



**STATEMENT FOR THE RECORD
OF
THE AMERICAN LEGION**

TO THE

**SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES**

ON

“LIFE AFTER LIMB LOSS: EXAMINING VA AMPUTEE PROSTHETICS CARE”

NOVEMBER 19, 2024

**STATEMENT FOR THE RECORD OF
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THE AMERICAN LEGION
BEFORE THE
HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON HEALTH**

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Chairwoman Miller-Meeks, Ranking Member Brownley and distinguished members of the House Veterans' Affairs Subcommittee on Health on behalf of National Commander James LaCoursiere and The American Legion, the country's largest service organization for veterans, comprised of more than 1.5 million dues-paying members, we thank you for the opportunity to offer this statement for the record regarding life after limb loss and the prosthetics care provided to veterans by the VA.

Amputees' Stories

This year our organization has conducted numerous interviews with amputees. This includes an interview with U.S. Army veteran Geoffrey Quevedo on November 6th, 2024¹ and a subsequent interview with U.S. Army veteran Earl Granville on November 14th, 2024². Additionally, U.S. Air Force veteran Adam Popp was interviewed on the Tango Alpha Lima Podcast on May 7th, 2024³.

On Nov. 30, 2012, while on patrol in Afghanistan, Geoffrey Quevedo and a fellow soldier from the 10th Mountain Division discovered an improvised explosive device (IED). As they attempted to disarm the device, it exploded -- catastrophically wounding Geoffrey and his squad mate, leading them to be medically evacuated to Walter Reed Medical Center in Bethesda, Maryland. Geoffrey originally had his left foot and left arm above the elbow amputated. These injuries led to more than 40 surgeries with the eventual amputation of his left leg below the knee. Due to complications, he now deals with chronic pain, vision loss and migraine headaches.

When asked about his experiences in receiving treatment, Mr. Quevedo mentioned difficulties in reordering extra sleeves and prosthetic supplies from VA. These reorders are due to the wear and tear of Geoffrey pushing himself to run 5-kilometer and 10-kilometer marathons. He said, "Sometimes it feels like I'm being punished for trying to be active." It is clear that VA should recognize these kinds of supplies, adaptive sports and recreation prosthetics as clinically necessary for amputees.

¹ Petrie, Andrew, Joshua Hastings, and Geoffrey Quevedo. The American Legion Health Policy Amputee Interviews. Personal, November 6, 2024.

² Hastings, Joshua, Sri Benson, and Earl Granville. The American Legion Health Policy Amputee Interview. Personal, November 14, 2024.

³ Marr, Adam, Stacy Pearsall, and Adam Popp. A Record-Setting Veteran Amputee. Other, n.d.
<https://www.legion.org/information-center/news/tango-alpha-lima/2024/may/a-record-setting-veteran-amputee>.

We should be eliminating barriers to exercise, not creating them, as it is an essential part of living a healthy life and addressing upstream health complications. Geoffrey also talked about his decision to move closer to his community care provider and his frustration with VA's delayed payments to his provider after receiving care.

When asked to describe his strongest support system, Geoffrey noted how instrumental peer support from the amputee community was in his recovery. He said it is an honor to be an example to younger veterans walking down a similar road: "Pain becomes a part of life -- there is really nothing you can do to take it all away. You go from being top dog, to someone always asking for help." He realized the most painful thing about his recovery was dealing with the loss of his independence. "This is why I always tell them to stay active."

Earl Granville agreed with Geoffrey, noting that working with other amputees has been critical to his own recovery. Earl was deployed to Afghanistan when -- on June 3, 2008 -- an IED exploded, ejecting Granville out of the vehicle and killing two fellow soldiers, Major Scott Hagerty and Specialist Derek Holland.

Mr. Granville talked about the training he received from the Amputee Coalition, where they worked on learning to listen. There, he would often break the ice with younger amputees, saying "Hey, you've got that new shiny thing. How is that going?" Granville now tours around the country promoting his philosophy of the three Ps: purpose, passion and being part of something bigger than oneself.

