

# The Experiences of Vietnam Veterans with Combat-Related Limb Loss: Phase III Follow-Up Interview Findings

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Report Prepared for the  
Amputee Veteran Research Project, an Initiative  
of the Indiana-Ohio Center for Traumatic  
Amputation Rehabilitation Research



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School of Liberal Arts  
Indiana University-Indianapolis

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## **A. EXECUTIVE SUMMARY**

### **A1. Background and Methods**

The Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research (IOCTARR) conducts policy-focused research on the various physical and mental health needs of veterans with combat related amputations, also known as traumatic amputations. The aim is to help determine the best ways to implement the rehabilitation processes for traumatic amputees of present and future conflicts. Researchers at IOCTARR hypothesized that United States military personnel who experience an amputation resulting from combat are likely to have unique rehabilitation needs, especially over the life-course. Most such needs are not well understood and are not adequately addressed. However, the multiplicity of conflicts the nation currently faces underlies the urgency of both better understanding and more fully treating such veterans. Indeed, the Department of Defense (DOD) now considers the goal of vastly improving the long- and short-term rehabilitation of military personnel experiencing traumatic limb-loss to be a critical issue. Despite this, little is known about the long-term outcomes of traumatic amputation arising from war. Without this information, the care of US personnel experiencing limb-loss will remain less than optimal.

The Center received a funding award from the DOD in 2006 to examine these issues with Vietnam veterans who experienced combat-related limb loss (Grant#W81XWH-09-1-0375). Most such surviving veterans have lived with their amputations close to, or slightly more than, 40 years. Understanding their experiences, the basic thrust of the project, should shed substantial light on the nature of both the short and long-term needs of current combat-related amputees. The Amputee Veterans Research Project (AVR) unfolded in three phases:

- Phase I developed a large data set of the Vietnam Veteran amputees (the registry database, n=453) who agreed to participate in various phases of the study. The registry collected demographic and injury-related information from each participant.
- Phase II collected in-depth interview data from a randomly drawn sample (n=20) of registrants. These interviews probed participants' health and welfare needs during the first 12 months of injury and over their post-amputation lives.
- Phase III constructed a 159 item survey instrument administered to the entire registry to understand the health and care-giving issues associated with traumatic amputations. Nearly half completed the survey (n=263). Researchers also conducted follow-up interviews with two sets of respondents (the original veterans interviewed in Phase II and a new set of veterans) to develop a keener understanding of survey results, especially around issues of social support.

This report summarizes the main findings from the Phase III follow-up interviews with fifteen of the twenty men interviewed in Phase II.

## **A2. Key Findings and Research, Policy, and Practice Implications**

Several of the findings and implications from the follow-up interviews echo the key findings and implications identified in the initial interviews conducted in Phase II. As a result, there is some overlap between these key findings and implications and some of the findings from the phase II report that are included in this report. These key findings are briefly summarized below and elaborated on in sections D-L of this report.

### **1. Current VA Health Facility Experiences**

#### *a. Key Findings*

1. Although some of the veterans were dissatisfied with care in their earlier years of recovery, most of the veterans used VA health care facilities and were currently satisfied with the care they received in recent years (n=10).
2. A few men, including some who were satisfied with care, expressed concerns about long wait times to both get an appointment, and, once at an appointment, to see a provider during recent years. A few others had bad experiences in their early years of injury with VA care, which continues to deter them from VA care use today. Finally, two men who expressed being currently satisfied with care still expressed concerns about the quality of care at the VA when compared to private care for major health issues such as surgery.

#### *b. Research Implications*

1. More research is needed to understand factors that influence veterans' use of their VA health care benefits.
2. More research is needed to compare the quality of care for major health care needs (e.g., surgery) between the VA health facilities and non-VA facilities.

#### *c. Policy Implications*

1. VA health care should monitor wait times for appointments continuously, as well as monitor wait times to see care providers once an appointment has been made, in an effort to decrease barriers to use of VA Health Care.
2. Veterans should be provided with quality and care indicators of their local VA health care facilities so that they are making health care decisions based on current standards and practices of care, rather than making such decisions based upon care received in the early years following their injuries or possible misperceptions of the current quality of care.

#### *d. Practice Implications*

1. Providers should be educated about the frustrations experienced by their patients that center on perceived long-wait times and efforts should be made to make their wait more comfortable or to shorten their waiting time.

### **2. Post Traumatic Amputation Related Pain**

#### *a. Key Findings*

1. Pain related to the amputation is a life-long problem and can be disabling when it occurs. Eleven of the veterans reported experiencing major phantom pain some forty years after the initial loss of their limb(s). Several also reported experiencing current stump pain.
2. All of the veterans also reported pain in other parts of their body that they mostly attributed to overcompensating with their good limbs and from an



increase in the difficulty of using prostheses as they aged.

3. Two veterans reported using alcohol to manage phantom pain at some point in their lives, and subsequently developed alcohol abuse problems.

*b. Research Implications*

1. More research is needed to understand the neurological and social experience of pain over the life-course for combat-related limb loss (e.g., what is the frequency of pain? How intense is it? Is there a neurological pattern? What pain management and coping mechanisms are successful? What effect does pain have on quality of life for the amputee and the amputee's social network? Do veterans from the current conflicts experience post amputation pain differently? Is the use of alcohol to manage phantom pain common among current veterans? Does it increase over time?)

*c. Policy Implications*

1. Policies that provide services and assistance for the combat amputee veteran should recognize that amputation-related pain may persist over the life-course and may exacerbate disability due to limb-loss.

*d. Practice Implications*

1. The veteran amputees and their primary support providers, including care providers, should be aware that experiences with post-traumatic pain might be life-long and thus require life-long management and care.
2. Providers should screen amputees who report phantom pain for possible use of alcohol to manage that pain, and if such use is occurring, providers should develop an effective pain management plan.

### **3. Co-Morbidities And Exercise**

*a. Key Findings*

1. About half of the veterans had difficulty maintaining their weight (n=8) and five had heart conditions ranging from high cholesterol to heart attack. A few of these men explained that their limb-loss made it more difficult to exercise, which is one way to prevent weight and heart-related diseases. Barriers to exercise ranged from feeling too embarrassed to go to a gym due to their limb-loss to the fact that limb-loss made it more difficult to exercise because of the missing limb. One veteran explained, "you're just not able to exercise as the normal person," which implies internalized stigma around limb-loss. Further, many veterans mentioned that they did not start a regular exercise program until after they began to develop negative health conditions such as weight and heart problems.
2. Two men reported infection with Hepatitis C, which was not officially diagnosable until the early 1990s. One reported being cured.
3. Six of the veterans discussed increased problems with their good limbs and arthritis that they directly attributed to their limb-loss and overuse of good limbs as they aged.

*b. Research Implications*

1. More research is needed to understand the specific nature of barriers and facilitators to exercise among combat-related amputees.
2. More research is needed to understand the factors that account for, and prevent, deterioration (i.e., pain and arthritis) of good limbs as veterans age.

*c. Policy Implications*

1. Policies that provide services and assistance for the combat amputee veteran should provide incentives or assistance to exercise, whether individually or as part of a formal exercise program. Such assistance should be offered over the life-course.
2. The VA should provide voluntary certification to public and private exercise facilities that demonstrate their effectiveness in providing appropriate programs for amputee veterans.

*d. Practice Implications*

1. Providers need to emphasize the importance of exercise as a regular part of the veterans' activities over their life-course. Regular exercise has significant potential to decrease weight related problems and heart conditions as the veterans age, as well as to decrease arthritis in good limbs.
2. Providers should identify public and private exercise facilities where amputees regularly exercise and provide resources concerning these facilities to veterans. The veterans may be more likely to join such facilities where they will see other amputees like themselves.
3. All veterans of current and past wars who sustained any kind of major injury that involved blood transfusions, should be screened for Hepatitis C and, if positive for the virus, offered treatment.

#### **4. Skin Related Issues And Concerns**

*a. Key Findings*

1. All but one veteran reported experiencing skin-related complications due to their prosthetic use (n=14). For most, these complications were minor skin irritations such as blisters and other sores on their stump that stem from the general use of a prosthesis. One had major problems that worsened with age as it became increasingly difficult to use a prosthesis. Another had skin problems resulting from a poor prosthesis fit, and three had complications with their initial stump healings that caused constant skin problems.
2. Nearly all the men used self-care techniques to manage such skin problems. Such techniques ranged from changing or fixing their prosthesis and taking a break from usage of the prosthesis to using medications or ointments (such as Lanoseptic and Bag Balm) to heal the sores. One used preventative wound dressing. Only one sought medical care.

*b. Research Implications*

1. More research is needed to understand the specific ways veterans successfully manage skin conditions on their own without formal health care.

*c. Policy Implications*

1. Policies for the combat amputee veteran should recognize that the veterans may develop skin complications with prostheses use.
2. Policies should continue to provide coverage for replacing or repairing a prosthesis that continues to irritate the veterans' skin or cause pain.

*d. Practice Implications*

1. Veterans with combat-related limb loss should be provided with self-care resources that may help with skin-related problems as most veterans may not seek formal care for such concerns.

## **5. Post Traumatic Stress Disorder (PTSD) and Mental Health Care**

### *a. Key Findings*

1. Nearly all of the veterans in this sample reported experiencing severe mental health distress in the initial months and early years following their injuries. The reported distress ranged from severe depression to anxiety disorders, to PTSD symptoms (the later, PTSD, was the most commonly reported and often self-diagnosed). Several of these men reported currently experiencing some degree of these mental health issues (n=9), one of which just recently developed depression in his older years that he did not attribute to his combat experience.
2. Two of the veterans who suffered from PTSD, viewed a PTSD diagnosis negatively but such negative views were only a barrier for one of the men to seeking care.

### *b. Research Implications*

1. More research is needed to verify the incidence of self-reported PTSD through standard clinical assessment and to understand the occurrences, long-term effects and experiences of living with PTSD, as well as to understand how these men reached the self-diagnosis of PTSD.
2. More research is needed to identify both structural (e.g., limited availability of mental health care) and individual level barriers (e.g., negative perceptions of PTSD held by the veterans themselves) to mental health care among combat amputees.
3. More research is needed to learn about current veterans' perceptions of mental health afflictions such as PTSD and whether they have more or fewer negative views of mental illness than veterans of past wars.

### *c. Policy Implications*

1. Screening for mental health illness, and the provision of appropriate treatment, should be part of routine health care from the beginning of post-amputation care and continued throughout the life-course.

### *d. Practice Implications*

1. Providing information about PTSD and making referrals for mental health care, as appropriate, should become standard procedure in the amputee veterans' program of care.
2. Some of the veterans viewed PTSD negatively. Such perceptions may hinder them from being open about their mental health state or from seeking help if it is needed. Education should focus on the causes and effects of PTSD and should offer effective interventions to reduce the stigma around PTSD.
3. Similarly, education around the different kinds of mental health services now available for veterans should increase use of such services.

## **6. Drug and Alcohol Abuse Problems**

### *a. Key Findings*

1. Six of the men reported drug and alcohol abuse problems at some time during their lives.
2. Four of these veterans attributed their problems directly to coping with distress, anxieties, and/or phantom pain that stemmed from their combat and limb-loss experiences.

3. Despite experiencing such challenges, none mentioned having obtained drug/alcohol rehabilitation services of any kind during their immediate post-trauma care and re-integration into civilian life. The veterans' experiences of dealing with ending/curbing drug or alcohol abuse varied: one mentioned using medications to control cravings, another said being diagnosed with Hepatitis C led him to abruptly stop drinking, and a third stopped drinking because his wife threatened to leave him.

*b. Research Implications*

1. More research is needed to investigate how Vietnam veterans with combat-related limb loss overcame drug or alcohol abuse problems, especially in the context of not receiving formal care.
2. How does the experience of Vietnam veterans with drug and alcohol abuse compare to the experiences of veterans of current conflicts? Do amputee veterans of current conflicts experience similar drug and alcohol abuse problems? If so, do they receive care and does it help?

*c. Policy Implications*

1. Policies that provide for counseling and disability compensation for veterans should take into account that alcohol or drug addiction may occur in response to the veterans' combat or limb-loss experience, and benefits and care should be allocated accordingly.

*d. Practice Implications*

1. Screening for drug and alcohol abuse and dependency, as well as educational programs aimed at reducing risks, should occur soon after the veterans start to reintegrate into civilian life and should be assessed periodically across the life course.
2. Insuring access to mental health care and regular screening for mental health challenges may reduce the reliance on drugs or alcohol as a coping mechanism for limb-loss and the combat experience.
3. Insuring that veterans have access to knowledge concerning different ways to manage phantom pains may reduce the chance that alcohol will be used to self-medicate pain.

## **7. Prosthetic And Assistive Devices**

*a. Key Findings*

1. Most of the veterans had increased their use of assistive devices, such as wheelchairs, as they aged and many anticipated further increased usage of such devices. Reasons given for greater reliance on assistive devices ranged from increased difficulty in using prosthetic devices because of pain, decreased mobility as a result of aging, and stress on the body related to over-compensation of good limbs.
2. The use of assistive devices in public can be embarrassing for some veterans and deter them from engaging in public activities, e.g., joining an exercise facility, even forty years after the injury. This highlights the continued existence of internalized stigma around limb-loss for some veterans.
3. The use of assistive devices on a regular basis, in conjunction with prosthetic use, may decrease injury to good limbs later in life. One veteran wished he had relied on crutches more for things like getting in the shower, because if he

- had, he may have put less stress on his good leg by hopping without help.
4. Most of the veterans perceived positive aspects to newer prosthetic and assistive device technologies.
  5. However, a few also noted that some advances in assistive and prosthetic technology may have unintended adverse consequences. Several men mentioned the downfall of power chairs in that they require one to have a power lift for cars and they reduce the need for physical manual power; both factors increase sedentary lifestyles which may then result in poorer health. (The older chairs could be lifted by the men themselves and required some physical activity to move by the men). Similarly, some of the newer prosthetic devices were viewed negatively (e.g., had to be charged at night, were only made for specific body types).
  6. The importance of having a good prosthesis fit is critical. Several men had problems with mobility and ability until they found a prosthesis with a good fit. Having a good fit went a long way towards normalizing the men's lives and fostering the idea that they could accomplish anything because they were able to maintain mobility.
  7. Adapting cars and housing for people with limb-loss is critical to improving the quality of life of veterans with combat-related limb loss.

*b. Research*

1. More research is needed to identify which factors lead to increased usage of assistive devices as the veterans age, as well as what can be done to improve the experience of using prosthetic devices as veterans age.
2. More research is needed to better understand the barriers to using assistive devices in public places, such as internalized stigma, and to identify ways to reduce those barriers.
3. More research is needed to understand any adverse health effects of using newer technologies that may occur for the veterans, especially in terms of long-term health outcomes. Vietnam veterans did not have power wheel chairs or electronically controlled prostheses for much of their life so they engaged in more physical activity when using older devices. What are the long-term health outcomes of using newer as opposed to older technologies for veterans of current conflicts?
4. Research is needed on reasons why aging veterans may move away from a prosthetic device later in life (e.g., obesity, other co-morbidities, impact of joints, too much hassle, and/or lack of support from the VA and other health systems related to communicating new technologies that might make it easier to handle a prosthetic device). What is the impact of the aging process on the ability or willingness to use a prosthesis?

*c. Policy*

1. Policies that provide for assistance to replace prosthetic devices or compensate for such devices, as well as other assistive devices, need to take into account that prosthetic and device use is a life-long experience and that as the veterans age, they may increasingly rely on additional assistive devices or need newer prosthetic devices that provide a better fit (limbs will change with age). Therefore, resources should be allocated to ensure that veterans of past and current conflicts have access to current state of the art technology later on

in life if it is needed

2. Adaptive cars and housing greatly enhanced the quality of lives of veterans. Such needs often increased as the veterans aged due to increased reliance on assistive devices. Policies that outline benefits to veterans for adaptive driving and housing need to take into account that such needs will increase with age regardless of the nature of limb-loss.

*d. Practice Implications*

1. Interventions to assist veterans with combat-related limb loss to maximize positive outcomes over the life span should take into account that use of prosthetic devices is an on-going process. As technologies improve and the veterans age, they may benefit from interventions late in life to encourage their use and assist them with the better technologies or different kinds of assistive devices.
2. At the same time, some newer technologies (e.g., power chairs) may lead to more sedentary lifestyles that have adverse health outcomes. Plans should therefore be made to include a regular course of exercise for the veterans

## **8. Quality Of Life**

*a. Key Findings*

1. All but one of the men reported having a good quality of life, both overall and currently, and all attributed it to several factors. Specifically, they reported success in making the passage through several important life transitions that included finding meaningful long-term intimate relationships, having children and grandchildren, and making plans for, or already having gone through, retirement. They also reported being financially secure and engaging in a wide range of hobbies and community activities as factors that led to a good quality of life.
2. They especially noted the importance of support from family, mostly their intimate partners, namely wives. In this case, they did specify some specific ways family was important (these ways are reported below under family support).
3. It was not clear what factors predicted having successful relationships and engaging in meaningful activities, and whether they apply equally to amputees at all socio-economic levels.
4. The one man who expressed concerns with his quality of life centered on the inability to afford adaptive housing needs that emerged with decreased mobility and ability as he aged (as opposed to focusing on relationships and other activities). He did not qualify for an Adaptive Housing Grant from the government because he was a single leg amputee.

*b. Research Implications*

1. More research is needed to explore what factors are important predictors of success in major life-transition experiences (e.g., marriage, parenthood, and career) for veterans with combat-related limb loss and whether amputee veterans of lower social-economic level and lower support fare as well.
2. Research that examines the quality of life among veterans with combat-related limb loss should take into consideration the different meanings of “quality” for the individuals involved, For some veterans, it may refer to relationship

factors, for others to financial factors or various hobbies and community activities, and for others to mobility and ability factors. It is possible the veterans may experience different kinds or degrees of quality of life over the life-course.

*c. Policy Implications*

1. Policies that cover grants for adaptive housing needs should consider widening eligibility for veterans with single limb-loss who may have unique housing needs.

*d. Practice Implications*

1. Significant care providers, whether professional (e.g., medical personnel) or personal (e.g., spouses), need to be aware that most veterans with combat-related limb loss will experience the major life transitions such as marriage, parenthood, and steady employment. Losing a limb during combat does not necessarily mean such transitions will not occur.
2. Exposure of newly injured veterans to veterans who have been living with combat-related limb loss for some time and who have experienced some of life's major transitions, may serve as inspirational role-models in modeling that life can go on despite traumatic injuries (e.g., peer support).

## **9. Peer Support**

*a. Key Findings*

1. Peer support, specifically in the form of peer counseling, provides critical emotional support for the veterans.

*b. Research Implications*

1. More research should examine the vital role of peer social support, both from the perspectives of the veterans and their peers (during the recovery process, integration into the community, and quality of life over the life span).

*c. Policy Implications*

1. Policies should be developed to support different ways to stay connected with military peers such as through volunteer opportunities, military organizations, as well as to support the veterans to develop skills and the means to do so -- if continued military service is not an option or is not pursued. Digital technology, especially social networking media, might be particularly resourceful in developing different options to stay connected.

*d. Practice Implications*

1. The rehabilitation and care efforts will often be significantly enhanced if the exposure to peers (i.e., other veteran amputees) can be incorporated into other pre- or post- treatment experiences. For example, the veterans in this sample observed that:
  - a. Peers can help reduce stigma associated with limb-loss by showing the veteran that he/she is not alone in having to sustain such injuries and their associated life changes.
  - b. Peer counselors allow veterans a safe space to share their experiences and stories and can help with emotional health.
  - c. Peers can provide guidance and support to encourage the veterans.

## **10. Family and Spousal Support**

### *a. Key Findings*

1. Families are critical sources of support for the veterans. Spouses especially played a pivotal role in facilitating the emotional and physical healing of the veterans. Many veterans in this study noted that spousal support is what made the healing process a positive one; many respondents identified it as the most important factor in their successes over the life-course.
2. The veterans identified their wives as being the most critical source of support today. Wives, and family are supportive in that they:
  - a. Provide companionship and someone to talk to,
  - b. Are someone in the veterans' lives who love and cares for them,
  - c. Are someone who unconditionally understands physical limitations,
  - d. Are someone who helps with physical activities,
  - e. Are someone who is tolerant and supportive during difficult times (e.g., alcohol addiction).
3. The veterans also identified past sources of critical family support during their early years of injury that included:
  - a. Providing them with a place to stay and/or financial support
  - b. An amputee veteran family member, who had adapted well to his limb-loss, was a role model
  - c. Someone who believes in the veterans and treats them as normal

### *b. Research Implications*

1. More research is needed to understand the nature of family social support from the perspective of the veterans and their primary support providers. While we know in general that family support is critical, we know very little about the dynamics of these relationships and how they work.

