. I also have a moderate traumatic brain injury (TBI), hearing loss, and ongoing complications such as seizures and PTSD in addition to other medical conditions. The rod that was placed in my leg by the Army at Fort Drum later dislodged into my knee tearing my meniscus and causing revision of my patella tendon. I was willing to remain in the Army, but due to administrative issues and what I saw as improper handling of my medical care in the Army, including a misrepresentation of the origin of my injury as occurring pre-service, my medical discharge process was

denied and I was not medically retired by the Army. Consequently, I do not qualify for TRICARE and have since faced prolonged and significant challenges since my discharge receiving timely and appropriate treatment and care from the Department of Veterans Affairs (VA).

This is a condensed summary of my medical journey and my advocacy efforts relative to the VA:

- My primary health care doctor at the VA had us apply for the Caregiver Program in 2016 given our needs. We were subsequently denied admission to the program in 2016, despite my need for continuous care. The reason given was I did not need six months of continuous care. Due to my medical conditions, Lelia had to quit working because I was having seizures, incontinence, and non-cognitive episodes. I had a home health nurse for wound care, a PICC line my wife had to change every few hours, speech therapy, OT, PT, and a leg that was impeding my mobility. I endured multiple knee surgeries without improvement, had PICC line complications, and ER visits.
- On November 15, 2016, the VA performed right knee surgery to remove the dislodged rod and reconstructed my knee.
- Post-surgery, I frequently visited the ER with severe symptoms, including loss of consciousness, seizures, fever, and a discharging incision wound. The VA ER only provided fluids and a few times cleaned the wound and stabilized my condition. Multiple outside hospitals identified an infection, but could only stabilize the issue and kept referring me back to the VA since they did the initial surgery.
- My wife, Lelia, aggressively advocated for my care and condition. She reached out to my Primary Care Provider, Mental Health Specialist, Neurology, Orthopedics, social workers, and patient advocates since surgery complications began.

- In January of 2017, my wife finally got a call from the head of the Nashville VA hospital's Orthopedics department and arranged a time for me to be seen. During that visit, 500+ liters of fluid were drained from the knee in my right leg and I was wheeled into immediate emergency surgery due to sepsis.

- I awoke days later burning up with a fever, I had gone into shock and nearly died from sepsis. My wife had called family members in as the staff didn't think I would make it. Four days later I had broken my fever only to awaken confused and remember being frustrated, in pain, and being wheelchair dependent with round the clock PICC line changes.

- Recently, we discovered several news articles that revealed the VA's sterilization equipment was down during the initial surgery, indicating non-sterile conditions.

- After six months of constant advocacy by my wife and pleading with the VA orthopedic surgeon an outside Orthopedic referral was finally approved in June of 2017.

- During the first appointment Tennessee Ortho Association images revealed that the infection had spread into the bone and they could do nothing to stop the spread of infection. I was referred for care at Vanderbilt University Hospital.

- I had bone grafts, and several surgeries at Vanderbilt, but was still sick and losing more and more mobility. Essentially, I had a dead limb I was dragging around with me daily. The last surgery and attempt to save my leg was unsuccessful. I broke down and decided I was done living ill and I wanted to live my life to the fullest even if that meant without a leg.

- On October 18, 2018, my right leg above the knee was amputated at Vanderbilt. Some days I wish the guard tower attack had taken me out or the rocket just had taken my leg off then. It had now been 6 years since the rod had initially dislodged into the knee, and I suffered the slow death of my leg into the bone, primarily due to negligence. This is not how anyone should lose a limb.

- The VA delayed providing me with a prosthetic for six months and offered inadequate Physical Therapy. The Nashville VA prosthetic clinic was ineffective, offering incorrect prosthetics, infrequent appointments, and poor communication. I experienced frequent prosthetic malfunctions, falls, and inconsistent care. Liners last approximately 3 months, but I went 18 months with two liners and this caused sores and wounds to my stump. I had a loaner leg for over 6 months due to a microprocessor malfunction and the need for it to be sent out to be fixed by the manufacturer. That was the third time I had a loaner leg for extended periods of time. Each time I am in a loaner leg, it affects my gait and ability to walk and function correctly. As of this testimony, I am still waiting for a proper prosthetic leg that allows me the normal mobility I am seeking.