When asked about his experience receiving care, Mr. Granville gave the Walter Reed Medical Center a glowing recommendation. He is generally pleased with the care he is receiving from VA. One drawback he mentioned, however, is the inconvenience of having to go in person to a VA facility when a certain process could be conducted digitally. "We need to make it easier on these guys."

In addition to interviewing Mr. Quevedo and Mr. Granville, The American Legion Tango Alpha Lima podcast interviewed Air Force veteran Adam Popp on May 7, 2024. Mr. Popp became an amputee during his deployment to the province of Paktia in Afghanistan, where he was wounded by a secondary IED, resulting in the amputation of his right leg above the knee. Since then, he has become an outstanding athlete, setting seven new marks in the Guinness Book of World Records.

In his interview, Popp mentions that he understands his achievements reflect not only his physical fitness, but his strong mental state. He admits that in the aftermath of his injury, he did not seek out such challenges. "It's about seeking out selective struggles, some type of challenge, and then coming out stronger on the other side, whether that is through physical activity, education or personal struggles that happen in anyone's daily life." He ended with a question: "Is that going to beat us down or lead us to a more fruitful and productive life?"

Post-traumatic Growth

The theory of post-traumatic growth (PTG) suggests that people can rebuild their foundation by believing they are not defined by what has happened to them, i.e., positive psychological change can occur after experiencing a traumatic event. PTG therapies often pursue new experiences to take advantage of the increased neuroplasticity (the brain's ability to form and reorganize synaptic connections) of traumatized patients. This increased neuroplasticity follows both physical and psychological trauma. Due to the untraditional nature of PTG therapies, it has been difficult for the VA to implement system-wide programs. The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program should continue to seek community partners who deliver PTG programs for veterans. The image of the broken hero needs to be replaced with one of strength and mental resilience.

Opioid Use Disorder

Many veterans become amputees due to explosions or blast-related events; these lead not only to injuries such as amputations but often cause spinal cord injuries (SCIs) and traumatic brain injuries (TBIs). These types of injuries can lead to chronic pain, loss of movement, and other serious medical problems throughout the body.

About one-third of veterans with SCIs will experience persistent neuropathic pain after injury, and opioids are considered among the most effective treatments for neuropathic pain. This puts veterans suffering from polytrauma at a substantial risk for opioid use disorder.

According to the National Library of Medicine, U.S. military veterans have been heavily impacted by the opioid crisis, with drug overdose mortality rates increasing by 53 percent from 2010 to 2019.⁴ The need to improve overdose prevention efforts remains clear and more should be done to provide effective alternatives to opioids for chronic pain management.

Gaming Therapy

In January 2024, The American Legion conducted a System Worth Saving (SWS) site visit to the James A. Haley Veterans' Hospital (JAHVH) in Tampa, Florida. During a tour of the facility, the SWS team was given the opportunity to meet Jamie Kaplan, a recreation therapist who informed us about JAHVH Gaming, a gaming community of about 350 servicemembers and veterans who meet five nights a week. The array of adaptive gaming controllers and other gaming prosthetics was most impressive, using combinations of hands, feet and even lung power.

⁴ Woller, Sarah A., and Michelle A. Hook. 2013. "Opioid Administration Following Spinal Cord Injury: Implications for Pain and Locomotor Recovery." *Experimental Neurology* 247 (September): 328–41. <https://doi.org/10.1016/j.expneurol.2013.03.008>.

These innovative approaches are a critical part of addressing the isolation felt by many veterans with limb loss and can provide both support and entertainment. When The American Legion's Health Policy team highlighted these innovations with Mr. Quevedo in our interview, his face brightened -- envisioning playing video games with his daughters. More should be done to make such dreams a commonplace reality.