### *c. Policy Implications*

1. Some services for the veterans with limb-loss should be extended to key significant others, such as the spouse of the afflicted. Such provisions might include educative services focused on limb-loss issues and, in many cases, some degree of counseling and mental health services. Resources devoted to such support providers continue to be an investment in the veteran, and one that may save money in the long run.

### *d. Practice Implications*

1. The provision of information about the substantial difficulties that families of amputee veterans face should also become standard fare for both the veterans and their families. The physical and emotional challenges these families will confront are enormous and every effort expended to prepare them should help enormously. Creative ways to support families should be explored (such as amputee veteran caregiver support groups).

## **11. Disability Changes And Concerns About Aging**

### *a. Key Findings*

1. Several of the men reported positive changes in the form of environmental accessibility as a result of the ADA, improvements with the auto-industry in providing hand controls at no cost, and improved societal attitudes around



people living with limb-loss. Each of these factors improved the quality of the men's lives as they age.

2. The primary concerns the men had about aging centered on how to maintain mobility, fear of increasing loss of independence due to their limb loss, and older age health issues.
3. Half the men mentioned decreased mobility and ability as they aged and nearly all attributed these changes to the natural process of aging and not a factor uniquely related to their limb-loss. However, this contradicts some other findings in the physical health and devices findings section where the men clearly indicate greater difficulty with mobility that they attribute to factors related to missing a limb.

*b. Research Implications*

1. More research is needed to understand how structural and individual level interventions and change (such as the ADA and improved societal attitudes) help improve the quality of lives of veterans with limb-loss.
2. More comparative research is needed to document whether the veteran's perception regarding their decreased mobility and ability is solely due to the natural process of aging, or is exacerbated by their limb-loss.

*c. Policy Implications*

1. Policies that aim to eliminate structural barriers to accessibility and ability, as well as directly intervene to improve people's attitudes towards people with disability, will likely continue to improve the long-term quality of life outcomes of veterans with limb-loss.
2. Policies related to aging should relate to awareness of how limb-loss affects aging with flexibility to accommodate any needs unique to this population.

*d. Practice Implications*

1. The veteran amputees will benefit from learning and being encouraged to use assistive technologies that may help them maintain their ability as they age.
2. The veteran amputees will benefit from being reminded of the importance of exercise in maintaining mobility and ability as they age.

## **12. Improving Outcomes**

*a. Key Findings:* The veterans reported what they perceived as the most important success factor to their doing well in life. They also reported on their perceptions of what could be done to improve the long-term outcomes of today's veterans who experience combat-related limb loss. Finally, they also reported on the advice that they would give veteran amputees from current conflicts in terms of maximizing positive outcomes for them. Several overlapping themes emerged in response to these reports and included a range of attitudes, behaviors, support structures, and support services. These included the importance of:

1. Having a positive attitude and self-determination.
2. Accepting what happened, staying active and engaged with activities and people, and exercising/engaging in physical activities.
3. Having people who support you in terms of perceiving ability rather than disability.
4. Having a supportive family, especially an intimate partnership such as through marriage.

5. Being able to share your experiences with others, especially mental health counselors, fellow amputee veterans, and wives.
6. Getting an education.
7. Other less commonly mentioned factors that may improve outcomes included:
  - a. Allocating more resources to further improve prosthetic research
  - b. Facilitating ways for veterans to stay in contact with other veterans
  - c. Insuring adequate services later on in life that might relate to the loss the function in the good limb.

*b. Research Implications*

1. More research is needed to understand how each of these factors work to improve long-term outcomes of living with combat-related limb loss, as well as which factors are most predictive of improved outcomes.

*c. Policy Implications*

1. People who make policies that affect veterans should be aware that a multitude of structural and individual level factors affect various aspects of the veterans lives and that different groups who work to address different needs (e.g., mental health, education, family relations) should work together such that polices address the entire spectrum of the veterans' lives.

*d. Practice Implications*

1. Providers must be aware of the multitude of policies that affect veterans over the life-course and learn how to negotiate among them for the benefit of the veteran.

### **A3. Organization Of The Report**

This report presents the findings of the interviews by organizing them into eight broad categories (Sections D-K of the report), with two preliminary sections (methods and sample.) labeled B & C, and a concluding section (L) that articulates the implications of this phase of the study. The first four categories (D, E, F, & G) that derive from the findings are labeled ‘Health Care Experiences,’ ‘Physical Health Concerns,’ ‘Experiencing Pain,’ and ‘Emotional Health.’ The subsequent four sections (H, I, J, and K) are labeled ‘Assistive and Prosthetic Devices,’ ‘Quality of Life,’ ‘Time Changes and Concerns,’ and ‘Improving Outcomes’. Each section begins with a summary overview of the findings, which are followed by supporting quotes from the veterans.

In addition, Section M titled ‘Veteran Profiles’, provides profiles of the veterans’ lives taken one at a time. These profiles present a rich understanding of the veterans’ individual experiences, and the impact these experiences had on them because they follow each veterans’ story in one overall narrative rather than parceling out their experiences by specific themes as is done in sections D-J of this report. This report presents the profiles in chronological order from the time the interviews were conducted. Each profile begins with the participant’s pseudo name, followed by the original number of pages of the final interview transcript. It then provides a brief description of select socio-demographic characteristics of the veterans such as their military division, nature of their limb-loss, when they enlisted, and whether they have experienced certain health issues such as diabetes, phantom pain, or depression. Then the profile is presented.

Finally, three appendices are included. Appendix 1 includes a brief socio-demographic description of the participants, including their military division, age, nature of their amputation, other injuries or co-morbidities, general health status, and marital and parenthood status. Appendix 2 includes a copy of the interview guide, and Appendix 3 includes a copy of the informed consent form.

### **A4. Brief Overview Of Sections C-L**

**Section C. Sample Overview:** This section describes the socio-demographic and health related characteristics of the sample.

**Section D. Health Care Experiences:** This section covers describing the kinds of health insurance currently used by the veterans and their experiences using VA health care.

#### **1. Health Insurance**

- a. VA and Military (TRICARE/CHAMPUS).
- b. VA, Military (TRICARE/CHAMPUS), and Medicare
- c. VA and Private
- d. Private, VA, and Military (TRICARE/CAMPUS)
- e. Private Only

#### **2. VA Experiences**

- a. Using the VA Only For Prosthesis Care
- b. Positive Experiences – Improvements Over Time
- c. Positive Experiences – General Care Ratings
- d. Negative Experiences – Long Waiting Times
- e. Negative Experiences – Bad Experiences During Early Years Care
- f. Concerns With Quality Of Care

**Section E. Physical Health Concerns:** This section describes the veterans' current physical health situation. It covers three broad areas – health concerns and co-morbidities, exercise experiences, and skin related issues.

**1. Health Concerns And Co-morbidities**

- a. Weight Related Issues
- b. Heart Related Conditions
- c. Hearing Loss
- d. Problems With Good Limbs And Arthritis
- e. Coronary Obstructive Pulmonary Disease (COPD)
- f. Cancer/Pre-Cancer
- g. Multiple Concerns – Diabetes, Heart Disease, Back Pain, Hearing Loss
- h. Back Problems
- i. TBI (Traumatic Brain Injury)
- j. Hepatitis C

**2. Exercise Experiences**

- a. Importance Of Exercise And Exercise Experiences
- b. Difficulty Exercising

**3. Skin Related Issues**

- a. No Skin Related Issues
- b. Cause of Skin Problems – General Prosthetic Use – Minor
- c. Cause of Skin Problems – General Prosthetic Use – Major
- d. Cause of Skin Problems – Poor Prosthesis Fit
- e. Cause of Skin Problems – Complications With Stump
- f. Managing Skin Related Issues – Change Or Fix Prosthesis
- g. Managing Skin Related Issues – Take A Break From Use/Use Ointments
- h. Managing Skin Related Issues – Wound Dressing As Prevention
- i. Managing Skin Related Issues – Non-specific Self Care
- j. Managing Skin Related Issues – Seek Medical Care

**Section F. Experiencing Pain:** This section describes the veterans' experiences with pain and includes three main sections – Direct Limb-Loss Related Pain, Indirect Limb-Loss Related Pain, and Managing Pain,

**1. Experiencing Direct Limb-Loss Related Pain**

- a. Stump Pain
- b. Phantom Pain (Major)
- c. Phantom Pain (Minor)
- d. Phantom Sensation

**2. Experiencing In-Direct Limb-Loss Related Pain**

- a. Pain From Overcompensating Of Good Limbs
- b. Pain From Aging
- c. Pain From Overcompensation And Aging
- d. Pain From Using Prosthesis/Daily Activity
- e. Pain From Other Sources

**3. Managing Pain**

- a. Prescription Drugs And Pain Killers
- b. Muscle Relaxers And Steroids
- c. Using Complementary And Alternative Medicine (CAM)

- d. Barrier to CAM Use
- e. Using Alcohol To Manage Pain
- f. Other Pain Management Strategies

**Section G. Emotional Health:** This section describes the veterans' experiences with their emotional health and experiences using drugs and alcohol.

**1. Mental Health Experiences**

- a. PTSD Experiences
- b. Negative Perceptions of PTSD
- c. Other Mental Health Experiences

**2. Experiences With Drug And Alcohol Abuse**

- a. Alcohol Abuse
- b. Alcohol Use to Deal With Phantom Pain and PTSD
- c. Other Substance Use Experiences

**Section H. Devices** This section describes the veterans' experiences using assistive and prosthetic devices.

**1. Assistive Devices**

- a. No Or Very Limited Assistive Device Use
- b. Wheelchair Use Only Or Increased Use Of Wheelchair
- c. Assistive Device/Overcompensation Of Good Limbs Related Injury
- d. Anticipating Increased Reliance on Assistive Devices
- e. Regretting Not Using Assistive Devices
- f. Overcoming Concern Of Public Wheelchair Use Due To Increased Pain
- g. Avoiding Public Use Of Assistive Devices
- h. Advances In Wheelchair Technology
- i. Negative Aspects Of Power Chairs
- j. Adaptive Driving
- k. Adaptive And Accessible Housing
- l. Improvements In Advanced Communication Technologies
- m. Using Assistive Devices Due To Poor Prosthesis Fit
- n. Relying On Assistive Devices Due To Painful Use Of Prosthesis
- o. Using Assistive Devices For Extended Mobility Days

**2. Prosthetic Devices**

- a. Never Used Or No Longer Use Prostheses
- b. Difficulty Finding A Good Fit
- c. Spare Leg Not Fitting Well
- d. Describing Current Prostheses Use
- e. Importance Of Having A Good Fit
- f. Injury Related to Prostheses Use
- g. Avoiding Using For Long-Distance
- h. Perceiving Positive Aspects Of The Newer Technologies
- i. Perceiving Negative Aspects To Newer Technologies

**Section I. Quality of Life.** This section reports the veteran's perceptions of the quality of their lives and their experiences with social support from family and peer veterans.

**1. Quality Of Life**

- a. General Perspective – Not So Good
- b. General Perspective – Overall Good
- c. Happy Marriage/Intimate Relationship
- d. Grand Parenting
- e. Relationships With Veteran Peers
- f. Being Financially Secure
- g. Hobbies And Community Activities
- h. Retirement
- i. Advances In Technologies
- 2. Peer Support**
  - a. Participate In Veterans Organization
  - b. Sharing Stories And Peer Counseling
- 3. Family Social Support**
  - a. General Support Statements
  - b. Most Helpful Now
  - c. Spending Time Together And Someone To Talk To
  - d. Someone Who Loves And Cares About Me
  - e. Understanding Of Physical Limitations And Help With Physical Activities
  - f. Being There
  - g. Being Tolerant And Sticking With Me
  - h. A Place To Stay And/Or Financial Support
  - i. Someone To Look Up To
  - j. Someone Who Believes In Me And Treats Me As Normal

**Section J. Disability Related Changes and Concerns.** This section reports the changes the veterans perceived over time that relate to disability. It also describes the things the veterans think it will take for them to maintain mobility as the age and their current concerns about aging.

- 1. Disability Related Changes**
  - a. ADA And Increased Environmental Accessibility
  - b. Improvements With The Auto Industry
  - c. Improved Attitudes Towards Disability
  - d. Decreased Mobility And Ability
- 2. Aging Concerns**
  - a. Maintaining Mobility – Staying Active And Having Strength
  - b. Maintaining Mobility – Staying Active And Using Assistive Devices
  - c. Maintaining Mobility – Slow Down
  - d. Things They Worry About – Affect Of Aging On Body And Mobility
  - e. Things They Worry About – Losing Ability To Be Active/Independent
  - f. Things They Worry About – Other Health Issues
  - g. Things They Worry About – Other Worries

**Section K. Improving Outcomes.** This section reports what the veterans perceived as the most important success factor to their doing well in life. It also reports on the veterans' perceptions of what could be done to improve the long-term outcomes of today's veterans who experience combat-related limb loss. Finally it reports on the advice that the veterans would give veteran amputees from current conflicts in terms of maximizing outcomes for them.

### **1. Success Factor**

- a. Positive Attitude
- b. Self Determination
- c. Having People Who Perceive Ability Rather Than Disability
- d. Wife And Family
- e. Telling Stories (Via Counseling And Talking To Others)
- f. Bootstrap Attitude And Marine Corp Training
- g. Getting An Education
- h. Accepting What Happened And Staying Active

### **2. Improving Outcomes**

#### **What Veterans, Government/Providers and Family/Friends Can Do**

- a. Veterans – Talk To Others
- b. Veterans – Pressure Politicians To Help
- c. Veterans – Find Value In Family
- d. Veterans – Exercise
- e. Veterans – Determination
- f. Veterans – Take Responsibility And Stay Involved
- g. Veterans – Utilize Resources And Find A Focus
- h. Gov/Providers – General Support
- i. Gov/Providers – Maintain Contact With Veterans
- j. Gov/Providers – Provide Counseling
- k. Gov/Providers – Provide Services And Equipment Later On In Life
- l. Gov/Providers – Keep Veterans Around Other Amputees
- m. Gov/Providers – Prosthetics Research
- n. Gov/Providers – Provide Educational Benefits
- o. Gov/Providers – Give Veterans What They Are Entitled To
- p. Family/Friends – General Support
- q. Family/Friends – Veterans Don't Want Sympathy
- r. Other

### **3. Advice To Current Veterans**

- a. Keep Active
- b. Maintain A Positive Attitude
- c. Talk With Others
- d. Other

**Section L. Implications.** This section briefly describes the research, policy, and practice implications of the findings.

#### **1. Research Implications**

#### **2. Policy Implications**

#### **3. Practice Implications**

## **B. METHODS**

This report provides descriptive findings from the phase three follow-up interviews of the Amputee Veterans Research Project. The specific aim of these interviews was to describe health related and quality of life experiences surrounding the most recent 12 months leading up to the time of the interview. Several topics were covered, including their current physical and emotional health, experiences using prostheses and other assistive devices, perceptions of their quality of life, experiences with social support, and recommendations regarding what could be done to improve the long-term quality of life related outcomes for veterans living with combat-related limb loss. We pre-tested the interview guide with two Vietnam veterans with combat-related limb loss and made changes to the guide accordingly. The complete interview guide is available in Appendix 1.

We completed follow-up interviews with fifteen of the twenty Vietnam veterans who participated in the phase II interviews of the Amputee Veterans Research Project. The interviews were completed between April 1<sup>st</sup> and July 1<sup>st</sup>, 2010. The interviews were conducted over the telephone by two members of the team who were trained in oral history research. The interviews were audio-recorded and lasted 30-60 minutes. Questions were structured but open-ended. That is, every veteran was asked the same set of questions but questions were open-ended to allow the veterans to share their own experiences from their perspective.

Analyses were completed by one member of the team with substantial experience in qualitative research on illness and disability from a sociological perspective, along with a graduate student research assistant (the coauthor of this report). Interviews were transcribed verbatim by a professional transcriber and the resulting transcripts were imported into NVivo 8 qualitative software to facilitate managing the data.

These interview data are shared in two ways. First, a thematic analysis was used to make sense of the data. This involves the line-by-line coding of the text of the data and the organizing of its salient excerpts into descriptive categories. Patterns among the categories were then developed into major themes to present the findings. Second, we developed profiles of individual participants. These profiles present a rich understanding of the veterans' individual experiences, and the impact on them of these experiences, because they follow each man's story in one overall narrative rather than parceling out their experiences by specific themes as is done in the first half of the report (sections D-K). The profiles are created by first reading the transcript and then removing all references to the interviewer's questioning and probes. Then the remaining words of the participant are edited to remove passages that are not important to the topic or repetitive. What results is a short narrative presented in the first person in the words of the participants.

The study received Institutional Review Board (IRB) approval from the IUPUI-Clarian IRB board (Study EX #0908-85B). The informed consent form is in Appendix 2.

All quotes appear nearly verbatim. Quotes were edited solely for such reasons as removing inaudible words and redundancies, correcting spelling errors, and clarifying idiosyncratic speech. In addition, it was necessary to include words at times to make the dialogue understandable. Following standard procedures, such insertions appear in brackets. The occasional sizable deletions are indicated by ellipses. Care was taken to ensure that at no time did any edits change the substantive meaning of the veterans' experiences or the authentic voices



(manners of speech) of the quoted veterans. Finally, to minimize breaches in confidentiality, all veteran names in the report are pseudonyms.

The significance of the verbatim quotes cannot be overemphasized, as they constitute the heart of this report. In order to provide as much context as possible to their interpretation by the reader, each passage of direct quotation is followed by the first name of the veteran, his military division, race, and amputation level. This latter item, however, necessitated the use of concocted abbreviations to save space and to minimize distracting clutter around the quoted material. A guide to the meaning of these abbreviations and a listing of each instance in which they are used are provided in Table 1a and Table 1b below.

**Table 1a: Acronyms Used in Distinguishing Amputation Types of Sample Veterans**

<b>Acronym</b>	<b>Amputation Type</b>	<b>Number in Sample</b>
AE	Above the elbow	(1)
AK	Above the knee	(2)
AEAK	Above the elbow/Above the knee	(1)
BK	Below the knee	(4)
BBKA*	Double below the knee	(4)
AAKA	Double above the knee	(1)
FAK	Fingers, above the knee	(1)
AKBEHD	Above the knee, below the elbow, hip disarticulation	(1)

**Table 1b: List of Quotation Cites by Veteran Characteristics and Amputation Acronyms**

<b>Veteran</b>	<b>Branch of Service</b>	<b>Race or Hispanic Origin</b>	<b>Amputation</b>
Pete	Marines	White	AE
Shawn	Army	White	BK
Willy	Army	White	AKBEHD
Owen*	Marines	Black	BBKA
Ian	Army	White	BBKA
Bob	Army	White	AK
David	Marines	White	AAKA
Gary	Army	White	BBKA
Frank	Army	White	BK
Jason	Army	White	BBKA
Chris	Marines	White	BK
Liam	Army	White	BK
Troy	Army	White	FAK
Greg	Marines	Black	AK
Eddie	Army	White	AEAK

\*There was one discrepancy between the registry data base data and the qualitative data. In the data base, Owen (Miller) is listed as an AK/BK but he self identifies in the interviews as a BBKA. For this report, I used his self identified amputation level.

### C. SAMPLE OVERVIEW

A random sample of twenty persons was drawn from the veteran registry database of 453 veterans. Only 18 were contacted and accepted the invitation to be interviewed, so the final two sample inductees were “purposive” additions. Fifteen of these veterans agreed to complete follow-up interviews. Their socio-demographic and health characteristics are described below.

The men’s mean age was 62 years and they had lost a limb on average at the age of 21. Fourteen (93%) were White and one was Black (7%). Some 67 percent (n=10 ) of the sample came from the Army and 33 percent (n=5) had been Marines. Nearly half (n=7) of the sample were draftees. None of the interviewees rated their overall health as poor. Rather, they rated their health, in similar proportions, as fair-good (46%, n=7) and very good-excellent (54%, n=8)).

Table 2 provides data on a variety of health problems and injuries, and the amputation status of the sample men. Pain related to the amputation injury, for example, was common. Fully 67 percent (n=10) of the interviewees reported stump pain, another 67 percent (n=10) reported phantom pain, and 60 percent (n=9) reported phantom sensation. Nearly a third (n=4) of the interviewees suffered from depression, and an additional 33 percent (n=5) had PTSD . Only one man suffered from neurologic disorders. The sample group also reported men who experienced head injury (40%, n=6), spinal cord injury (7%, n=1), broken bones (27%, n=4), major burns (27%, n=4), cancer (7%, n=1), diabetes (7%, n=1), heart disease (27%, n=4), back pain (40%, n=6), arthritis (40%, n=6), smoking (20%, n=3), alcohol or drug abuse (13%, n=2), and being overweight or obese (27%, n=4).