Based on my experiences with VA, I offer the following observations:

- I essentially have received inconsistent care throughout the entire VA system, predominantly in Nashville and not just only with prosthetics care.

- A 2018 VA hearing sought repayment of separation pay, later found to be improperly coded, because DOD had granted me relief and the VA judge recommended relief, but the VA overruled their judge and recouped all pay from March to August 2020. This was during the pandemic and the sudden loss of that money caused me and Lelia undue stress and hardship.

- My VA primary care provider changed, leading to misdiagnosis and overlooked issues, such as infections and kidney stones. VA imaging showed one kidney stone and Vanderbilt's showed multiple.

- In February 2020, I experienced severe blood pressure issues, leading to ICU admission and a finding of a mitral valve issue, yet I was discharged without resolving my blood pressure cycling. I was admitted to Skyline hospital, they found I was allergic to the medication the Va put me on and I was on the stroke watch for 5 days. Advocacy efforts resulted in a new Primary Care Manager in 2021 and I was assigned to a palliative care team, but my major health issues remained unresolved.

- In 2022, a Congressional inquiry revealed lost caregiver applications and vehicle grants dating back to 2018. By early 2023, vehicle repairs prompted reapplication for a vehicle allowance, revealing systemic VA issues. Continuous communication with the chief of staff's secretary at Nashville VA resulted in no tangible outcomes.

- In March 2023, my wife quit her job teaching to advocate for my medical issues full-time, leading to a confrontational prosthetics appointment and to an inner facility consult with transfer of prosthetic care from Nashville VA to Tampa VA.

- We made regular trips from Tennessee to Tampa for laser treatments and prosthetics fittings and while we experienced initial improvements in care, we faced logistical and financial challenges.

- By late 2023, the prosthetic issues persisted, requiring multiple repairs and causing frequent falls.

- Dental complications arose, with VA dental falsely diagnosing an emergency infection.

- Advocacy again led to some progress, such as an adaptive housing grant approval, but continuous care and prosthetic issues remained unresolved.

- Our second Caregiver Program denial was appealed, and I faced significant ongoing challenges with prosthetic fitting and functionality.

- Travel expenses are not fully covered to Tampa for necessary treatment and have imposed significant financial burdens. Communication with Tampa prosthetics is now crossing over into other care communications issues between other VA providers.

- In February, 2024, Tampa VA was supposed to have ordered or prescribed a new socket for the current daily use prosthetic because mine is broken and does not fit. This prosthetic knee was repaired over 4 times within a six-month period, and I had been in a loaner leg since November of 2023. The repaired knee was to be used as a backup in place of a loaner leg situation. A new fitting socket and copy of the

daily use microprocessor was also supposed to be ordered for the function of daily use in the event we lose power at our home, as has happened for days after storms. I received this new system on July 8, 2024. It was not functional for long term daily use; it is supposed to be waterproof so I may be able to use it as a shower leg and not need a shower leg made, though I have requested a water leg since the day of surgery because I want to be safe and feel normal and be able to stand in the shower. I did receive two liners and they arrived a year after I had last received liners, despite multiple communications stating the need for them since our November 2023 visit to Tampa. I left my appointment with Hanger Prosthetics in July with the still broken socket and malfunctioning knee, carrying the non-microprocessor system with videos of gait training so my wife can assist me in learning how to use the leg on my own.

In conclusion, I pray that my journey illustrates the severe challenges faced in obtaining adequate care through the VA. Despite some progress, due in significant part to The Independence Fund's unceasing effort to get our voice finally heard and this story told at the upper levels of the VA in Washington DC and by this Committee's staff, significant gaps in care and support persist, necessitating ongoing advocacy and intervention to improve my quality of life. I thought going to war would be the end of the battle, but the fight has been for my life in seeking medical care in the VA system. I ask Congress for a change of access to timely and efficient prosthetic care whenever requested, so that no Veteran suffers the loss and function of a limb or inadequate prosthetic limb care the way I have.