During the Tampa visit, the late Autrey James, previous Chairman of The American Legion's Veterans Affairs & Rehabilitation Commission, became extremely interested in the gaming program and spoke about the Legion's efforts in California to create supportive veteran gaming communities. He informed Mr. Kaplan that the Legion's Department of California had established a Gaming Committee in 2023 to help promote camaraderie, improve mental health and aid recruiting efforts.

Age/Gender-Appropriate Resources

The young age of traumatic and non-traumatic amputees highlights the need for age-appropriate resources. Many of the post-9/11 veterans are still within working age, as indicated by a study that showed 37 percent of veterans with limb loss are employed. Post-9/11 veterans have different prosthetic needs compared to older veterans.

According to recent research, approximately 85 percent of veterans with a limb amputation are under the age of 35. Older veterans with co-morbidities related to their limb loss are often physically challenged and have difficulty exercising; this is in contrast to younger veterans who are more physically able but face other challenges such as mental health difficulties due to trauma and PTSD.⁵

Lastly, with the increase number of women veterans serving during the post-9/11 era, we have also noticed an increase in gender-specific prosthetic needs. In past years, amputations among veterans were a male-dominated concern. Many women who served in recent wars have also suffered from limb loss and they have different needs when it comes to prosthetics. For example, thinner and lighter devices are required to provide the function and agility women need to be as independent as possible.

Conclusion

The lack of age/gender-appropriate resources for young veterans must be addressed. Alternatives to opioids must be made readily available to veterans who suffer from spinal cord injuries and chronic pain. Access to alternative treatments for polytrauma -- such as PTG virtual reality therapy, adaptive sports and recreation prosthetics -- must be increased and additional research must be

⁵ Murray, Craig D., Heather Havlin, and Victoria Molyneaux. 2023. "Considering the Psychological Experience of Amputation and Rehabilitation for Military Veterans: A Systematic Review and Metasynthesis of Qualitative Research." *Disability and Rehabilitation*, March, 1–20. <https://doi.org/10.1080/09638288.2023.2182915>.

funded. VA and DoD need to work more closely in helping to ease the burden of transitioning servicemembers who require prosthetic maintenance, training and rehabilitation.

The American Legion strongly supports VA efforts to fund, develop, and provide gender-specific prosthetic appliances, orthotics, and services through multiple avenues -- such as medical facilities, community outreach centers and mobile clinics. VA must continue to engage in research and innovation to ensure that veterans are provided with sufficient opportunities to mobilize independently.

Research should encompass the latest technologies in prosthetics and orthopedic devices and should include comparative analyses on best practices and outcomes derived from the Medicare program and the commercial health insurance market relating to the coverage of assistive technologies.

Finally, the tragic effects of physical and mental disabilities overwhelm some veterans who end up taking their own lives. Without question, successful treatment plays a key role in suicide prevention. The restoration of mobility, positive psychological changes, safe pain management and a sense of community are powerful tools in reducing veteran suicides.

Two of the veterans who shared their stories with The American Legion have felt the tragedy of suicide. Mr. Quevedo's former squad mate, Quinton Picone, died from suicide five years after the IED incident in Afghanistan. Mr. Granville's twin brother Joe took his own life in 2010; the brothers had served together in the Army on multiple deployments.

Suicide prevention remains The American Legion's most important mission. In partnership with The Columbia Lighthouse Project and the QPR Institute, our national "Be The One" program has provided training in suicide prevention for more than 10,000 members of The American Legion family – our goal is to train more than 100,000 by the end of 2025.

Furthermore, The American Legion Buddy Check Program aims to reconnect veterans who may need assistance but do not know where to go or who to ask for help. In concert with this effort, the VA held its first Veteran Buddy Check Summit last month, an event that was extremely well received.

Chairwoman Miller-Meeks, Ranking Member Brownley and distinguished members of this Subcommittee, The American Legion thanks you sincerely for your leadership and for allowing us to explain the position of our membership on the issue of VA prosthetics care for amputees. For additional information regarding this testimony, please contact the director of our Legislative Division, Julia Mathis, at jmathis@legion.org.