Roughly half of that group had only a single amputation (47%, n=7) , another near half had sustained double amputations (47%, n=7) and one (7%) lived with a triple amputation. The vast majority of the men were lower limb amputees (93%, n=14), but arms and fingers were also lost by some. Finally, some 80 percent (n=12) of the interviewees use prosthesis of some kind.

**Table 2: Health and Injury Characteristics of the Follow-up Interview Sample (n=15)**

Characteristic	Sample %	Sample N	Characteristic	Sample (%)	Sample N
Head Injury	40	6	Phantom Pain	67	10
Spinal Cord Injury	7	1	Phantom Sensation	60	9
Broken Bones	27	4	Depression	27	4
Major Burns	27	4	PTSD	33	5
Smoking	20	3	Neurologic disorder	7	1
Alcohol/Drug Abuse	13	2	Use Prosthesis	80	12
Cancer	7	1	Single Amputee	47	7
Diabetes	7	1	Double Amputee	47	7
Heart Disease	27	4	Triple Amputee	7	1
Overweight/Obese	27	4	U Extremity	7	1
Back Pain	40	6	L Extremity	93	14
Arthritis	40	6	UL Extremity	20	3
Stump Pain	67	10			

## **D. HEALTH CARE EXPERIENCES**

This section describes the kinds of health insurance that the veterans currently use. It also describes their experiences using the Veterans Health Administration (VA) care facilities.

### **D1. Health Insurance**

During the interviews, we asked all of the veterans to identify the kinds of health insurance they used and where they received most of their care. The vast majority used the Veterans Health Administration (VA) benefits and care facilities for most of their care. Only three exclusively used non-VA facilities. A few had private insurance through former jobs or their wives' places of employment and several had the military insurance TRICARE (formerly called CHAMPUS), which would allow them to use non-VA facilities. All the men who used non-VA facilities were pleased with their care. The only care complaints related to care received through the VA (see section D2). Their responses to the insurance/care related questions follow below.

#### ***VA And Military (TRICARE/CHAMPUS)***

- I currently have the following kind of health insurance, "VA" (David, Marines, White, AAKA).
- [I use the] VA... Yep, pretty much. I haven't went anywhere else in quite awhile (Troy, Army, White, FAK).
- Because I am what the Veterans' Administration calls permanent and total, the Veterans' Administration is my health insurance. I [receive all my care at the VA] (Eddie, Army, White, AEAK).
- I use TRICARE, CHAMPUS. I [also] use the VA. I'm 100% service connected and there is a VA here in town. So I use them. You bet (Jason, Army, White, BBKA).
- I deal exclusively with the Veterans Administration and we have TRICARE for my wife. [The VA health care has] always been outstanding as far as I'm concerned (Owen, Marines, Black, BBKA).
- I being retired from the military have TRICARE which is available through my military retirement. However, probably 95% of my health care is provided through the Veterans Administration (Willy, Army, White, AKBHD).
- I have TRICARE. I'm retired from the military service so now I have TRICARE for Life [and I use the VA] (Frank, Army, White, BK).
- I have CHAMPUS [and I use the VA] (Shawn, Army, White, BK).

#### ***VA, Military (TRICARE/CHAMPUS), And Medicare***

- I have TRICARE for life. TRICARE and Medicare, [and] I just started using the VA last week (Gary, Army, White, BBKA)

- [I have] Medicare and TRICARE and receive my care from the VA (Chris, Marines, White, BK).

#### ***VA And Private***

- I have the VA of course, but I have Kaiser Permanente through my work. I am retired but through my work, I retired with Kaiser Permanente insurance. It's my primary insurance now. I only use my primary insurance, except for my prosthesis. Kaiser has been very good. They look at any of my injuries without any problem. It's only for my prosthesis replacement that I go to the VA. When they want to review how I'm doing, how my ambulatory skills are and so forth and that's just very periodic, maybe once every three, four years or so (Greg, Marines, Black, AK).
- [I have] Blue Cross...My agent described it as the last chance insurance. It's one where you cannot be denied. \$455 a month...I don't know about CHAMPUS that much...I guess I should take a look into it and see...[I receive my care from the] VA. [But], I don't go for much health care (Liam, Army, White, BK).
- I have Aetna through my former employer. [I receive most of my health care] with my private physician. [I am happy]. I'm just very fortunate that I have health care through my former employer and he's one of the doctors that's covered under my group health plan and he's associated with Washington University School of Medicine, so it's excellent health care. That's my internist. That's all I, he, when he examines me he always says well you're good for another year because that's about how often I see him is for my annual physical...The only time I visit the VA is when I have to. When I need new prosthetics I'm required to go to the amputee clinic at the orthopedics department there, and I'm required to go there and they review it with the doctor and they make a determination if I need new prosthetics (Ian, Army, White, BBKA).

#### ***Private, VA And Military (TRICARE/CHAMPUS)***

- I have insurance through my wife's policy through her work and I'm covered by the VA and by TRICARE (Bob, Army, White, AK).

#### ***Private Only***

- I'm currently using my wife's where she works for Verizon. I think it's Aetna. I'm going to have to start using the VA facilities though. I don't know how much longer she's going to have her job the way they cut back and stuff like that (Pete, Marines, White, AE).

## **D2. VA Experiences**

All of the veterans were asked to share their experiences using the VA for their health care. A couple of veterans only used the VA for prosthesis care, which only occurred once every several years. Several, however, used the VA exclusively and were happy with their care. These men perceived the VA care as either excellent or as “good as any other care” they could get elsewhere. A few of the men mentioned improvements over time with the VA care but did not mention specifics about how it improved. Three mentioned problems with long waiting times that were frustrating. The wait time concerns included difficulties getting an appointment in a timely manner and once at an appointment, a long wait time to see a doctor. For example, Troy mentioned going in for a pre-op and was told that he could be there from eight until four in the afternoon. Three veterans had very negative experiences with the VA early on in their recovery and as a result, wanted to stay away from the VA as much as possible. One encountered a problem with unclean facilities, another felt he was treated poorly by doctors in that they did not really care about him, and the final veteran felt he received poor quality of care. Finally, a couple of veterans who used the VA, expressed concern about the quality of care for more serious issues such as knee replacement surgery or a hernia repair. One of these men had private insurance so went elsewhere for his surgery where as the other delayed his surgery. These positive and negative experiences with the VA are illustrated below.

### ***Using The VA Only For Prosthesis Care***

- I use only my primary insurance, okay, except where, for my prosthesis. Okay, other than that Kaiser has been very good. They look at any of my injuries without any problem and only my prosthesis replacement, I only go to the VA when they want to review how I’m doing, how my ambulatory skills are and so forth and that’s just very periodic, maybe once every three, four years or so (Greg, Marines, Black, AK).
- The only time I visit the VA is when I have to, when I need new prosthetics. I’m required to go to the amputee clinic at the orthopedics department there, and I’m required to go there, and they review it with the doctor, and they make a determination if I need new prosthetics (Ian, Army, White, BBKA).

## **Positive Experiences**

### ***Improvements Over Time***

- [The VA’s] been really improved I’d say in the last five to eight years or something. There were times in the past [though] where I threatened or I was going to buy my own health insurance instead of go there (Troy, Army, White, FAK).
- I, myself, for quite some time when I went to the VA the first time the doctor, I broke my stump before I got my final leg finished, and the Army says when you get out go to the VA, and I went there in 1970, and the doctor says, well, I can’t treat you here—I showed him my discharge and everything—you’ve got to go to Ft. Knox or Wright Patterson and I thought well I’ve killed people for less than that and I didn’t even know it. So I didn’t have a good taste for the VA. I stayed away from there as much as possible except to get a leg made...And now they’re much better. It got better late seventies or early eighties and then naturally when Reagan got in it started going downhill again. It was budget cuts but it has

gotten considerably better and I am in the spinal cord injury now because I have a syringomyelia, which results 25-30 years later from a trauma injury. There's very few people in the United States that have that. I'm one of two in the VA but I'm ambulatory. I use it [the VA] full time now. It's hard to keep two records in both places and get the information together (Frank, Army, White, BK).

### ***General Care Ratings***

- Oh, excellent. Yeah, [the VA here is] absolutely excellent (Jason, Army, White, BBKA).
- [The VA health care has] always been outstanding as far as I'm concerned (Owen, Marines, Black, BBKA).
- I've had really good experience with the VA...the level of care, in my opinion and my wife's opinion, has been excellent. I've had some work done on my eye, my right eye for instance and they team with let's see it's the Oregon, OHSU, Oregon Health and, well it's a university-type collaboration that so they have a lot of, let's see, technological advances that they use. So I've had a good experience (Eddie, Army, White, AEAK).
- I feel it's [the VA] is as good as any other care I would get anywhere (Liam, Army, White, BK).
- The majority of it's [VA care] been good (Shawn, Army, White, BK).
- [For general health care, I am satisfied with the VA care and for limb-loss related injuries, I would assess it as] excellent (Bob, Army, White, AK).
- Generally [the VA care is] good. I have some areas that I'm not pleased with, but generally, I'd say good (Chris, Marines, White, BK).
- [I have stayed with the VA all these years] because it's excellent service. I am an individual that is very appreciative of the care that they do. I am noticeably, unquestionably, a combat-disabled veteran, and people always try their very best for me, and because I've been around the system since Veterans' Day 1968, I know what's reasonable, and I know what is not. If the standard of care is not appropriate, based on my experience I will jump dead in someone's chest, and as a result, I don't have to do that very often. But when I do, I'll assure you I'm treated like a new stud duck in the neighborhood. But they're very good. I'm always appreciative. I never want to use the fact that I know anyone that's anyone in the VA to ever cut in line or go to the head or avoid, I take pride in presenting myself and expecting the same treatment that any veteran would receive, and I'm content with that, but if it's not right it just makes my day...The VA is my primary by choice, not default...They seem to have a much greater degree of empathy and/or experience relating to some of the specific things that have me presenting for care treatment. TRICARE is a matter of convenience. Sometimes trying to get in to see my primary care physician or a specialist is down the road to the degree that I can go through the civilian medical system through TRICARE and be seen, on occasion, much more expeditiously, and if [it] is not something that's hugely critical, then I opt to go the easy route. If it's something that has a previous, it's been

experienced previously, or I've got a body of data that's already existing relevant to this condition that I'm going to go to the VA where they've got all these records and tests and CAT scans and ultrasounds and all that other stuff. [the care at the VA] has been excellent...there hadn't been, I have not wanted for anything that [the VA] did not give or provide...I've never asked the VA for anything I didn't receive. Because I told you earlier, I'm very appreciative, and I don't ask for anything that one, I know I don't deserve or need and two, that I'm not entitled to (Willy, Army, White, AKBHD).

## **Negative Experiences**

### ***Long Waiting Times***

- There's still things that could be better [at the VA]. I had the recent carpal tunnel surgery and for the pre-op, they actually tell you, you could be here from eight till four in the afternoon. Now that seems kind of ridiculous to me that they can't, they'll ask a few questions and take a few minor tests and it's going to, you should be happy with spending the day with them? I don't think so. That's one thing that came up recently and awhile back. It took me three hours to get through an eye doctor too and I wrote my senator about that and I actually got a call back from him and I said why don't you keep my travel pay which amounted to peanuts—seven dollars for a trip—and all the overhead or whatever it costs to run that program, keep that money and put on another eye doctor. But that was a few years back now too (Troy, Army, White, FAK).
- Sometimes it's kind of slow and that's frustrating. You can't always get in to see somebody as quickly as we would like (Eddie, Army, White, AEAK).
- I deal with the Veterans Administration as least amount of time as I can. I do not go there for any health care at all, and usually I get prosthetics about, on average, about every five years and getting in for an appointment is just a nightmare. Those people could care less what you tell them. They make no effort at all to get someone in for a service-connected disability. The last time I called there and it's probably been three years at least to get in, the person I talked to said it would be three months before they could even get me in to see me and when I said that's not satisfactory I want to get in sooner she said do you want the appointment or not. I said no I do not. I want in within the next week or two. I'm a service connected disability veteran and she got pretty smart with me and hung up and as usual the only thing that gets those people's attention is when they get a phone call from your congressman and that's what happened. Amazingly after I contacted my congressman, within a week, they were able to get me in and that pretty much sums up my experience with the Veterans Administration. You can see why I do not go there for any health care (Ian, Army, White, BBKA).

### ***Bad Experiences During Early Years Care***

- The majority of it's been good until I got to [VA facility]. There, I wasn't impressed at all. The place was filthy. The people were there so long, you know, been there for 20 years. They just weren't happy in their job and it showed, you know. They didn't care. They just, it was a job to them and they treated it as such and then you were treated like you were just, you know, you were the one that kept, we were the ones keeping them working and they

were just disgusted with it...I won't go back to [there]. I had a very, very bad incident the last time they did surgery on me so I won't go back...It was a teaching hospital and one of the young doctors didn't do the job right and I almost bled to death. If it wasn't for the anesthesiologist to come check on me, I probably would, because I was complaining but nobody would listen to me and the anesthesiologist did and they brought me into surgery and sewed me back up...[the operation was on my leg]...I had 15, no 13 surgeries since I've been wounded on the leg...each time I went there it just wasn't right. The care just wasn't there. I took a group of guys, actually when it started out there was about five of us that were amputees, veterans, and we were discussing the conditions that were at and I said well let's go down and complain to the administrator and I was the only one that wound up with the administrator and there was some changes. They came in, they cleaned up, they painted but the damage was done already. Let me put it that way, you know, with the infections and things like that. The OR room was dirty, recovery was dirty, the wards were dirty. It just, and the damage was already down with the infections and things. You know, it just shouldn't be but then it changed. But still I won't go back. I won't give them another shot (Shawn, Army, White, BK).

- I don't want to go to the VA. I stay away from them as much as I can although I'm probably going to have to start going...I don't like them. I didn't like them when I came back initially, back in 1970 when I was discharged from the military hospital and put into [the VA] and they subsequently never did anything that I thought was worthwhile. I couldn't understand the doctors and we weren't really treated very good. If you complained, you just got a shot of pain medicine to knock you out. So that was pretty much my experience with them and it just left a lasting impression (Pete, Marines, White, AE).
- I've used the VA in the past but I've had bad luck so I've not been happy. So this is a new experience. I'm just trying it for a short time till I find another doctor probably. [my past experiences], one was an ear doctor [at the VA]. I had water on my ear and I went to the VA to see if I could get something done about the popping and cracking in my ear. So the guy gave me Dimetapp and he fed me Dimetapp for about a year and a half and then I started getting dizzy and almost to the point where I wanted to pass out. So I started going to other ear specialists, finally mentioned I was taking Dimetapp to one of them and he told me that was my problem. It was taking the water off my inner ear. And then on top of that I was working out with another doctor, talking to him about I was peeing all the time and he informed me that the Dimetapp had swollen up my prostate (Gary, Army, White, BBKA).

### ***Concerns With Quality Of Care***

- When I have something serious, then I use my wife's insurance [as opposed to the VA; I am concerned about the quality of care at the VA] for certain things. I mean, [if] I had cancer, I certainly wouldn't go to the VA to be treated for that. I know other people that have and I thought that I'd get better treatment in a private hospital. I had a knee replacement surgery which I had done by a private physician or surgeon and shoulder surgery, same thing by a private surgeon (Bob, Army, White, AK).
- For example, just recently at the VA hospital nearest me they've eliminated some of the surgeries because of some problems they were having and so I'm reluctant to get some



surgery that I need done there until they clear it up or re-approve those surgeries or whatever, and I don't know a better way to put it than that. I have a procedure that needs to be done that I can't get that done at that hospital now. [The next nearest VA hospital is] about 70 miles...[I need a hernia repair, and it doesn't need to wait any longer, but it looks like I'm going to have wait. I think that there's some possibility that they may outsource it to maybe a local hospital or a civilian hospital, but I'm not sure of that. That's just hearsay. If they would do that, then I could proceed on with it. You know, authorize like my local civilian hospital or something...I don't want to go down there and risk, you know, something going wrong. I kind of want to hang around awhile longer. And I feel like they'll get it worked out. I'm not badmouthing the VA but they, somebody's done some checking, and they must have done something wrong to have stopped, and I don't know what the list, all of it is, but that's one of them—the hernia repair type stuff (Chris, Marines, White, BK).

## **E. PHYSICAL HEALTH CONCERNS**

All of the veterans were asked to describe their current health situations and any current health related concerns they may have. This section describes the veterans' responses to these questions in regards to their physical health conditions. In addition, we specifically probed about experiences with exercise, pain related experiences, and problems with stump/skin wear. The pain experiences are discussed in section F whereas exercise and skin problems are included below. The veterans primary health concerns centered on difficulties with maintaining a healthy weight level, heart related conditions, and arthritis that resulted from getting older and overuse of good limbs and back pain. It appears that weight gain is a common occurrence among the veterans (this may stem from difficulty faced in exercising because of limb loss, sedentary lifestyles, etc). The heart conditions that the veterans experienced ranged from heart attacks to high cholesterol (which has the potential to lead to heart problems). Another major health concern that appears to affect many of the veterans is arthritis and problems with good limbs. Such experiences may stem from the natural aging process, overcompensation, etc. Finally, those who experienced back pain attributed it to various things ranging from overcompensation to a wound in the hip that affects the leg and therefore the back.

Other less common physical conditions were discussed by the veterans such as Coronary Obstructive Pulmonary Disease (COPD) and Barrett's Syndrome (which is pre-cancerous). Hearing loss was also mentioned by veterans who not only experience it due to old age but also because of traumatic acoustical exposures of combat and training. One veteran also described having multiple concerns including diabetes, heart disease, back pain and hearing loss. Two of the men talked about traumatic brain injury, one stated suffers from it but cannot get rated for it at the VA while another wondered about whether or not he may have suffered from TBI as there was no screening process for it when he was wounded . Two others were infected with hepatitis C. Importantly, one of these men with Hepatitis C underwent successful treatment for the virus and it is no longer detectable in his system.

Five of the veterans described regularly exercising and a few of them had only recently started exercise programs in response to weight gain over the year(s) or having experienced a heart attack. All of these men pointed out the importance of exercising to maintain health and mobility. One also added that exercising and being involved in sports could have the added benefit of being around other amputees which provided peer support. Three of the veterans gave specific reasons for not exercising including feeling awkward going to a gym, not being able to exercise like a "normal person" and experiencing back problems that hinder exercise.

All but one of the men had experienced skin related concerns due to prosthesis use. The only veteran who did not have such issues, was the one veteran in the sample who never used a prosthesis. The men described the skin irritations as minor in all but one case. In the later, the skin irritation was so painful that it became much more difficult for him to use his prosthesis. In contrast, a few of the other men reported reductions in skin irritations when switching to the newer prosthetic devices. The skin problems were frequently caused by general prosthetic use or complications with their stumps such as scar tissue or the stump not being closed. Finally, nearly all the men managed their skin issues on their own and did not seek formal treatment.

The men's physical health experiences are illustrated below in three categories: health concerns and co-morbidities, exercise experiences, and skin related issues.

## **E1. Health Concerns And Co-morbidities**

All of the veterans were asked to describe their current health situations and any current health related concerns they may have. Nearly all the veterans perceived their overall health as good. One said ok, and one said excellent (despite having recently experienced a heart attack). Several mentioned struggling with their weight. These specific health related concerns and co-morbidities are illustrated below. They include weight related issues, heart related conditions, hearing loss, problems with good limbs and arthritis, coronary obstructive pulmonary disease, cancer, diabetes, back problems, traumatic brain injury and hepatitis C. The men describe these experiences in more detail below.

### ***Weight Related Issues***

- [My health is] good. A little far, be a little overweight for my height if they want to call it that but I do alright. I'm fine. When you're only three feet, if you're three feet two it's hard to adjust your weight (David, Marines, White, AAKA).
- [My health is] good. In fact I had my lab work done for my annual to check me out and my cholesterol is in good shape and my blood pressure's not bad and I could stand to lose a little weight but other than that I'm in good health (Eddie, Army, White, AEAK).
- He [my doctor] tells me [my health is] excellent other than, he always tells me to watch my weight and that's an ongoing battle. I feel like I'm a reasonable weight. I'm not, I weigh with my prosthetics and all I'm about six foot and weight about 200 pounds which isn't extreme but he's a real health nut and he gets through with my physical—I just had a physical the first part of April—and he said and I said everything's good and he said but and I knew what was coming. It was like the next time that you're here I expect to see your belt loop tightened by one. It is, you know, that is the biggest problem I have, and I think a lot of amputees have this problem, you're just not able to exercise as the normal person. So it's an ongoing problem watching my weight (Ian, Army, White, BBKA).
- Oh, yes. Yes. [I have problems with weight] Although since I've been watching what I eat better and exercising three days a week I've lost 40 pounds. Now, that's been over a period of four years. [I am] still overweight (Bob, Army, White, AK).
- I quit smoking [about a year ago] and then I started gaining a lot of weight (Gary, Army, White, BBKA).
- Probably [my] biggest problem is packing more weight I guess and, you know, it's harder to get up and down and off with just the one leg and I'm really pretty active. I don't like, I don't, you know, I'm not sedentary at all. I guess, you know, when you get older and your muscles ain't quite the same plus the extra weight makes it harder (Troy, Army, White, FAK).
- As far as overall health, when I do my annual physicals and so forth my health for my age is still good like it was when I was younger but I have put on weight, okay, and that's my biggest issue now is battling weight and also my, although my left leg was injured, my left knee and everything when I lost my right leg I was still able to function fine and things along

those lines but now actually it bothers me some and just being 63 versus 22 makes a difference regardless and the big thing is probably I'm always battling weight and if you put on weight with a prosthesis, because it fits, it fits into a socket within the prosthesis so there's not much margin, okay, for weight. If it's below the knee, which mine is not, then you can change different thickness of socks and so forth but this is skin to the socket. So any weight gain is an issue. You can put up with a certain amount but, so I guess battling the weight is probably the biggest issue that I deal with constantly (Greg, Marines, Black, AK).

- [Over the last several decades] I've gained a lot of weight. I'm not as nearly as good a shape as I was when I was in the service. Of course, I was 23 years old when I got hurt and I guess my physical condition since then has gone downhill but so I guess from that standpoint. But that was really the only, I mean stamina is not there but I really haven't had any, you know, from a medical standpoint I really haven't had any problems related to my physical condition except for the, you know, I was obese and I still am somewhat obese. At least I'm not morbid obese now. I'm just regular obese according to the body mass index.....I've been mostly, well, let's see when I was in my twenties I was in 145 to 150 pounds. Once I came back to Fargo in late seventies, 78-'79, I ballooned up to as high as 220-225 pounds and although over the last two years, two and a half years, I guess I've gone from 220, I'm down currently at 185 (Jason, Army, White, BBKA).

### ***Heart Related Conditions***

- I had quadruple bypass myself when I was 47. At the time they didn't say it was a direct result of the amputation but I have heard from other people saying that that was one of the problems that amputees have is heart problems because walking on a prosthesis you use more energy to walk across the room because your heart is working harder. Plus I smoked way too much back in those days too. So that was another thing. But they fixed it and it's been fine. Haven't had any trouble with it since (David, Marines, White, AAKA).
- Well, currently at the VA. Prior to, to be honest with you I've never had any health problems at all except those related to my legs up until this past October when I had a heart attack, a mild one, and so I really, you know, for the whole time that I worked at the VA, although I was an in-patient three or four times I never really did have a primary care provider the whole time I was there because, like I say, I was really blessed with having very good health (Jason, Army, White, BBKA).
- [I] Had a heart attack three years ago and drove in and then they told me they wanted to transfer me to another hospital but they wouldn't give me my keys back so I could drive there because they said I was having a heart attack at the time. And so they transferred me to another hospital and had a stent put in and like four days in the hospital and I was back home again and back to trying to do things again (Liam, Army, White, BK).
- The only issues I have is some cholesterol issues. Okay. That's not uncommon, okay. But not that high, just a little above normal—two something, okay, normally. But I am getting medication from Kaiser which brings it down to like 140 or so. So other than that and my blood pressure's good, my health overall is good. I am overweight and I blame that on my

lack of exercise, okay, because of my injuries I don't get as much exercise as I would like. But other than that my health is good (Greg, Marines, Black, AK).

### ***Hearing Loss***

- I have partial hearing loss in my right ear (Greg, Marines, Black, AK).
- [The blast] blew out my left eardrum but when I was at Fitzsimons getting put back together they put a patch on it. My hearing is decreased some in my left ear and I do have a service connection for that. Although the hearing loss is rated at zero and the tinnitus or tinnitis, however you pronounce it, is rated at 10 (Shawn, Army, White BK)).

### ***Problems With Good Limbs And Arthritis***

- There's more wear and tear on my left leg—my left leg is the non-artificial leg—and so there is some issues there of my knee...And again, because I put so much extra stress on that [the good] leg over the years and then I end up wearing down the socket on my left knee and so forth. So that's the ongoing challenge...Well, I used to hop into the shower, okay, but I learned my lesson probably too late. Okay, that wasn't good for my left knee. Because I was always athletic and stuff and again for years I just hopped anywhere I wanted to go and get out of bed, just hop, without bothering with my crutches. It would have been wiser, okay, to use the crutches from day one regardless because that's not good on my left knee. But now I don't hop anymore. It's just my knees started to wear down. I always use my crutches..I sort of wish that someone would have said to me years ago use your crutches. Don't hop, no matter, how youthful you are and how good you're feeling, use the crutches and because there will be a price to pay for that years later...I had the folks at Kaiser look at it. They said there's not a whole lot they can do, okay, you know, so therefore just don't do anything that would injure it, be careful with it, and so forth. And it's not like it's a constant issue. As long as I don't put much pressure on it, don't do too much stair climbing and so forth and then it doesn't cause me major problems. If I put any kind of pressure on it or if I step wrong and then it will feel sore (Greg, Marines, Black, AK).
- You know, it's just something, it's dangerous [getting in and out of the shower]. You know, you got to do it just right and if the foot doesn't land just right, if it lands in a painful manner then I'm subject to crash and burn in there, you know. So those are my primary concerns and as I say I think it's time and age and these other things are acting up on me, they're kind of wearing out I guess—the other so-called good leg and foot (Chris, Marines, White, BK).
- The most significant concession I've had to make due to my injury over the last 42 years is the fact that I have begun to limit myself because I've worn my left hand primarily out. I've just used it to push around with a wheelchair. I didn't get a power wheelchair until three, four years ago, four years ago, 2006, some 38 years after my injury...Well, [its] [likely from the] two components [age and overuse] and I don't know which, they both probably at this point in my life are weighing equally because I'd always done that. I always had good strength but again, aging certainly kicked in there and you just don't recover from an over-use, abuse, or strenuous use like you used to (Willy, Army, White, AKBED).

- So what's happening is the right side of my body because of my age is starting to wear out (laughing) so I have arthritis and things like that...yeah, that's [from] compensating and what you might consider over, you know, I use it, my right hand, well, for everything...It's overuse is why I am starting to get arthritis but I think I aggravated it some by compensating or hastened it a little bit with compensating but part of it, it's, I don't know the percentage, but it's a little bit of both (age and overcompensating...Well my arthritis, my right hand, my thumb is what gives me problems and then my right foot has some, I have some arthritis on the upper part of my foot and I have an orthotic for support and when I'm walking around a lot sometimes that flares up and then my thumb if I'm doing yard work or something where I use my thumb then it starts talking to me a little bit but I just have some naproxen that I use but it's not like a daily thing at all (Eddie, Army, White, AEAK).
- Right now the only thing that's wrong with my physical health is I've got arthritis and it's eating my shoulders up pretty bad ....Yeah, I never was one to sit around and I always kept on the move and that's part of my problem with my shoulders [yes, over compensating]...I mean I've, three inches on one side and I think it's nine inches on the other side so you have to hold your balance and because of the aging process your muscles get weaker and so I kind of feel it in my back more. But it's not serious right now...Yeah, [and] my thumbs. My thumbs have arthritis in the main joint or the joint attached to the hand itself (Gary, Army, White, BBKA).
- My knee just blew out [in Vietnam]. All the meniscus was torn and everything. I had to have a total knee replacement because the tibia bone was broken. Well, there's six centimeters taken out of it and it caused a lot of stress on my knee [which gives me pain now]. And my shoulder surgery was because of walking on crutches for all those years, not always walking on but using crutches a lot (Bob, Army, White, AK) .

### ***COPD (Coronary Obstructive Pulmonary Disease)***

- Since the heart attack I guess my biggest problem is I can't walk very far. I get a little shortness of breath but the shortness of breath isn't the problem. It starts at my hips and then goes down and I just get a numbness kind of like when you're legs go to sleep, you know, and you get the pins and needles. It just, and eventually it will go numb clear down to my feet—well one foot and one stump I guess but, you know, if I could get rid of that I guess I would consider myself fairly healthy. They listed me on one of my medical records as having COPD and I guess no signs of that have really, that I guess I've noticed...Coronary something pulmonary disease. It's supposed to be fluid around the heart or lungs or something I guess. Supposed to give you shortness of breath and all kinds of other stuff...And I've been tested [in my legs]. Boy, CAT scans, through some other kind of scans, pricked with long needles with electric shock through them. I don't know, they've done a bunch of tests and they keep saying they can't find anything wrong. So I guess I'm just kind of saying okay it must just be old age or something. I don't know. I've just kind of give up on it and just put up with it. I suppose I could try some other specialist but I don't know where to go. They've actually sent me to another hospital, you know, one of the regular hospitals in town for a few of the tests and they've come up with nothing. All I know is it's happening and they can't find the reason (Liam, Army, White, BK).

### ***Cancer/Pre-Cancer***

- I have what they call Barrett's Syndrome. That's where the esophagus is pre-cancerous and I had that taken care of in a civilian hospital...It's above the esophagus. I lost a valve. Like there's a valve there. I lost a valve and the antacid just tore me apart, you know, the natural processes of your stomach and stuff like that (Shawn, Army, White, BK).

### ***Multiple Concerns – Diabetes, Heart Disease, Back Pain, Hearing Loss***

- Well, I've got some problems. Apart from my physical problems with my back and my legs and my hearing I also have, I've just been diagnosed probably about six, eight weeks ago with diabetes that is controlled by medication rather than by having to take shots and about 10 years ago I was diagnosed with arterial sclerotic heart disease. [Diabetes and heart disease are things that run in the family], However, I am rated service-connected for my heart condition as secondary to my bi-lateral BK amputations and although I have not claimed it, I would be service-connected rating for my diabetes secondary to my Agent Orange exposure when I was in Vietnam...Well, about three or four years ago, give or take a minute, the Department of Veterans Affairs through the CDC in Atlanta decided that there was very good possibility or probability that veterans who were exposed to Agent Orange in Vietnam would acquire diabetes...Apparently there was a higher prevalence of veterans who were in Vietnam that came down with diabetes later on in life than veterans that did not go to Vietnam and they have determined or have surmised anyway that it's from exposure to Agent Orange (Owen, Marines, Black, AKBK).

### ***Back Problems***

- I am in the spinal cord injury now because I have a syringomyelia which results 25-30 years later from a trauma injury. There's very few people in the United States that have that. I'm one of two in the VA but I'm ambulatory...Syringomyelia. The spinal cord is enlarging from T1 to T12 and destroying the nerves within. I haven't seen a doctor that I told that to that smiled. It's a disease and I'll get worse probably, if it gets worse will put me in paralysis. There's nothing you can do about it but watch it. [Yes, I believe its related to my limb-loss injuries]...That comes in 25 to 30 years after a severe trauma and I've talked to the people at the VA and they said yeah, it's probably that and that's why he sent me for the brain scan and he says rule out explosives and they couldn't do that but then when you apply for the other side it's different. It's a game...That syringomyelia and I've been through a lot in my life, but that scares the living hell out of me. That will just eventually kill the nerves and they don't know what, when, and how and they can't do anything about it. It is the nerves in your, it's much like a slipped disc, damaging the nerves from the inside out. But my spinal cord is three to five times its size basically...There's less than 65,000 people in the United States that has this. Most of it is spina bifida or curvature of the spine or Char syndrome and then there's probably less than a half a million people in the United States that have that. Probably not 150,000 (Frank, Army, White, BK).
- The hernia is [my main] problem and that's caused by these, this amputation, frankly. Probably a medical opinion may be different than that but I'm satisfied that's why it is because of the imbalance of my hips and as I've gotten older I've had more difficulty with my back and my right leg. I've got a gunshot through the right hip, right area, which to the leg is not off on that side but I've got nerve destruction and all on that leg and so my so-

called good leg is giving me a fit which means I bear on the bad leg and that gives me a fit when I do that so I'm between a rock and a hard place. And so I've got to look into that. I've got to do something about that because it's affecting my back and the disc in my back and all that sort of thing. Kind of messy right now, frankly (Chris, Marines, White, BK).

- [My health is] good to excellent I guess. [My only concern is] this back deal (Troy, Army, White, FAK).
- The only thing I notice [that has really worsened over the last 30 years] and I'm probably paying for early in life, I seem to get more back problems now and it could be because earlier, you're not, when you're an amputee you can't lift properly because you can't flex your knees and I notice I really have to watch it now or I'll get some back pain (Ian, Army, White, BBKA).
- Well I've aged 20 years in the last couple of decades. I think that's a big part of it just getting older. I have my back problems now that I didn't have 20 years ago and it's hard to really do anything. I used to work out. Did exercise. Did all that stuff and then when my back actually went out when I, I thought it went out before, I thought I had back pain before, but when this sucker went out it was, you know, I thought what's the point in doing exercise and I haven't really done anything (Pete, Marines, White, AE).

### ***TBI (Traumatic Brain Injury)***

- The same way as I have traumatic brain injury from holes burned in my brain because of the compression to the brain. That's not the real problem. It's that massive vacuum behind the "words inaudible." When your brain expands your spinal cord fluid expand, it goes up to 30,000 feet and evaporates in your brain and blows through the holes. I've got that also. The VA has turned me down three times for the spinal cord injury, twice for the brain damage. It's, there's two sides to the VA there's the Democratic side and the Republican side. The Democratic side will take care of you the Republican side will screw your eye teeth out. (Frank, Army, White, BK).
- The other thing I could never figure out is like today they have traumatic brain injury and I've never had anything to do with that and what I stepped on is almost identical to what they're having done here. So I'm always curious about that [as when I was wounded, TBI was never a part of the screening process] (Gary, Army, White, BBKA).

### ***Hepatitis C***

- Yeah, yeah. Well I got the hep C from a, the VA's not sure, they said that I'm never, I read this where the VA wasn't sure but, and my own doctor, it's from a, I either got it from a blood, my blood transfusion when I got hit because they had to change all my blood basically and/or when I was inducted. The way they gave us shots with a gun, you know, you just stand over and pow, pow, pow, pow. They just give you the shots in the arms. The VA was doing a study because there was a high incidence of hep C for veterans from the mid to late sixties. So that's my... (Pete, Marines, White, AE).



- I received 103 units of whole blood in the first three days I was in Vietnam. The demand for blood, my demand for blood was so critical that I received blood that had not been processed. It was still warm. They had a medic and an MP and a deuce and a half truck and they'd go get a load of folks that had type O blood, put them in the back, and bring them to the hospital and they typed the blood to make sure that's what it was and I got it. And for 15 years we marveled at the fact that I had not acquired something through that, the quantity with the manner in which the blood was delivered and it wasn't until in the late eighties that I finally was diagnosed with non-A, non-B Hepatitis and finally type C Hepatitis... I've had one period of time in which Hepatitis C and treatment for Hepatitis C and the suspicion that I had liver cancer had me pretty close to the hospital for two years. I did subsequently take the treatment for Hepatitis C, it was my second time around, with a newer protocol and I was a responder and Hepatitis C is no longer detectable in my system. But aside from that and an occasional ear surgery over the years I've not had much other than the regular colds and flu and I did have (Willy, Army, White, AKBEDH).

## **E2. Exercise Experiences**

Five of the veterans described exercising regularly and a few of them had only recently started exercise programs in response to weight gain over the year. One veteran began exercising after he had a heart attack. . Some of the men exercise in order to maintain their health and mobility. Although they may not have explicitly stated this, their stories made it clear that this is why they exercise. One veteran, for instance, noted that he is able to maintain his strength because he exercises while another started exercising because he found he was limited in his ability to do things. Three of the veterans reported difficulty exercising, each for different reasons. One gave a clear illustration of the stigma surrounding disability when he stated that he has not gone to a gym to exercise because it would be “awkward.” Another felt his limb-loss limited him from exercising like a “normal person”, and the third developed back problems which made it difficult for him to exercise.

### ***Importance Of Exercise And Exercise Experiences***

- Now it [my physical condition] is better than when I was younger because I took the time, say when I started out at 43, went to a gym and been there ever since. So when it's stronger your body will hold up more and you take better care of yourself (David, Marines, White, AAKA).
- [I exercise] three days a week. About 45 minutes each time.... I've been doing this for two years now. What was going on, I was getting pretty weak. I'm getting old, becoming an old man. [I was] sixty-three and found out that I was not being able to do a lot of the things I used to do. So I decided to go to a fitness center and see what I could do about it and it certainly has helped...since I have been watching what I eat better and exercising three days a week, I've lost 40 lbs (Bob, Army, White, AK).
- Well, [I'm] very active. I crank a bike. That's the fun exercise I do. I also do floor exercises and having an active life, you know, in and out of the car and in and out of the chair, everything I do is kind of a handstand gymnastic event of going from one to the other and being active to that degree. When I'm in Arkansas—in Florida I live in a condominium—so I'm somewhat limited as to the kind of things I can do. However, in Arkansas I've got a full shop. I do all sorts of plumbing, woodworking, and all that sort of stuff that I find makes me feel good about myself to accomplish tasks like that. But primarily I have to a degree watched my diet but probably more than that I've just been blessed with the proper genetic metabolism. And secondly, I don't want, I can't emphasize enough that I'm really quite active. I do a lot physically for the shape I'm in...it's [exercise] absolutely essential, it's more essential than it's ever been in my life, to have a determined, make a determined effort—I started to say have a plan but that would be wrong. I don't have a plan but I have a determined effort to do exercises, even when I don't necessarily want to simply for the sake of exercises. Now you see for the first 35 years of my injury I didn't have to ever worry about that. I was active enough I didn't have to do it. Now, when I get ready to go skiing in the winter I would do a lot of stair climbing and that sort of stuff just running up the steps on my stumps because that was a great aerobic exercise. Got my heart and lung function up. So I used to do that but now I have to do more floor exercises and that sort of thing because I don't, I fall off quickly. If I don't use it, I start losing it. And I have to be a little bit more regular or faithful in doing that otherwise first thing you know I'm getting tired during the

day when I shouldn't be or it's too much effort to do some of these things that I've got to do and I realize I've just not been exercising to the degree that I should. And you know it's me. I've got to make the decision to do it and I get all the rewards when I do (Willy, Army, White, AKBHD).

- I do work out three to four times a week. I'm limited something on the equipment that I use because of my legs but I found a place, one of the clinics here in town has an exercise center that has some good equipment that I can use that I can get around the limited range of motion on my legs and stuff like that. [I didn't exercise before my heart attack] No, no. I considered myself in excellent health until I had the heart attack and I rarely exercised. Although I was very active I didn't go to the gym and exercise type stuff. Actually, funny, well I have had no problems with my back up until I started exercising after my heart attack. And one of the machines that I was using was an indoor, a rowing machine and it turned out that, I mean I was doing really, I mean I loved being on it. And I was rowing every time I go, I was here three or four times a week and I'd row anywhere from six to 10,000 meters at a crack and then one day and it was about a month and a half ago I got a very severe sciatica that ran down my left leg and it turned out that my technique that I was using on my rowing was aggravating that. Since I can only bend my left leg to about 45 degrees and rowing is supposed to be about 90% legs and then 10% upper body and but with my inability to flex my legs completely, mine was probably 20% legs and the other 80% upper body and I was leaning too far forward and then also going too far back in my rowing technique and it finally caught up with me and it jolted me. So I've cut out the rowing and I use what's called a NuStep right now which is kind of a sit-down elliptical machine to exercise (Jason, Army, White, BBKA).
- Yeah, do a lot of exercises that counterbalance what you're doing pushing forward. It would be -- how do I explain because I don't even know what you call it -- but doing the back pulls with the weights, doing side lifts with the weights, just working primarily to reverse what you're doing forward. It's like when you body build you're looking at symmetry and it's the same thing only you've got to do it in reverse...exercise and getting into sports and that's a key right there because then once you get into sports you're around other amputees and around other handicapped people and that's a big plus (Gary Army, White, BBKA).

### ***Difficulty Exercising***

- I am overweight and I blame that on my lack of exercise, okay, because of my injuries I don't get as much exercise as I would like. But other than that, my health is good...I need to do more exercises and I've looked at joining a gym, things along those lines, and I haven't done that yet because it's sort of awkward to go in and do that sort of thing. But other than that, you know, to me the biggest thing I have is weight and also my left knee holding up. And again, because I put so much extra stress on that leg over the years and then I end up wearing down the socket on my left knee and so forth. So that's the ongoing challenge (Greg, Marines, Black, AK).
- [My doctor] tells me [my health is] excellent other than, he always tells me to watch my weight and that's an ongoing battle. I feel like I'm a reasonable weight. I'm not, I weigh with my prosthetics and all I'm about six foot and weight about 200 pounds which isn't

extreme but he's a real health nut and he gets through with my physical—I just had a physical the first part of April—and he said and I said everything's good and he said but and I knew what was coming. It was like the next time that you're here I expect to see your belt loop tightened by one. It is, you know, that is the biggest problem I have, and I think a lot of amputees have this problem, you're just not able to exercise as the normal person. So it's an ongoing problem watching my weight (Ian, Army, White, BBKA).

- Well I've aged 20 years in the last couple of decades. I think that's a big part of it just getting older. I have my back problems now that I didn't have 20 years ago and it's hard to really do anything. I used to work out. Did exercise. Did all that stuff and then when my back actually went out when I, I thought it went out before, I thought I had back pain before, but when this sucker went out it was, you know, I thought what's the point in doing exercise and I haven't really done anything. I think I just have to keep walking, using my legs as best I can. I do try to walk around the block so I guess I do get some exercise besides chasing my grandson. But just so I keep my legs in good shape. They're the one thing that's not been bad or caused me any problems (Pete, Marines, White, AE).

### **E3. Skin Related Issues**

All of the Veterans were asked if they have any stump wear or skin concerns from prosthesis use. Those who experienced problems were asked to elaborate on how they managed their problems and whether or not they sought medical care for them. Only one veteran reported not experiencing any skin related issues. He explained that this was likely due to never using prosthetics. Most of the veterans described minor skin problems such as blisters or minor sores on their stump from general use of their prostheses. Only one veteran described major pain from skin breakdown between the stump and prosthesis that had increased over time. He explained that he always had difficulty using a prostheses and that it has become increasingly difficult over time. Another veteran attributed skin problems to poor prosthesis fit. Three additional veterans explained that they had complications with their stump areas such as scar tissue that gets irritated, and that this caused skin problems to occur. Only one veteran sought medical care to manage skin tissue concerns and this involved removing fluid that had retained in his pelvis area and inflamed the tissue. Others attempted to manage their skin problems by changing or fixing their prosthesis so that they would have a more comfortable fit. Others took a break from using their prosthesis and/or used medications and ointments to try to alleviate the skin problems. One attempted to prevent the skin problems from occurring by preparing a wound dressing even though he had no wounds. This, however, helped him to prevent any kind of skin irritation or breakdown. A couple of the men commented that the newer prostheses were “much more comfortable to wear” and that they did not get as “many sores on their stump” as they did years ago. These experiences with skin related issues and how the veterans managed them are illustrated below.

#### ***No Skin Related Issues***

- No, they’re [my stumps] pretty well calloused up. No, I’ve not had any breakage or any things like that but I don’t wear prosthetics because the prosthetics when I started weighed more than I did at the time I think (Gary, Army, White, BBKA).

### **Causes of Skin Problems**

#### ***General Prosthetic Use – Minor***

- Every now and then [when I was wearing my prostheses, my skin] would get red and rub a lot and cause irritations, especially if you sweated a lot (David, Marines, White, AAKA).
- No, very seldom. I get blisters [from using my prosthesis] but they generally heal almost overnight. I never [really] gave that a thought (Troy, Army, White, FAK).
- No, not really [I have no real skin concerns]. I mean I’ve got the original scar from where they closed it up but it’s, once in awhile it sort of breaks open but I mean it’s done that since day one and it may only be once a year that it does that. A lot of it depends on how much you’re on it see, and I’m not on it as much now as I used to be. So that probably helped that condition some (Liam, Army, White, BK).
- Yeah, I get blisters periodically [from using my prosthesis]...Yeah, normally [it clears up in a few weeks], in fact I’ve got it on my leg right now. I’ve had it probably for a couple of weeks but it doesn’t stop me from walking. It doesn’t stop me from doing anything.

Periodically over the last several weeks it was, you know, real sore and I ended up limping a little bit but nothing significant (Owen, Marines, Black, AKBK).

- I can really tell when I overdo it [overuse my prosthesis] as I will get a blister at the bottom of my stump and I always sort of know when I'm doing it but I've got something that I 'm just trying to get finished and one of the big things if I'm up and down off of the ladder very often that's when I develop a blister on the bottom of my stump [Ian, Army, White, BBKA].
- Sores, occasionally I get blisters and sores on [my stump]. Yeah, I get a lot of time abrasions and blisters from the prosthesis. [But] the prosthetics, you know, they've come a long way. They're much more comfortable to wear. I don't get as many sores on my stump as I did back then. I used to get some really bad sores with the total contact suction sockets and now with the new type suspension system that they have it's a lot more comfortable and fewer sores (Bob, Army, White, AK).
- I have blisters [on my stump] because I'm active. I'm as active as I can possibly be under the circumstances and even now at 68 years old I still am active and I've always got something going wrong with that stump. I either overdo it and take the skin off it, you know, get it raw so to speak and then I've got, I get little infections in the thing and they're a problem sometimes. I'm being straight up with you now, you know, if we're going to do this research properly you got to have the straight answers (Chris, Marines, White, BK).

#### ***General Prosthetic Use, That Has Worsened With Age - Major***

- The primary pain experiences I have right now is primarily my left knee—the knee that I still have. I have some pain there occasionally. You know, I've got to be careful with it and wearing the prosthesis itself. I tend to have some skin breakdown on the inside of my artificial stump if I wear it too long, okay, now more than I used to. So there is some pain associated with that so I can't wear it as long as I used to and there's some, there's more discomfort now than it used, I used to, years ago I could wear it continuously without feeling anything. It's always been discomfort but I could deal with it and now it's getting more difficult to deal with (Greg, Marines, Black, AK).

#### ***Poor Prosthesis Fit***

- The only time I [get skin problems] is if something is not fitting correctly like that limb, my spare one that I used, you know, because I don't wear it a lot it's never been really refined so I can't wear it long term and there were a couple of places that irritated my skin a little bit (Eddie, Army, White, AEAK).

#### ***Complications With Stump***

- On occasion [I get skin problems]. The end of the stump on my right leg is not completely closed. They tried a traction, you know, the old traction method where they glue a sock to your leg and then hang weights off the end of the bed to try to pull the skin down around the stump and it worked except it left about, oh, maybe a three inch circular open space on the end of my stump and they covered that with a split thickness skin graft and that breaks down occasionally and then my fibular head, it's very short. Basically all it is, is the head of the fibula because it sticks out the side of my stump and it gets banged, if I do a lot of walking it

can get banged up and it'll develop a callous and then the callous will break off and I'll have a sore for a few days. Now my left leg I got, well my tibia was exposed after the blast for like six or eight inches between my foot and my knee and all the muscles were blown off the anterior of the front part of my leg and they covered that all up with split thickness skin graft and it's held up pretty well but it's, you know, it's not regular skin so I bump it and bang it all the time and so I'm getting break downs on that although all that does is bleed. It doesn't really affect my walking or anything like that like the breakdown on my right stump would be (Jason, Army, White, BBKA).

- No, [the skin] doesn't break down. [I have scar tissue at the stump that gets irritated] but it doesn't break down or anything. It's pretty healthy because basically because I'm not diabetic. A lot of people ask me but I'm not diabetic. The skin is intact and it's fairly healthy. But it's the internal parts that bother me the most (Shawn, Army, White, AK).
- Well I've had some [skin problems]. Because of the explosion, I was basically sitting on that quarter pound of TNT. It burned the back of my legs and injected my pants into my skin. The right stump, what was left, had burns on it. They didn't know how I'd do with a leg. It used to break down very much when I was younger and didn't have the technology they have today. But it's doing okay, particularly for an almost a 65-year old man [Frank, Army, White, BK].

### **Managing Skin Related Issues**

#### ***Change Or Fix Prosthesis***

- I [recently] had a prosthesis that I had a lot of trouble with it but I haven't had much trouble recently because I dug an old prosthesis out of the closet and I'm using that one (Troy, Army, White, FAK).
- There were a couple of places [on the prosthesis] that irritated my skin a little bit but they're going to get it repaired or it is in the process of getting repaired. So no, my residual limbs are in really good shape (Eddie, Army, White, AEAK).
- So far I haven't sought medical treatment directly. If it [the skin breakdown] is associated with wear on the socket itself I'll go back to my prosthesis which is covered, it's a private prosthesis but paid for by the VA, prosthetic clinic anyway. If it has to do with the socket I would go there (Greg, Marines, Black, AK).

#### ***Take A Break From Usage And/Or Use Medication/Ointments***

- If [it's the prosthesis, I will go have it looked at. But if] the socket seems fine, then I just stop wearing my leg for a while and put some medication on it and wait for a day or two for it to feel better (Greg, Marines, Black, AK).
- I take care of it [the skin breakdown] myself in general. Neosporin or something like that and just stay off of it and wait (Frank, Army, White, BK).

- No, I [do not seek professional help]. I got a cream. We found this cream and we used it on my father-in-law for a rash and stuff like that. It works tremendously. You put it on and it goes away, you know, it's quite a good stuff. It's called Lanoseptic. It's a skin protectant and it just does great. [I buy it over the counter]. Yeah, we used it on a horse. Had a buddy that's got a horse (Shawn, Army, White, AK).
- Basically what I do is when I get one of those blisters or if I get a sore on, usually it's on my right leg just below the knee and there's a spot there that off and on for the last 20 years I've had problems arise with it and basically what I do when the sore appears, I just kind of saturate it with AD ointment because I put AD ointment on my legs every morning before I put my prosthesis on and what I do is I put an extra dose on that particular spot and probably the first 15, 20 minutes it bothers me quite a bit but then as the day wears on the sore subsides and is not as troublesome as it is the first thing in the morning (Owen, Marines, Black, AKBK).
- Well, finally I'll get off of it and soak the thing or get in the tub and soak and then I clean the stump with Phisohex or a medicinal soap and try to stay off the leg but I don't like to stay off the leg. I don't like to go out in public on crutches. I don't do it. And once in awhile I'll use a cane in self defense but other than that I just have to stay off it until it heals or gets better and I don't like that. I don't like being broken down in here for three or four, several days at a time but sometimes I have no choice because I just can't go on it. And see that coupled with the other leg giving me a fit ties me up bad for longer periods of time than I'd like to, you know, is basically what's happening (Chris, Marines, White, BK).
- I take care of them [the sores and blisters] myself. I usually put ointment on, antibacterial ointment or at times I use Bag Balm. I use that on my stump sometimes (Taylor, Army, White, AK).

### ***Wound Dressing As Prevention***

- No[t really], again because I have all my sensation I'm pretty good about noticing and acting on any potential skin breakdown. When I know that I'm going on a trip or when I'm going snow skiing for a week, I'll use a wound dressing which is a kind of a gel foam thing, it's not very thick, to put on those areas where you're going to have a lot of friction. Two things that that does. First of all it keeps the area extremely clean. You wash the area thoroughly. When you apply this adhesive it keeps it very clean so you don't have any bacteria and all that crap growing under there and secondly, it does provide a little bit of cushion because of the gel effect of this. Once a year, maybe not that often, I'll have a problem with my arm prosthesis. Years ago I decided that I did not want to wear a stump sock because one, they're stinky, and two, I just don't want to have to do it. What the hell, I don't wear underwear either... So, any skin problem that I have I anticipate where it's going and treat it appropriately (Willy, Army, White, AEAK).

### ***Non-specific Self Care***

- I just handle [my skin problems] myself. I know more about it than those guys do. You know, used to be there were a lot of doctors that had a lot of experience with military injuries but there aren't very many more, well there are more now since because of Iraq and Afghanistan but for a long time from oh, I'd say from the mid-eighties up until 2002-2003,



combat surgeons or people that had seen combat injuries were far and few between so I handled, I usually just handled it myself (Jason, Army, White, BBKA).

***Seeking Medical Care***

- I've never had a pressure situation that caused any significant problem with the exception that I have had fluid retention on probably three or four occasions in the vicinity of my pelvis, under my pelvis. The ischial tuberosity where I've just managed to injure some tissue and it reacted by becoming inflamed or retaining water. Had to be drained and stayed off of it and tried a little harder not to let that happen again (Willy, Army, White, AEAK).

## **F. EXPERIENCING PAIN**

The veterans were asked if they experienced any kind of pain, and if so to describe the nature of the pain, its source, as well as how they managed the pain. In addition, they were specifically asked if they every used any form of complementary and alternative medicine (CAM) to manage pain. All of the veterans reported experiencing some kind of pain. Nearly all of their pain experiences can be grouped into pain resulting directly from their limb-loss (e.g., stump pain, phantom pain) or pain resulting indirectly from their limb-loss (e.g., overcompensating the good limbs or pain from prosthetic or assistive device use). The veterans managed their pain using prescription painkillers, muscle relaxers, steroids, chiropractic care, massage, and acupuncture. A couple of veterans used alcohol to self medicate and developed alcohol abuse problems because of it. These experiences are illustrated below in three sections: Experiencing Direct Limb-Loss Related Pain, Experiencing Indirect Limb-Loss Related Pain, and Managing Pain.

### **F1. Experiencing Direct Limb-Loss Related Pain**

All of the veterans described currently experiencing some level of pain and discomfort directly related to their limb-loss. A few mentioned having stump pain at their injury sites while two made specific reference to having neuromas. Nearly all mentioned experiencing phantom pain (n=13). The veterans' descriptions of the phantom pain they experienced ranged from describing it as a "sharp, throbbing pain," or something that feels like "somebody driving a railroad spike up the center of the marrow." Only two veterans described the phantom pain in terms that made it appear that phantom pain is not that painful (their descriptions are noted under the heading Phantom Pain Minor). The experience of these two veterans, however, was not the norm, as the majority did describe phantom pain in terms that imply that it is quite painful. The frequency of such phantom pains ranged from every six months to something that occurs three times a week. Clearly the phantom pain is something that most of the veterans feel even 30 or 40 years after their initial injury.

Lastly, a couple of veterans did note experiencing phantom sensation. These veterans described such sensations as the feeling that they still had their missing limbs, but they did not describe it as something painful. One of them, who was a double below the knee amputee, stated that if he concentrates he can still wiggle his toes, while the other one simply described the sensation as a "tingling." These direct limb-loss related pain experiences are illustrated below.

#### ***Stump Pain***

- [Some of the pain is from old age] but with the amputation there's still a lot of pain and suffering with it. It won't go away. It hasn't gone away. It's not phantom pain. It's pain. When [I] walk on something that hurts, [I] aggravate it, and it increases the pain, and it just increases it, so it's constantly there...at the bottom of my stump. It's not my toe, it's not my ankle, it's the bottom of the stump. It hurts. I get neuromas. I get scar tissue, and then [I] walk on it, and [I'm] actually abusing [myself] by walking on it. You know, bang, bang. It hurts...[Neuromas happens when] the nerves form a ball. Like the nerve still grows, and it forms a ball, and they're really painful (Shawn, Army, White, BK).
- One of the things I've noticed in the last couple of years [is pain at my injury sites]. I'm just not able to walk as much as I used to or for long periods of time. Particularly, if I'm out in the yard doing some work I sort of pace myself, and I have to sit down about every 10 or 15 minutes. I sort of get a numbness in the stump area (Ian, Army, White, BBKA).

- Sometimes I actually have real pain around the bone where they've cut it but that's nothing that's terrible (Pete, Marines, White, AE).
- The pain [is] basically at the end of my stumps on both [of them] and then also [in] my left knee (Jason, Army White, BBKA).

### ***Phantom Pain (Major)***

- I get [phantom pain] quite often...On an average, I would say [I get phantom pain] three times a week (Ian, Army, White, BBKA).
- I do sometimes [have phantom pain]. It's very funny. I don't know [why] it is, but there will be episodes where I do [have phantom pain], but they don't last very long. Usually, they don't last for more than a couple hours or a day, and then they go away, and they're very sharp, and it usually happens more in my leg than my arm (Eddie, Army, White, AEAK).
- I get some sensations once in awhile, and that was kind of what brought on the going in and removing the neuroma years back. I would say it maybe happens every six months or so I'll get a sharp, throbbing pain in the nerve endings, and [I] don't sleep for a couple nights, but it finally goes away. But it's like every minute to [a] minute and a half it'll send another shock wave up [my] leg. I guess I would compare it to hitting the funny bone on your elbow. So I mean it keeps you awake. You definitely stay alert. But since it happens once every six months or so I guess [I] just kind of [feel like, okay, its'] another one of those days, and it usually leaves within a couple of days (Liam, Army, White, BK).
- When I experience [phantom pain] it's kind of like somebody driving a railroad spike up the center of the marrow of [my] bone in the leg that's amputated. Once in awhile...I can...feel my toes get crunched in my right foot, and I'll have spasms with my leg just shaking like mad at night or my other leg with particularly the amputation (Frank, Army, White, BK).
- [I suffer from phantom pain and] sometimes it gets very, very bad [although] I think it's better now. It's not as severe, and it doesn't last as long (Bob, Army, White, AK).
- I'm fighting [phantom pain] right now because of this weather. What I've found is, when you go from cold weather to hot, like when you go from winter to spring or spring or to summer to winter, those are the times where my phantom pains come around. Other than that, I really don't have them....Right now it seems to be more numerous. I mean when I did get phantom pains, they were always bad, but they seem to be more numerous now, the same intensity but [more] numerous (Gary, Army, White, BBKA).
- I still have occasional phantom pain. They're something that may show up two, three, four times a month. Not necessarily equally spaced or anything like that (Willy, Army, White, AKBEHD).
- Phantom pains kill me...My phantom pains are worse than anything in the world...I always thought [the phantom pain] would go away, but then I found out that it doesn't. It can be incredibly intense (Pete, Marines, White, AE).

- [I have phantom sensation and phantom pain] big time. I've had phantom pain from day one, and it's not an ongoing 24 hour a day thing, but it comes and goes. When it does come, it puts you out of commission because it's so severe. And I may go 30 days and not have it, and then I may go four-five days in a row, and it eats me up. And then I may go two weeks or another month even and not have it, and then again sometimes I can be sitting in the chair or in bed, and it's like somebody jabbed a heated sword into the leg which doesn't exist. It hurts as bad as if it were real, but it's not real. I mean it's real but it isn't real, you know. The leg is gone but that's where the pain is. Just below the knee is where my stump is off, I mean my leg is off just four inches below the knee, and when that phantom pain hits it, man, that's just like the real McCoy. Anybody that says there's no such thing as phantom pain is somebody that's not an amputee because it is real and it's severe (Chris, Marines, White, BK).
- As far as phantom pain is concerned maybe every two or three months I'll get a good shock. Usually in my right leg and usually down in-between my big toe and first toe. It used to be quite frequent up until 25, 26 years ago, but [now it's] very rare. Like I say, three or four times a year I'll get a shot...I'm pretty much in pain all the time just because I walk so much...The pain would basically be at the end of my stumps on both and then also my left knee. My left knee was quite disrupted from the injury, and so there's quite a bit of arthritis in it, and that's been a lot worse here the last four or five years (Jason, Army, White, BBKA).
- I still get [phantom pain]. It used to be like almost constant and then over the years it has subsided. Right now I would probably say the phantom pains that I do get are probably every two or three weeks. I'll get a little jolt. It feels like an electrical shock going up my stumps from down at the bottom of the stump. What I call the phantom pains is that shooting sensation that feels like an electric shock at the bottom of my stumps [that] shoots up my legs. And I get those probably every couple of weeks or so, and sometimes they'll last for seconds, and sometimes they'll last for a couple hours (Owen, Marines, Black, AK/BK).

#### ***Phantom Pain (Minor)***

- I still have the phantom pain, but it's minor. Periodically I guess would be a good word (Troy, Army, White, FAK).
- [I don't have phantom sensation or pain] very often. I've been fortunate. Occasionally I feel something, but it goes away. It's not continuous, but periodically I feel something. But it's not to a point where it's debilitating (Greg, Marines, Black, AK).

#### ***Phantom Sensation***

- [I experience phantom pain but] it's not that often. I mean I can bring on phantom feelings all the time. If I concentrate, I can still wiggle my toes of both feet (Jason, Army, White, BBKA).
- As far as feeling the phantom sensation of feeling like you still have feet and all that, I still get those, but it's not painful. It's not annoying, it's not painful, it just ooh, a little tingling, and it normally goes away right away (Owen, Marines, Black, AK/BK).

## **F2. Experiencing Indirect Limb-Loss Related Pain**

The veterans frequently described pain experiences that were indirectly related to their amputations such as knee, hip, shoulder, or back pain. It is clear that their initial injuries have a major impact on their current physical ailments. Most of the veterans linked overcompensating of good limbs or using prosthetic devices for completing daily activities to the pain they experience. Other indirect pain experiences include those that are linked to aging, which also appears to frequently occur along side overcompensating for their injuries. A handful of the veterans made note of having back pain. Although it is not the case for everyone, it does appear to be the case for some veterans that this back pain is not only related to aging, but also to overcompensating for missing limbs. Ian, for instance, commented that “it could be because when you’re an amputee you can’t lift properly because you can’t flex your knees” and Pete commented that “since I don’t have the weight of my left arm, my left shoulder lifts up higher than my right shoulder... So it must be the way [I] do things and that sort of gives my spine sort of a crookedness.” Some veterans also mentioned shoulder pain and suffering from torn rotator cuffs. Lastly, two veterans spoke of experiencing hand/arm pain due to overcompensating, which may stem from having to use their arm/s to maneuver their wheelchairs. The explanations given for these other types of pain are provided below.

### ***Overcompensating***

- I got lower back pain. I have pain in my legs. Every day I have pain...Both [of my] rotator cuffs are torn. I had one repaired, but the other one is torn so bad it can’t be repaired. And they said just live with it until it completely fails, and then they’ll give me an artificial shoulder. [I would attribute the pain to overcompensation] (Bob, Army, White, AK).
- [I have pain in] my back. It’s the combination [of] the injury and some of the damage from the land mine [and] most definitely [from overcompensating]. One leg is shorter than the other, [so] you’re going to have a problem (Shawn, Army, White, BK).
- The only thing I notice and I’m probably paying for early in life [is that] I seem to get more back problems now. And it could be because when you’re an amputee you can’t lift properly because you can’t flex your knees, and I notice I really have to watch it now, or I’ll get back pain. [But that’s] temporary. It’s nothing that I’ve ever had to have any treatment for (Ian, Army, White, BBKA).
- I got aches and pains because that’s just part of aging and using your upper body for everything you do. They’re not phantom [pains] to me. I get twitches every now and then, and they hurt like hell, so it’s not like phantom [pain]. And [I get] shoulder pain almost every day. [I]’ve got to take [my] arms and use them as legs, so [I] use them 24 hours a day. [And] I [have] already had two rotator cuff surgeries (David, Marines, White, AAKA).
- [I] got pain. Most of that comes from the syringomyelia or my extremities. I’ve got a hip I’ve probably put 106 years on by abusing it by not having the other leg. It gives me pain, but it’s still working. [Sometimes] my hip just get[s] wor[n] out, and maybe once in awhile my leg bottoming out on my stump because of changes in the prosthetic and me...I’d say that [the pain is from overcompensating]. The perennial nerve in my left foot I get pain at times.

Most of it I ignore, and I really just live with it (Frank, Army, White, BK).

- I've got a back pain, and I have one of those pain patches called Fentanyl Duragesic. I get one of those every three days. I think it does have some [relationship to] my injury because I walk kind of crooked. One thing that I hate is since I don't have the weight of my left arm, my left shoulder lifts up higher than my right shoulder. I'm sort of slanted a little bit, and I guess the few other amputees I've seen are like that too. So it must be the way [I] do things, and that sort of gives my spine sort of a crookedness to it. So that and plus when I was in boot camp I fell about 20 foot with [a] full pack on which I'm sure didn't help and also just humping around over in Vietnam carrying those back packs [has probably added up and led to my current spine problems] (Pete, Marines, White, AE).

### ***Aging***

- The pain is severe in my right foot, my right knee, and my right hip. I got a gunshot wound in that right hip, and I had major nerve destruction in that leg, and it's just with time and age and whatever [that] it's getting worse, and the pain is [so severe that] sometimes I can't get out of the bed in the morning at a normal rate of speed. I'm slow, and like I say getting in the shower's a problem because of the danger of falling and breaking something. I have to kind of leap in the shower with the one foot and one leg, [and my body] is no longer up to that (Chris, Marines, White, BK).

### ***Aging and Overcompensating***

- It causes pain if I push to a degree. It doesn't mean I can't do it, but it sure means I'm going to have to lay up for three or four days later when [I] used to go to New York City to see Manhattan and roll 50 blocks uptown and then come back down. I [don't] do that anymore. [It's a combination of using the prosthetic hand in a way it wasn't really designed to be used and me just getting older]. [It's] certainly that or the two components [together]. Probably [both] at this point in my life are weighing equally because I'd always done that. I always had good strength but again aging certainly kicked in there, and you just don't recover from over-use or strenuous use [of the body parts] like you used to...[But] the most significant pain that I have now relates to my hand, and most of the time it's because of the activity I've had in the previous day or two. Sometimes it's no reason at all [and] I'll wake up, and my hand [will be] swollen and tender, and I push my chair around gingerly. I do have some low back pain on occasion that's probably related to my slouching around instead of sitting erect since I have no left leg whatsoever, the skin over my pelvic area, ischial tuberosity, is probably the thickness of the skin between the bridge of your nose. Therefore it is sensitive, and I must slouch down. So you'll...rarely...see me sitting straight up unless I'm in public or giving a speech or something like that. I usually try and slouch around. The down side of that is sometimes it does aggravate a little low back discomfort (Willy, Army, White, AKBEHD).
- I'm working [with] the VA right now to see if I can't get some of this pain out of [my shoulders] to get a little more motion out of them. I'm a high amputee. I mean I've three inches on one side, and I think it's nine inches on the other side, so you have to hold your balance and because of the aging process your muscles get weaker. So I kind of feel it in my back more. But it's not serious right now. My thumbs have arthritis in the main joint or the

joint attached to the hand itself. [And I attribute pains like that to overcompensating but] when I get back pain I've usually created it. I play wheelchair basketball still, and I had a bout of [back pain] this year because somebody sat me flat on my back (Gary, Army, White, BBKA).

### ***Using Prosthetic/Daily Activities***

- The primary pain experience I have right now is my left knee—the knee that I still have. I have some pain there occasionally. I've got to be careful with it and [with] wearing the prosthesis itself. I tend to have some skin breakdown on the inside of my artificial stump if I wear [the prosthesis for] too long more [so] than I used to. So there is some pain associated with that, so I can't wear it as long as I used to, and [I experience] more discomfort now than I used to [experience]. Years ago I could wear it continuously without feeling anything. [I] always [felt] discomfort, but I could deal with it, and now it's getting more difficult to deal with (Greg, Marines, Black, AK).
- [I am] pretty much in pain all the time because I walk so much. I have a certain amount of mileage every day that I can go and then after that it gets to be a burden or a problem. I have to compensate for [my miss legs]. The pain [is] basically at the end of my stumps on both [of them] and then also [in] my left knee. My left knee was quite disrupted from the injury, so there's quite a bit of arthritis in it, and that's been a lot worse here the last four or five years (Jason, Army White, BBKA).
- [I have physical pain every day]. [I] certainly [have it in] my legs. [With] my prosthesis, if I walk too far my calves cramp up real bad, and by too far I mean a block or two. So I always experience some sort of discomfort or pain to varying degrees pretty much every day. [With] my back [I] probably [experience pain] at least once or twice a week—it used to be worse (Owen, Marines, Black, AK/BK).

### ***Other***

- I just [went to the chiropractor] recently. I got a back problem. [My] lower back has been bothering me. It's better today for the first time. It's starting to come around [but] whether it's the chiropractor [or] the Ibuprofen [that's helping] it, I haven't got a clue. [Or maybe it's] healing on its own (Troy, Army, White, FAK).
- My thumb [on my right hand] is what gives me problems, and then my right foot has some [arthritis]. I have some arthritis on the upper part of my foot, and I have an orthotic for support, and when I'm walking around a lot sometimes that flares up. And then my thumb if I'm doing yard work or something where I use my thumb then it starts talking to me a little bit, but I just have some naproxen that I use. But it's not like a daily thing at all. It's just as needed (Eddie, Army, White, AEAK).

### **F3. Managing Pain**

Nearly all the veterans mentioned experiencing chronic pain that was either directly or indirectly related to their limb-loss. They were then asked to explain how they managed their pain. In response, the veterans often mentioned being prescribed prescription drugs in the form of either muscle relaxers and/or pain-killers in order to deal with the pain they experience. It was not uncommon for them to also mention that even after taking medicine they still feel pain that it is something they just put up with. The medicines they use ranged from Morphine and Percocet to Tylenol 3 and Fentanyl Duragesic. For different reasons two of the veterans did not take medicine to alleviate the pain. Frank, for example, requested that the doctor not prescribe him any hard drugs, as he stated “I’d rather feel pain and know where I’m at than not feel pain at all.” Chris, on the other hand, suffers from PTSD and is taking medicine for it. It appears that he refrains from taking medicine for the pain when possible because he does not want the medicines to counteract. The veterans also mentioned the use of therapeutic steroid shots to manage pain.

Fourteen of the men were asked whether they have used any kind of complementary and alternative medicine (CAM) for pain-management related issues such as acupuncture or massage. Only five men had. One had used chiropractic care, one had used acupuncture, and three had used massage. A few men who had not used CAM were asked if they would be interested in trying, and these men said yes. One of these men identified a barrier to CAM use in that it would be too costly. Importantly, a couple of veterans did mention self-medicating and abusing alcohol due to the pain they experienced. Their experiences with managing their pain are illustrated below.

#### ***Prescription Drugs and Pain Killers***

- They gave me pain killers, muscle relaxers; I don’t know what the heck they were. It didn’t do any good, so I just never went back for it. It’s like you just put up with it when it happens (Liam, Army, White, BK).
- I’m medicated, and a lot of it I just put up with it. I take Percocet. I take it three times a day and Morphine twice a day. It’s a small pill. I take one in the morning and one at night, and Percocet is one in the morning, one in the afternoon, and one at night. [I take it] every day. It helps. It doesn’t eliminate it, but it helps (Shawn, Army, White, BK).
- I take gabapentin [for the pain]. That is something they gave people for epileptic [seizures]. [It] interferes with your nerves and pain. And I take etodolac. I told the doc, I says look, I don’t want any hard drugs. I says I want the minimum that you can give me. I don’t mind if I feel pain. I’d rather feel pain and know where I’m at than not feel pain at all (Frank, Army, White, BK).
- I do have a prescription for Tylenol 3 that I take. In the daytime I’m usually active enough that the sensation of pain is somewhat mitigated. But when I go to bed I may get a throbbing sensation that I anticipate is going to interfere with my sleep, [so] I take a Tylenol 3. I’ve tried some other medications, but Tylenol 3 for me acts promptly, and there’s no residual the next day. Some of the other stuff they’ve given me was still two or three hours before relief, and the next day I felt like I was sleepwalking. And I would probably take in the course of a month maybe seven or eight capsules of that. I go two weeks, and I take them three days in a



row. It is an extremely unusual circumstance for me to ever take two doses of any pain medication in one day (Willy, Army, White, AKBED).

- I've got back pain, and I have one of those pain patches called Fentanyl Duragesic, and I get one of those every three days. It says 75 mgs or something like that and [I use] Percocets too. Now sometimes if my arm's really killing me, and it's killing me for more than just a few minutes because sometimes it's only five second—but if it's going to be one of those that lasts an hour or longer like that then I'll pop some Percocets to try and help kill the pain. They sort of help a little bit even though they're not supposed to (Pete, Marines, White, AE).
- I get medication pain from my doctor, but I take a cocktail of stuff for Post Traumatic Stress Disorder, so I try to stay away from the pain medication. And they give me whatever I want of it, but I don't like to overdo it. But when I get to hurting enough I'll jump on it without any reservations, but I don't like a steady diet of it. I don't think it's good for you. Plus I've got so many other medications I take for PTSD I don't want them to counteract or whatever. Because the PTSD stuff, if I take it like I'm supposed to I keep a pretty good attitude and a pretty good mood and stuff like that. So I don't jump on a lot of the pain medicine because I don't want to mess that up. So I'm between a rock and a hard place (Chris, Marines, White, BK).

### ***Muscle Relaxers***

- Certain times of the year I'd get phantom pains, and I would go and the doc would give me some muscle relaxers and that seemed to help (Gary, Army, White, BBKA).
- They gave me pain killers, muscle relaxers (Liam, Army, White, BK).

### ***Steroids***

- I had the series of the steroid shots. I've been through like three or four series of them. [But] now at 62 the damage is done, it's not going to get better. One doctor wanted me to go see a pain specialist...because he can't write a prescription for [the pain, but] I'm not going to go through the series of shots again because it don't last (Shawn, Army, White, BK).

### ***Using Complementary and Alternative Medicine (CAM) To Manage Pain***

- [I have used a] Chiropractor...I just did that recently. I got a back problem. Lower back has been bothering me. It's better today for the first time. It's starting to come around. Now whether it's the chiropractor, the Ibuprofen, or what's doing it I haven't got a clue I guess or healing on its own maybe (Troy, Army, White, FAK).
- I've been through a lot of different things. I've tried acupuncture [for headaches]. At one time, I thought it might be [helping]; it eliminated some of the headaches. I thought that might have been helpful but it, there again, it was just a short-term thing. Like almost like he hit it, and I said that's it, and then it was gone. They couldn't find the spot again (Shawn, Army, White, BK).
- The one thing I found is massage. If I massage, sometimes [it] will work the opposite and will stimulate the legs into making the nerves go crazy. That's one thing I did find out. If

they work on my lower back for some reason that's where it's at, and usually when I go to a masseuse, I tell them not to worry about my lower back because I've known what it will do. But other than that yeah, it works, it feels great on the arms and shoulders and my backside (Gary, Army, White, BBKA).

- My wife is a physical therapist, so I have a ready massage, masseuse, if you will, and again there's a real struggle that's been a part of my life to keep the intimate part of my life intact by not being a patient and keeping my wife as, in her role as an intimate part of this relationship and not my caregiver. So this is not something I do once a week maybe but if there's a need because I've got some discomfort she's sure willing, of course she's willing to do it all the time, but one of the reasons that we have been so successful in our marriage is we have tried to keep our relationship more like it was when we were dating and newly married and being a caretaker really is a drag on that. So, do I use other forms? Occasionally I'll have her give me a massage, particularly in my hand because that's my greatest complaint. I've not tried acupuncture. I would welcome the occasion to do so, and once in a, a couple times a year I'll get a massage from a professional masseuse (Willy, Army, White, AKBEDHD).
- [The phantom pain is] something that I'm used to, and if I massage the stump that is giving me the phantom pain it will go away shortly (Ian, Army, White, BBKA).

#### ***Barrier To CAM Use***

- [I would be interested trying other types] Yeah, probably and acupuncture maybe. It's crossed my mind, yeah. You know, it's an expense again to get started in with. They've got to take all kinds of do this, do that or sign you up and there are fees to get going on it. I guess I'm too used to having a VA and no cost (Troy, Army, White, FAK).

#### ***Alcohol***

- My drinking began as self-medication dealing with phantom pains that just seemed to trouble me at evening. [That] probably [started] within the second year after my injury, and [it] became an ever-present thing until '88 when I finally quit drinking. [My drinking] escalated. [It] used to [be that] the only drinking I did was at bedtime, and then you start adding in all the other occasions, and [then] you have a dependency that you never intended to have. That's where I ended up (Willy, Army, White, AKBEDHD).
- [My drinking was related to my PTSD] and the phantom pains. I was doing pretty good but actually compared to some people I guess I really wasn't. I thought I was, but I would drink, oh shoot, at the most usually a 12 pack a day and that was rare, and I could go through a bottle of rum or tequila in maybe two days. But I know there's people drinking more than that. [And] I [drank] until they told me that I've got hepatitis C, and I had to stop. That got me to stop right there (Pete, Marines, White, AE).

#### ***Other***

- [I have back pain and] basically all I do is soak in my hot tub or in my bathtub with water at about 108 or 109 degrees, and my wife will put some salve, some sort of Ben Gay type of stuff on it (Owen, Marines, Black, AK/BK).

- What I've found is, I can take myself and put myself in a plane on the ceiling and actually look down on my body—it sounds funny—and weather about anything that comes through when I was in a hospital in Japan and that still works today. I don't know what you want to call it, but that's what I do to do that (Frank, Army, White, BK).
- [To deal with the phantom pain] sometimes I just lay on the floor and grovel. Seriously. The only time I can get any kind of slight relief from the pain is [when] I'll grab my stump with my right hand and squeeze as hard as I can, and sometimes that lets it up after [a] while [but then] sometimes it doesn't do a damn thing. Sometimes I just have to put up with it (Pete, Marines, White, AE).

## **G. EMOTIONAL HEALTH**

In this section, the experiences that the veterans had with two dimensions of emotional health -- mental health issues and drug and alcohol abuse -- are described. In the excerpts below, it is clearly illustrated that several of the veterans experienced PTSD and major depression at some time following their combat experiences. In regards to drug and alcohol abuse, several had experienced such problems and only two of these specifically said it had nothing to do with their combat and limb-loss experiences. Importantly, all of the others who reported drug and/or alcohol abuse attributed such abuse to a factor related to their combat and/or limb-loss related experiences. Specifically, they used alcohol/and or drugs of some kind to better manage and cope with limb-loss related pain or PTSD. These experiences are illustrated below in two sections: Mental Health Experiences and Drug and Alcohol Experiences.

### **G1. Mental Health Experiences**

Each of the veterans were asked about their current mental health related experiences, including whether they had depression or Post Traumatic Stress Disorder (PTSD), and whether they sought care for these health concerns. Six of the veterans stated that they did not suffer from PTSD or other mental health issues related to their service in Vietnam. The remaining veterans all experienced PTSD, depression or anxiety. Those who described suffering from PTSD mentioned feel certain emotions, such as anger, guilt, or a “burning feeling inside”. It was not uncommon for the veterans to have nightmares about their experiences and one specifically mentioned suffering from “guard duty syndrome,” during which he would secure the perimeters at night. In the most extreme case, one veteran sought help after he began having violent thoughts directed towards the town mayor.

A couple of the veterans held negative perceptions of PTSD, although this only seemed to be a barrier to receiving care for one of them. In one case, it appears that the stereotype of PTSD made him think that he actually did not suffer from PTSD because he “didn’t go around wearing [his] jungle utilities or have this thousand yard stare and all [those] things you see that Hollywood does.” The same veteran also made note that he did not receive counseling when he first returned from Vietnam because he felt he did not need it, and also because such counseling did not exist at the time. The second veteran commented, “if you went to the psych ward everybody figured you were a nut and your career was ended.” The comments that these veterans made about PTSD illustrate that there may still be a negative perception of the disorder within the military community.

The last category, “Other”, contains the few veterans’ whose descriptions of PTSD do not clearly fit in with the others. One talks about having severe anxiety, for instance, but it is unclear if it is directly related to PTSD. Another describes talking with someone about his experiences that seem to indicate he suffered from depression. Lastly, one was hospitalized in a psychiatric ward, but it appears that this may have been related to the difficulties he was facing during a divorce more so than the experiences he had in Vietnam.

Overall, several of the veterans describe emotions and experiences that point towards PTSD. Although each of the veterans’ experiences of PTSD were unique, common themes such as experiencing nightmares and feeling anger, guilt, etc. did arise. These experiences with mental health concerns are illustrated below.

## **PTSD**

- Mental health care was pretty decent. [But] it took about 12 years before things really started turning around. I was totally out of it, you know, alcohol, drugs, the whole thing ....I guess [other symptoms of PTSD would be] anger and there was a lot of nightmares. [I] couldn't sleep. Things just weren't right. It's very hard to explain. I wouldn't talk to the psychiatrist for a year and then one day I opened up and I haven't shut up since...[But it helped to talk to a psychiatrist] because then you realize that your feelings [aren't] wrong. Everything became real. It came to a point we say well now we got to deal with it and go with it instead of trying to hide it and mask it. [So trying to hide it didn't work very well. That] got me in a lot of trouble. I mean you can only drink so much. You can only smoke so much...pot. [But now my emotional health is] a lot better because I've learned to cope with a lot of different things. So everything actually became better. I mean you can't continually dwell on the past. You've got to give that all up and then go on. You've got to become something else. And I think I've done that. I've got a relationship with my granddaughter [and] my kids [and] my wife. [But] in the beginning, it was very hard. Because [I] didn't know why [I was] feeling certain feelings. [I] just didn't know (Shawn, Army, White, BK).
- I've been [receiving treatment for PTSD for several years now]. 2001 I was in-house for eight weeks and I've had about three 12-week sessions since then. [And the] PTSD is bad. I live with that every day. [So] personally for me [my emotional health is] not real good. I don't have any close friends. I don't golf. I don't do anything outside of the house. [So] once for eight weeks in-house and about three 12-week sessions out of the house. I'd go in every week and talk to somebody...[But I didn't get help prior to that for PTSD because] I was so busy. I didn't know it was a problem. So that's pretty well the way it's been. [So I didn't get help because I was really busy with work but] when I got out and had time to think [I started to have problems]. When you [feel] pain [it] all comes back on you. I have it every night when I sleep and [it does] wake me up. And it all comes back on you, different portions of what happened. [But I sought treatment in 2001 because] I had an automobile accident and I had some pain from that and it was back in the nineties but it triggered things and it just got worse. And then we had a mayor here that came into the city [and] first thing he did was fire 60% of the people including the police chief in the city. We're a city of 4,000 people. It's a small city. You don't threaten the security of my family no matter what, I felt threatened, and I was wondering where and when I would kill him. There's not a question if I could. I've been through that before. It was with what and how and I finally went to the VA and I said I've got to talk to somebody because I wasn't here...When I did go to the VA, I felt guilty in going because what happened. I lost all the men in my squad. I lost two E6s, one lieutenant and possibly a second lieutenant that was above me. It was not a good time...[And] the last time I saw the lady I said PTSD, it's kind of like your shadow most times there's a left and right and you base all your judgments on that. Sometimes you're lucky, it's behind you, and you don't see it. But sometimes it's dead in front of you and it stops you. You don't want me to go away but I go away (Frank, Army White, BK).
- I had posttraumatic stress when I came home...[I received care for it from a] private provider...[But my emotional health is] fine [now]. I keep myself busy with a lot of different things so it's not like I sit around the house and get depressed. I'm always on the move so I'm always doing stuff....I used to have a lot of dreams. I mean I got blown up and I used to

have dreams and at the end of the dream I got blown up so I would blow up and I'd wake up. And then I had guard duty syndrome where you have to get up. You automatically wake up in the middle of the night and you walk around the house and check the doors and do all that kind of stuff. And I've pretty much gotten away from that. I feel more secure within myself I guess...[But I'm not currently receiving treatment for PTSD and the care I received in the past] was voluntary. I knew I had a problem [because] I wasn't sleeping and I was having dreams and I was argumentative. I knew I had to try to get this stuff out of my system. So a bunch of us had got together with the psychologist and we had a round table where we all talked and brought out all our different experiences and that seemed to really help. And then a friend of mine who was a schoolteacher hooked me up with the Daughters of American Revolution and made me go around and talk about Vietnam to all these little old ladies and it really got all my frustrations out. I mean the first four of five times I did it I would have tears coming out of my eyes and the more you express yourself and the more you talk about it and got it out of your system the better you felt...I know [my] first [divorce] was [related to PTSD]. It's a combination of different things. We got married too young to begin with and she was ready to go out and have some fun instead of taking care of kids. That was part of it but also I didn't help any because I would come home and just sit kind of blank after I got off work. It had to be some sort of PTSD [and it was] just one of my wakeup calls I guess (Gary, Army, White, BBKA).

### ***Negative Perceptions Of PTSD***

- [My emotional health is] alright. I get some emotion when we talk about the war but it's not like I'm walking around the house with an M16 doing guard duty at night, you know. I'm pretty much okay. I don't go doing anything that I've seen wacko people do but I did fail the PTSD test that the VA had...That was when my friends were trying to convince me that I actually had PTSD and I refused to believe them until they showed me a couple of websites and one test that the VA had was 10 questions and I had nine out of 10. I got it I guess...[And at that point, I hadn't sought treatment for PTSD because] I didn't have it. I didn't go around wearing my jungle utilities or have this thousand-yard stare and all these things you see that Hollywood does but I just let things slide and lived with it. [But eventually I went to the VA because] it's hard to explain but [I had] a burning feeling inside of me. [And I felt this] if I start going over [what happened in Vietnam]. It just gets pretty bad. It's not like I tell anybody about it much. [I] probably [told people about what happened in Vietnam] two or three times in the last 10 years...[Today my civilian doctor has] me on Zoloft and then Wellbutrin. I take those two and Abilify. I just started taking that a couple of months ago. It seems to [help]. [And] my wife tells me [that] I suffer from PTSD but I don't [think I still do, although] they give me medication for it. I take the medication and I'm happy with that. [I take] Trazodone at night for sleeping and bupropion [But I did receive treatment for PTSD in the past]. I guess it was about 10 years ago at the VA hospital they had me see a psychologist and we talked about this, that, and the other thing and Vietnam and all that...[I went to the VA because] my wife kept telling me I was doing strange things and that maybe I should go see somebody about it and so I did. And they come up with a medication and I've been taking the medication since then. Now when I go into the VA my current doctors are always saying, you sure you don't want to go over to behavioral health for a consult and I always say no, I don't need it...I don't believe there was [any counseling available when I came home from the VA]. None that I know of...[But I was] tossing and turning at night, nighttime outbursts, and night sweats, and I used to wake

up in bed and the whole bed would be soaking wet from sweating and I didn't realize what it was or why. I just thought it was hot and that's when we discussed it, [my wife] and I, and she said maybe you ought to talk to somebody at the VA hospital about it. Which I did and I think it's helped, the medication has helped a great deal (Bob, Army, White, AK).

- I go to a civilian psychiatrist and he's super....I take a cocktail of stuff for Post Traumatic Stress Disorder...[I see someone] every month [for my PTSD]. I go once a month to the psychiatrist and he's got me in pretty good shape. But all that jumps back on me when I get ill about not being able to ambulate because of the damage in the right real leg and the damage from the stump you know. That just brings all that old junk up and I get a little bitter...When I was medically retired from the Marine Corps I was diagnosed with what they call anxiety reaction. I had that same stigma that these young troops have today. [You] don't want to go [get help] and back in my day, it was probably even worse. You know, if you went to the psych ward everybody figured you were a nut and your career was ended and I was career-oriented Marine. [So I] didn't want anything bad on my record that would keep me from getting promoted so I know what they're going through. But the system is trying to change that now thanks to veterans' advocates—I'll pat myself on the back for that. They've got to be more open with it and a couple of years ago some general admitted that he had PTSD and so that kind of opened the doors and the rule now I believe with DOD is to train officers and senior NCOs to be darn sure that there's no stigma attached to a person that goes in about a mental problem (Chris, Marines, White, BK).

#### *Other*

- I take a pill for anxiety which I have a problem with. [I don't like] tight spaces. [I have] claustrophobia—church pews, dentist chairs, barber chairs. Any time that I'm closed in medication helps immensely...[I was] always somewhat embarrassed about the whole thing [because I] can't even go in a church pew unless [I'm] on the end or something (Troy, Army, White, FAK).
- [Have I ever received mental health care?] Yes and no I guess. I kind of got roped into it...I spent five days in a mental ward. When I was getting divorced, I [asked] my ex [if] she wanted me to just go out and kill myself. And I admitted that I said that and they locked me up for like five days...[But] I didn't have any problem when I went in. I talked to the shrinks and my ex told me that her and the kids needed to fear me because they thought I could kill any of them at any time. I don't know what the hell they were talking about...[This happened] about 20 years ago. [And] I never saw any paperwork on it when I got out. It was just like okay your five days or whatever the hell it was are up and goodbye. [They didn't put me in continuing care]. And the only one I ever heard anything negative from about it was my ex wife. Of course she had so many stories [that] I don't know [if] she was [was just] trying to keep me from the kids or what but when I ended up getting divorced the kids stayed with me. So I had a 13-year-old boy and an 11-year-old daughter and they both stayed with me instead of going with her. So I must not have been too mentally unstable (Liam, Army, White, BK).
- I think they're both good [my mental and physical health]. I wouldn't say excellent. I'd say they're both good. About less than two years ago, I begin to experience, it was strange to me

but I presented myself to [a] physician [and] he said [I had] classic depression and [I started] taking a medication for that which seems to have mitigated to a great degree the symptoms that I was feeling. I did not take pleasure in things that normally I would do. I was somewhat lethargic. I was not as active and you got to understand two days like that in a row I'd experienced previously in my life. [So it was really out of the norm for me]. Three days in a row I was in record territory and for me to suddenly have this diagnosis of clinical depression was certainly a change. [And] aging may have [have been] a component which led to that. But aside from that I mean I've never contemplated suicide or any of those crazy things...I went to a psychologist who was a pastor of a church and he's just a real easy person to talk to and I just laid out to him what I was feeling. [I] said man something is happening I don't know what it is and [I] described it and he said has anyone ever talked to you about PTSD? And he said have you ever had periods where you were blue or anything like that. And I said well, a couple of days I've done that but it's usually related to something specifically [that] I've done or [that] I failed to do that was just dumb or inappropriate or wrong. [And] he said well what you've just described is a classic description of depression. [And] all I knew was I was willing to try anything to kind of get me out of that and we went to a couple different medications before we found one that seemed to have no other side effects and enabled me to engage in life again (Willy, Army, White, AKBHD).



## **G2. Experiences With Drug And Alcohol Abuse**

Some of the veterans discussed drug and alcohol abuse after returning from Vietnam. It is clear that most of these veterans were using alcohol to self-medicate as they sought to alleviate their symptoms of PTSD as well as phantom pains. Two veterans seemed refrained from attributing their alcohol abuse to their experiences related to Vietnam (PTSD, pain, etc.) while the others all attributed their alcohol and drug abuse to the physical or emotional pain that they experienced due to their injuries and service in Vietnam. For the most part, the veterans coped with their problems by drinking. Many of the veterans who did abuse alcohol acknowledged that the abuse had a negative impact on their lives. Although alcohol abuse was the most common drug/alcohol problem discussed by the veterans, two did mention smoking marijuana. One of those two also commented that in addition to smoking marijuana he uses acid to deal with PTSD. These experiences are illustrated below.

### ***Alcohol***

- I [was] treated for alcohol [alcohol problems]. I haven't had anything to drink since last August. They gave me a medication that's supposed to help with the craving but I don't know if it really does...[I used to golf with a friend of mine]. That's where we did a lot of our drinking and that's one of the reasons I back off on it [golfing] because I don't drink anymore. I've been in the process of quitting for seven or 10 years now (Troy, Army, White, FAK).
- I drank an awful lot of alcohol in my younger days. About 1987 or so I just one day up and quit and didn't drink until about the year 2002. Now I can have a few beers and not go crazy with it. I don't drink every day. I might have maybe one or two beers a week at most...[But then] I knew I was getting out of control. I was drunk all the time and I just decided that wasn't a very good life...[I had kids] and they were getting up to the age where I should [have been] giving a little bit better example of what you should be doing as adults. That was part of why I quit...I don't know [if drinking was part of my dealing with combat related stress]. Alcohol[ism] runs in my family. My father was an alcoholic. My older brother's an alcoholic. My uncles were alcoholics. So I just figure [my drinking] might have [had] something to do with that. [It] runs in the family (Bob, Army, White, AK).

### ***Alcohol Use To Deal With Phantom Pain And PTSD***

- [I had an alcohol problem, at one point] I almost bled to death from drinking and I literally bled everywhere...[I started drinking fairly shortly after I got back to the United States]...the anger [I felt influenced my drinking] and there was a lot of nightmares. [I] couldn't sleep. Things just weren't right. It's very hard to explain. And everything became a fog because of the alcohol. I was drinking a fifth of whiskey a day...[But eventually not dealing with my emotional problems] got me in a lot of trouble. I mean you can only drink so much. You can only smoke so much...pot (Shawn, Army, White, BK).
- [The drinking was related to PTSD,] and the phantom pains because [drinking] did take care of phantom pains...[I thought] I was doing pretty good [emotionally] but compared to some people I guess I really wasn't. I thought I was but I would drink a 12 pack a day [but] that was rare [but] I could go through a bottle of rum or tequila in two days. But I know there's people drinking more than that...I did [that] until they told me that I've got hepatitis C and I

had to stop. That got me to stop right there...It's funny. I quit drinking just like I turned off a switch. Didn't crave it anymore at all. I'm that way with cigarettes too (Pete, Marines, White, AE).

- My wife has been inordinately a tolerant person. I went through a period of extreme use of alcohol back during the eighties and finally in 1988 realized that the best way for me to deal with alcohol is not deal with alcohol. I was a very difficult person. [I was] self-centered and manifested all the characteristics of someone enthralled in an addiction. And she tolerated me during that period and since that time I have [become] a much better person than I [had] been....My drinking began as self-medication dealing with phantom pains. [My drinking started] probably within the second year after my injury and became an ever-present thing until '88 when I finally quit drinking. And of course, it escalated. [Before I quit it] used to [be] the only drinking I did was at bedtime [but] then you start adding in all the other occasions and first thing you know you have a dependency that you never intended to have. The period of time that I was drinking coincided with [my children's'] early teen years and they had become somewhat aloof by the time I stopped drinking. [They] were not overly trusting of me and weren't for a number of years later until I kind of won back their trust. They have a tendency not to talk to me [about] the difficulties that I created in their lives at the latter part of my drinking (Willy, Army, White, AKBHD).

#### *Other*

- [It was] September of 1968 when I started [smoking marijuana] and I'll let you know when I stop...But back then the first couple of years [I smoked] was over in 'Nam and it was only when we were in a safe area and since I was out with a rifle company we were hardly ever in a safe area. I think I smoked about three or four times both tours I was over there....I wasn't really drinking alcohol right when I came back. It was like a year later before I got a good connection for some pot and about the same time, we got some psychedelics and that helped. And that's one thing that I kind of thought was interesting because I saw in the paper the other day that they've found out that acid or LSD can help PTSD sufferers. [And] I think it did [help me]. I really think it helped me a lot. I never had a bad trip and it just gave me a chance to look inside myself (Pete, Marines, White, AE).

## **H. ASSISTIVE AND PROSTHETIC DEVICES**

All of the veterans were asked several questions dealing with rehabilitative and assistive/prostheses devices used, including the following questions: Do you currently receive any kind of rehabilitative care around your limb-loss? If so, can you describe your experiences? In terms of prostheses/assistive devices, what kinds of things do you use or have chosen not to use? Can you tell me more about that? How about using your own homemade things versus professional aids? In response to these questions, none of the men currently received rehabilitative services and none used any homemade versus professional aids. All of the men described using or explained why they did not use specific kinds of assistive devices or prosthetic devices. Their experiences are reported below in two sections – Assistive Devices and Prosthetic Devices.

### **H1. Assistive Devices**

During the interview the veterans gave various descriptions of their use of assistive devices ranging from very limited (or in some cases no use) of assistive devices to daily use of assistive devices. Some veterans who did use assistive devices discontinued prosthetic use for unclear reasons and switched to using wheelchairs while others continue to use prosthetic devices in addition to electric wheelchairs. Some veterans also spoke of incurring injuries to good limbs as a result of using assistive devices. Two, for instance, experienced hand problems as a result of using manual wheelchairs. The remaining two mentioned shoulder problems and although it is not clear when such problems began for one of them, the other veteran stated that his shoulder problems were directly related to the use of crutches.

Other descriptions of assistive device usage included the anticipation of increased reliance on such devices and regretting not using assistive devices (overcompensating for one veteran who did not use assistive devices such as crutches appears to have worn down his body more quickly than he believes it would have otherwise worn down if he had been using crutches from the beginning). The use of assistive devices in public was also an issue that some veterans mentioned. While one spoke of overcoming concern of public wheelchair use, another noted that he avoids using assistive devices in public. Both of these veterans' stories bring to light the stigma associated with physical difference.

Advances in wheelchair technology were helpful for one veteran, while two others held negative aspects of power chairs. This stemmed from their experiences of power chairs being too heavy to lift in and out of cars while another vet cited his fear that a power chair would lead him to be sedentary and would therefore negatively affect his health as a negative aspect of power chairs. Some veterans mentioned adaptive driving which ranged from hand controls to a left-footed throttle. Lastly, some mentioned the use of adaptive and accessible housing in living with their injuries. One veteran received a housing grant to modify his home in order to make it wheelchair accessible while the other decided to move to a more accessible house. These experiences highlight the difficulty veterans face when adapting to the environment after being injured.

The veterans also discussed their reasons for using assistive devices. Such reasons ranged from the fact that the prosthetic did not fit and crutches were easier to get around on, to experiencing pain while using prosthetic devices. Veterans also mentioned using canes and wheelchairs when they are going to be mobile for extended periods of time. For these veterans, the use of assistive devices is limited to when they know they will be walking more than usual. All of the above experiences are illustrated below.

## Descriptions Of Assistive Device Usage

### *No Or Very Limited Assistive Device Use*

- [I don't use any assistive devices] (Liam, Army, White, BK).
- I've got a real strong upper body because I was on crutches for 13 or 14 years after I got hurt. I got hurt in '71 and then I kind of gave up the crutches finally in '93 or '94 and I use them occasionally now when I have to be off my leg if I get a breakdown or they're working on my leg or something like that then I'll go back on the crutches but that's the only time I get, you know, I might get stiff or sore if I have to use the crutches for three or four days (Jason, Army, White, BBKA).
- [I used a wheelchair] while I was in the hospital at Fitzsimons but since then I've [hardly] used it, I've had three in hospital stays due to my leg. I had an operation in January of '71 to take out my patella, left patella, and that site got infected and really I had that infection in my left knee up until, well I probably still have it. I get drainage out of that left knee yet but and so I've been in the hospital three time for flare-ups of cellulitis and stuff like that because of that infection and so I've been in a wheelchair for that but other than that no, I haven't used one (Jason, Army, White, BBKA).
- [All I use are prostheses]. That's all I use. The only other thing is a wheelchair (Ian, Army, White, BBKA).

### *Wheelchair Use Only Or Increased Used Of Wheelchair*

- Right now [all I use is a wheelchair]. I quit wearing prostheses back in '85 (David, Marines, White, AAKA).
- [I don't use prostheses anymore]. A chair was always my principle means of moving around and ambulation. Even when I had my prostheses that probably did not represent 1% of the time that I was up and out. It's a one-arm drive chair and it's still used for probably 70% of my activity. I [also] have the power chair (Willy, Army, White, AKBEHD).
- [I don't use prosthesis]...I mean I learned how, you've got to understand I was probably one of the top 100 people in the United States as far as speed in a wheelchair and to me wheeling in the wheelchair was just like gliding down the road or being on roller skates...I also ran the 100 yard dash because I was actually a basketball player and so you're used to charging (Gary, Army, White, BBKA).
- I [now] have an electric cart that I move around in the house with. [I started using one] about three years ago. The brand is called a Golden Champion. It works fine. Normally I wear my leg almost all day long and then when I get home after work and everything and I know I'm not going out anywhere then I take my leg off and use my cart around the house (Bob, Army, White, AK).

### ***Assistive Device/Overcompensation Of Good Limbs Related Injury***

- Well so far [my hand] it hasn't acted up so that's good. I ended up having a trigger finger they had to fix and that was two years ago. Gripping your hand the same way around the rim of the wheelchair and it locked, the tip of the finger locked it wouldn't pop back. So they had to cut the tendon hole a little bigger so it wouldn't rub on the hand. About a 10 minute surgery and it was done and two weeks later the soreness went away and the finger never did, went back to normal so it worked out fine (David, Marines, White, AAKA).
- The most significant concession I've had to make due to my injury over the last 42 years is the fact that I have begun to limit myself because I've worn my left hand primarily out. I've just used it to push around with a wheelchair. I didn't get a power wheelchair until three, four years ago, four years ago, 2006, some 38 years after my injury (Willy, Army, White, AKBEHD).
- [I used to use crutches and canes] but I haven't used those, I would say in years. I don't know how I'd do with them now because I'm getting older and don't have the strength in my, both my shoulders were tore up. When I was a young buck I was okay, you know, and that but my left one's bothering me quite a bit. But I don't use them now. [My shoulders] were hurt in Vietnam. I didn't say anything. I had so much pain at the time, the shoulders were trivial (Frank, Army, White, BK).
- [Because of my shoulder problems, I only use crutches] occasionally now. And my shoulder surgery was because of walking on crutches for all those years, not always walking on but using crutches a lot. I have an electric cart that I move around in the house with...[I started using that] about three years ago (Bob, Army, White, AK).

### ***Anticipating Increased Reliance On Assistive Devices***

- You know you think about [other assistive devices] every now and then, you know, walkers or whatever. Probably walker is the thing I'd be looking at some point or a wheelchair I suppose but I don't have any mobility problems right now at all. It's all yet to be seen I guess (Troy, Army, White, FAK).
- One of the nice things is I've got something to fall back on in that the VA is there and it's also here in town and I know most of the people out there. So if I need some piece of equipment I know I won't get too big of a hassle to get it whether it be a wheelchair, manual wheelchair or an electric scooter or probably eventually an electric wheelchair. We did take advantage of the Specially Adapted Housing grant back in '86 when we built the house that we're in now and so it's totally wheelchair accessible, at least the first floor is. And so that, I will say that I'm very appreciative of having that cushion behind me, you know, In case I need something I know it's there (Jason, Army, White, BBKA).

### ***Regretting Not Using Assistive Devices***

- Well, I used to hop [into the shower], okay, but I learned my lesson probably too late. Okay, that wasn't good for my left knee. Because I was always athletic and stuff and again for years I just hopped anywhere I wanted to go and get out of bed, just hop, without bothering with my crutches. It would have been wiser, okay, to use the crutches from day one

regardless because that's not good on my left knee. But now I don't hop anymore. It's just my knees started to wear down. I always use my crutches...I sort of wish that someone would have said to me years ago use your crutches. Don't hop, no matter, how youthful you are and how good you're feeling, use the crutches and because there will be a price to pay for that years later...I had the folks at Kaiser look at it. They said there's not a whole lot they can do, okay, you know, so therefore just don't do anything that would injure it, be careful with it, and so forth. And it's not like it's a constant issue. As long as I don't put much pressure on it, don't do too much stair climbing and so forth and then it doesn't cause me major problems. If I put any kind of pressure on it or if I step wrong and then it will feel sore (Greg, Marines, Black, AK).

### ***Overcoming Concern Of Public Wheelchair Use Due To Increased Pain***

- I reached a point, in fact I can almost remember it as if it was yesterday. I was living in Seattle. My daughter was flying in with some friends from Louisville where we had just transferred from and I went to the airport, walked out to the gate and everything was fine, walked her back to the car, I didn't have any, you know, a little discomfort, a little cramping here and there. Three or four days later I did it again to take her friends back to the airport, walked them to the gate, and by the time I got halfway there I could not stand up. From that point on I thought well this is stupid, I'm putting myself through this for what? Because I'm concerned that people are going to see me in a wheelchair? And my attitude went, the heck with them if they have a problem with it then they have a problem with it and from that point on it didn't bother me at all, you know, sitting in a wheelchair and going where I had to go. Before that time it was, I would do everything in my power not to sit in a wheelchair. But by the time I was 48 or 49 years old, I said hey you know what this is stupid. I'm not going to put myself through this because I'm concerned that somebody might look at me and say ooh, look at the little crippled guy, you know (Owen, Marines, Black, AKBK).

### ***Avoiding Public Use Of Assistive Devices***

- Yeah, they [cane and crutches] work well when I use them. Yes, they do. You know what I mean as far as walking, the crutches get the job done. Except for example if the stump's broke down and the good leg is giving me a lot of pain I can't do much with the crutches. Once in awhile and as seldom as I can, I resort to the wheelchair and I hate that. No, I don't go out in public with the [wheelchair or] crutches either unless it's some kind of emergency or something. You know, if somebody in my family was in danger or whatever I'd jump on them but I don't just parade around in public on crutches or don't even like to use the stick in public. [I have been using a cane for 40 years but, you know, back when I was young I could use it for a day or so and I'd heal up but you don't heal up as quick at my age. But I have tried to avoid using that in public as much as possible so I just suffer basically which is not the thing to do but that's just the way I was and all....Well, it's [my reason for avoiding the public is] probably some ignorant sense of pride or something I've got because when I, the first 35 years I was out of, blown away like this I walked just like a normal person. I mean I had a gait most people never knew I had a limb off. That's how good I walked, how well I walked. So I took a lot of pride in it and I don't like to be falling apart. Too much pride I suppose is what you'd call it. Just like I see these, read about these new troops today that are coming back and you know, many of them wounded much more seriously than I was—double amputees and that kind of thing—and they run around with the shorts on and all that sort of thing. I never did any of that except at home (Chris, Marines, White, BK).

### ***Advances In Wheelchair Technology***

- Well I used to race but that was back in the early eighties when chairs weren't like they are now. Back then you used usually Everest and Jennings and you're talking about a chair that weighed 35 pounds. I got a really fancy lightweight chair now and I'm still just as fast. [I have] a Quickie. It's a Quickie 2 I believe. It's a fold up. It's powered by me... Yeah, [and there have been advances in technology] that makes things a lot easier, the grip of the wheelchair as far as the tires go, we went from solid chair to tire chairs to air tires, pneumatic. Just like they used to have the little tiny skinny pneumatic tires and now they got the fat ones that I can put on the front of my chair to get around out in the yard because I've got three acres of land here. So, and I like working out in the yard (Gary, Army, White, BBKA).

### ***Negative Aspects Of Power Chairs – Weight, Lifts, And Sedentary Lifestyle***

- No [I don't use a power chair]. One it, one, to me they're too heavy. I would have to get a special lift to get it in and out of my truck and this is just more convenient...its faster [for me to fold it up and get in the car. They don't make speedy lift ramps] (Gary, Army, White, BBKA).
- I didn't get a power wheelchair until three, four years ago, four years ago, 2006, some 38 years after my injury. Part of that was one, I didn't like it. It was too cumbersome and secondly my weight is within four pounds of what it was the day I came out of the VA hospital after physical rehabilitation and I don't know of any other bi-lateral amputee that I've ever met that didn't have some other condition that has remained as fit and thin as I have.... The wheelchair is certainly an improved technology however this particular design of this particular wheelchair has probably been in existence 20 years. It's still the best thing out there for me right now. A day will come when I have to probably, one, because I just cannot imagine ever going full-time to a power chair simply because of the health concerns at becoming a little bit more sedentary. So once I get to where my hand is in such deplorable condition it will not allow me to squeeze both those rims that's on the right side of a chair and propel the chair I'll probably go to a lever action chair which two levers that come out of the hub then you push it forward like rowing a boat almost. I would probably go to something like that and stay out of a power chair until it was absolutely essential (Willy, Army, White, AKBED).

### ***Adaptive Driving***

- Yes I am. [I use a car with hand controls] I attempted to drive a car without hand controls after I got my prosthetics and that didn't work and so I've been driving with hand controls ever since then and it's, you know, it becomes second nature (Ian, Army, White, BBKA).
- Modified is a definition. I'm entitled to automatic transmission, power brakes, electric windows, mirrors that heat. That's about it and that's under VA compensation for assisted, they call that adaptive driving (Frank, Army, White, BK).
- [My] car is modified. I have a left-footed throttle (Bob, Army, White, AK).
- Yes, [my truck is modified with hand controls] (Gary, Army, White, BBKA).

### ***Adaptive And Accessible Housing***

- We did take advantage of the Specially Adapted Housing grant back in '86 when we built the house that we're in now and so it's totally wheelchair accessible, at least the first floor is. And so that, I will say that I'm very appreciative of having that cushion behind me, you know, In case I need something I know it's there. It's a [grant program], with the VA. At the time it was a \$26,000 grant to help you modify existing or build a new home to make it wheelchair accessible. Now it's up to 50 grand or something like that (Jason, Army, White, BBKA).
- I searched for [a more accessible home because I was getting older and due to my injuries], I was living in a home that was a three-story house and four years ago I decided that we needed to get out of there because it was getting more difficult going up and down stairs and everything. So I searched for a house that was accessible or near accessible anyway and I found a current home which is all one floor and wide doors, wide hallways and it fits me perfect (Bob, Army, White, AK).

### ***Improvements In Advanced Communication Technologies***

- The computer and my iPhone [have been great changes over the years]. I mean, seriously it makes me do a lot of things where I don't have to travel to go, I can go and look it up and I don't have to, I don't know. It's much easier to work than any other phone that I've ever had (Gary, Army, White, BBKA).

## **Reasons For Using Assistive Devices**

### ***Using Assistive Devices Due To Poor Prosthesis Fit***

- [I used crutches primarily for the first 14 years or so] My right leg [artificial] was fine. I really couldn't find, like I say, up until then I really didn't have a good one for my left foot and so that was what would be my limiting factor as far as distance and speed was concerned was my left foot. So yes I used crutches pretty much, well you know for short distances around the office, around home, I wouldn't use them but once I got outside or if I had to go anyplace in the building I would use crutches to get around because I could go faster and go longer Jason, Army, White, BBKA).

### ***Relying on Assistive Devices Due To Painful Use Of Prosthesis***

- Normally, no [I don't use assistive devices]. Periodically, if my legs are so bad that I can't stand up on them I'll use crutches. This has happened about four times, maybe five times. Most times it will last four or five weeks and that's when I just absolutely cannot stand up and walk on the prosthesis that I'll use crutches and like I said, out of the last 40 years that's probably happened a total of maybe six months over that 40 year period. In fact, a little period last year where my right leg was bothering me an awful lot and when I went to work I came in my wheelchair because I couldn't, certainly couldn't walk very far without the pain starting real bad and I would just jump, you know, take my wheelchair out of my car, jump in my wheelchair and roll into work and sit in my wheelchair all day. That lasted probably about six weeks and at the end of that six week period I was back to relative norm....I [only really] used the canes and crutches at the beginning, at the very beginning just until I got



acclimated with my prostheses. My use of canes and crutches is very limited. My use of a wheelchair for the last 10 years is much more pronounced. I do quite a bit of traveling and I cannot walk through an airport without having some significant pain and discomfort. So I just jump in my wheelchair. If I know I'm going to the mall. If I'm going to the state fair, if I'm going through an airport and doing any traveling, I just jump in my wheelchair. Probably for the last 10 years I've been doing that. Whereas when I was 30 I wouldn't even think about getting in a wheelchair and didn't have to (Owen, Marines, Black, AKBK).

- If the stump's broke down and the good leg is giving me a lot of pain I can't do much with the crutches. Once in awhile and as seldom as I can, I resort to the wheelchair and I hate that (Chris, Marines, White, BK).

### ***Using Assistive Devices For Extended Mobility Days***

- I have a cane but I don't use it unless I know I'm going to walk for quite a distance and I generally just forget to take it I guess is what happens. But no, I don't use anything else [regularly] (Troy, Army, White, FAK).
- Sometimes [I use a wheelchair]. If I'm going somewhere with the family and stuff and walking a lot, I won't walk. I'll take my chair [its powered by me not electric]. I'm proficient [with it]. I don't use it all the time. Like I said it's only if I'm going somewhere with the family and there's a lot of walking I will use the chair because I would never get to see anything because the limitations in my walking now. [I don't use a care lift for the chair]...we just fold it up and put it in the back (Shawn, Army, White BK).
- [I also use] a cane. If I'm walking more than just around the house I need the cane. [I have always used a cane] If I'm out somewhere and I know I'm going to have to do a lot of walking then I make sure I have the cane with me just to help out] (Bob, Army, White, AK).
- I do have the power chair and when I know I've got a big day and I've got to make several stops in and out and that sort of thing or go a considerable distance or I've got to go over soft terrain—I'm going to be going to a park or something like that—I will definitely take the power chair because I just won't put myself to it if I can help it because the amount of effort it requires to move a one-arm drive wheelchair is considerably more than a person that has both upper extremities (Willy, Army, White, AKBED).

## **H2. Prosthetic Devices**

A few of the veterans never used or no longer use prostheses. Some veterans noted that the prostheses did not work appropriately or were too heavy as the main reason why they quit using or never actually used prosthetics. These veterans were able to make do without using prosthetic devices. Veterans also talked about the difficulty they faced in trying to find a prosthetic device that fit properly. Having such problems in finding prosthetic devices that fit well seemed to be a common problem. A couple attributed this problem to having short residual limbs, while most of the others only mentioned that it took multiple attempts to fit the prosthesis.

Some of the veterans also described their current use of prosthetic devices. It appears that for these veterans their prosthetic devices work well and allow them to function on a daily basis. The veterans also commented on the innovation and changes in prosthetic devices leading to the current devices of today. A handful of veterans noted that they perceive the current devices to be more comfortable and more advantageous than the ones that they initially used in the previous decades. Some other veterans, however, made statements that reflect a negative perception of the newer technology. Of these veterans, two spoke of having experiences in which the newer devices either did not work properly, or were not as effective as older prosthetics.

### ***Never Used Or No Longer Use Prostheses***

- I quit wearing prostheses back in '85...I went and had some stump covers made so I could walk out on the grass when I edge my yard and they worked fine...I get working the chair just as good as I could walking on prostheses. And I don't want to go through all the rehab to learn how to do all that again. That's for the younger kids. I could do it but I'm comfortable where I'm at. [But the newer prostheses are] great. I've seen them work. They're a fantastic set of legs that they've got for the younger people, but I'm happy where I'm at (David, Marines, White, AAKA).
- I don't wear a fake arm because that hurts too much. [My arm has] got a big stitch up the middle of it and when they released me it was still open. I had several wounds that were still not all the way healed and I had to take care of them...I've tried various times to wear [the prosthetic but] then I just got too frustrated with it and threw it against the wall at my house just like in the movies. And [that] cracked the elbow on it. It still worked but it would lock up all the time and it's hard to get it to unlock. And I could've complained more about it and probably got it worked on some but then that would be me dealing with the VA. So I didn't [complain about it]. I did call them around 1990 [or] somewhere around there to see about getting a new arm and they were more than nice about it, but I never did keep the appointment. I called and canceled it...I haven't really looked hard [into the newer technologies]. When I do see things about prosthetics on cable or something it's 99% about the legs. Arms they don't do much about especially when there's above the elbow (Pete, Marines White, AE).
- I don't wear prosthetics because when I started the prosthetics weighed more than I did at the time. [They were the heavy ones with the sock and all of that stuff]. [They were] held on with a strap. Then I learned how to get around faster in a wheelchair and I never worried about it. I did all the gait work. I had a set of legs and they sat in the closet forever just because they were too daggone heavy to wear...I had a set of stubbies [that I used to wear]

because back when I started there were a lot of places that were not handicap accessible so I use my stubbies for places like that. Stubbies are half legs. There's no bend in them. They're a prosthesis [for] your bottom half. They go to where your knees are and then they have tire tread on the bottom. [I ultimately choose a chair] because the prosthesis at that time was made out of balsa wood. Plus you had all that metal in there and this is back before they started using Titanium and they were so heavy that it took three times the energy to walk in them than what it does in a chair (Gary, Army, White, BBKA).

- I haven't been in [lower legs] in 25 years. I've still got them but they're a museum piece. Primarily the reason I didn't use them was playing golf wasn't as much fun and I can go to church without the prosthesis. And that was the two principle reasons I use them. On occasion I'd go back to my campus and go to the military ball or something like that in full uniform but that was years ago. I probably couldn't [even] get in them now (Willy, Army, White, AKBHD).

### ***Difficulty Finding A Good Fit***

- The prostheses I have on now are at least 12 years old, maybe [even] 13 or 14 years old. I am in the process right now—in fact I have an appointment at the end of next week for another fitting—[of getting] a new set of prostheses that are called vacuum moderated or something like that. They're a vacuum leg that is firmer fitting [so you get] a tighter fit and less slippage. They have assured me that [the] sore that I've gotten off and on for years [is something that] I will probably never get again. But I probably won't be using them full time until the end of May...I'm not real big on trying new technology or anything like this. I started off wearing one stump, one five-ply wool stump sock on each leg. I am now up to four five-ply stump socks on each leg. So obviously my stump has shrunk and the prosthesis doesn't fit like it used to, and the more stump socks I use the more uncomfortable I get (Owen, Marines, Black, AKBK).
- I had a prosthesis that I had a lot of trouble with. But I haven't had much trouble recently because I dug an old prosthesis out of the closet and I'm using that one. I [am] having a new one made and I'm supposed to go up and get it this week. I do have another one in the future here. They haven't been able to get it right so I brought it home [and] put that one in the closet. And they ruined my other one, which gave me blisters. So then I dug my old one out of the closet...Well they've got all the pieces on the one that caused the blisters because they had to use some parts off of it too. So they dismantled it [and] I never got that one back which is fine with me because I wasn't happy with it anyway. It's hard to get a new one to fit right. Actually up at the VA they wanted to try some different stuff with me to see if I can get rid of some of my limp and walk a little better [and] that got to be a long, drawn-out process and we never really gained anything [from it]...I have a very short residual limb so they tried hip disarticulation which will be a double joint with a knee and a joint at the hip with kind of a bucket that surrounds your waist and I didn't care for that at all. And then they're trying to find a way to fasten it to my residual leg [and make it] sturdier. I'm actually just kind of sitting on like a table is all it amounts to. So they're trying to attach it and give me a little more control which hasn't worked out but it amounted to a lot of trips and a lot of time spent running back and forth and it got a little disappointing in the end I guess. I

haven't really gained anything [from the new technologies]. Not in 40 years. I really haven't, because of the short, residual stump (Troy, Army, White, FAK).

- I use the right below knee prosthesis, that's a PTB, with a suction suspension and a gel socket and it's an endoskeletal design. The left leg I've got would probably be called a polypropylene AFO (Ankle Foot Orthosis) but it's a really beefed up one and it's got a foot on it. It's plastic [but] to be honest with you when I was in the hospital at Fitzsimons we had a heck of a time deciding what was going to work for my left leg. One day I saw in a book a picture of an AFO and I thought can we try [this and] they were really good and they said sure. So we started from that and then I've gone through many iterations of design on that. The one I'm wearing now I've had since '94—and that finally has done the trick. I've gone through several feet on it but the basic socket itself or the basic AFO has not changed except [it's] gotten beefed up. Initially there was a lot of flexion at the ankle which we couldn't have and it was breaking down so we reinforced that with carbon fiber and webbing and all that kind of stuff so it's kind of bulky but I bang around on it so much that we need to beef up to do it...I wore my right BK leg [and] I had a thigh lacer on it. Like I say I've got a very short stump and the legs that I initially had didn't have a thigh lacer and I had a really hard time finding a good fitting right BK prosthesis. [Then] I saw a guy at the hospital walking with a couple of them that had thigh lacers. So I asked them can I try a thigh lacer and that really made a lot of difference to me because the thigh lacer took up about 30% of the weight and it gave me some really good stability because it [has] metal bars running up each side of your leg. I had hand controls on my vehicles for the first two or three years but after I got the thigh lacer then I could drive without hand controls because I could move between, I had really good stability to move between the brake and the accelerator and I in fact even got to the point where I could drive a four-speed and I drove a four-speed up until my wife put her foot down because every time I had to be off my leg then I had to use her car and she's not very good at driving a four-speed or shift a standard transmission. So she said the next car we'll have an automatic transmission so that if you have to be off your legs I can keep my car. But I actually was kind of proud of the fact that even though I was a double amputee I could still drive a standard shift...I got rid of the thigh lacer about three or four years ago. [One of my] real good friend[s] was a prosthetist [and he] convinced me that the limbs were good. So I've gotten rid of the thigh lacer. The left foot was really a problem for 20 years from '71 until '94 [because of] the combination of the carbon fiber and the plastics and then the carbon fiber foot. Because up until then it was just what they call a SACH foot, just a wooden block with rubber around it. So it was really hard to find a good foot to put on that thing. But [then] they came out with those spring-like foot[s] and stuff like that [and] that really made a difference in the ability to withstand the pounding that I would put on the foot. And the beefiness that we finally were able to get it because of the lighter weight materials. It didn't end up being 10 pounds worth of stuff. I had one that literally weighed 10 and a half pounds on my left foot in order to have it heavy enough [and be] of sufficient strength to stand up to what I would beat on it with. But even then it would break down pretty often. But like I say this one that got built for me in '94 has really made a big difference (Jason, Army, White, BBKA).
- A SACH foot is an old style foot that they used to use on BK legs. It was basically a block of wood with rubber around it. So we'd basically saw the foot in half and then glue that to the bottom of my left, or the AFO on my left foot. [That was done] in order to give me some toe

so I would have some toe off when I was walking and the rubber just never could stand up. It would last a month or two and then it would start to break down. We felt like we were replacing feet every five [or] six months. And then the Flex-Foot started coming out with their stuff and other people started building things for Symes prosthesis. [So] the feet that were available for Symes we adapted to use on my foot. They came out with a really low profile carbon fiber [foot] that you could glue to the bottom of, in this case my AFO, and that held up really well. It took several iterations in order to find a good glue that would hold it onto the plastic that was strong enough. [So] they'd glue it on and wrap fiberglass around it in order to make it strong enough. And then we had a problem [because] once that held then the toe would start to break down as I was walking. I'd put a lot of pressure on the toe [and] the carbon fiber lamination would start to break down but that's gotten better. Now it takes about a year or a year and a half for that carbon fiber lamination to break down to a point where I have to get the foot replaced (Jason, Army, White, BBKA).

- They have built some prosthesis for me that are supposed to have some new graphite foots and all this other stuff on them but they've never got a socket that fit. I think I've had two made that I've never wore regularly because they don't fit right. So I'm still wearing an old one. I think they call it the S.A.C.H. foot and the foot went bad on it again and I went and told them I needed a new foot and they were like oh, we're going to have to special order that thing [because] they don't even hardly make those anymore. Well, sorry about that but that's what mine is....I don't know [why the socket doesn't fit with the newer technology]. They've got tight spots and everything else and...the last one I had built was built for a two ply sock so it was just sore all the time. And the one before that I just couldn't get used to. It hurt just to sit with it. In fact the last two that they've tried to build I think they actually started over at least twice if not three times, rebuilding the whole socket. [The were] just saving the bottom part of the leg and foot and making a whole new socket. [But] they made it just like the one that they just destroyed. It was like no, it wasn't right the first time, you build it exactly the same way the second time and it still ain't right. I almost had them pour a cast of the leg that I'm wearing and say make me one identical to that and then I'd probably be happy. [So] they keep trying but they just can't get one that I feel comfortable wearing (Liam, Army, White, BK).
- [My current prosthesis] It's too old. I need a new one right now. And I can get it but I procrastinate. I like to stay busy and I don't like to bother with that junk to begin with but I've got to. I've already got a call into the prosthetist to come and take a look at this thing. He comes to my house so you can't beat that. For years I had to travel all over the state to find one that would fit like it oughta and this guy's been good for the last two or three legs I've had. Because he comes right to my home [and] fits me up right. [And] I meet him down at the VA and if there's anything wrong with it he adjusts it. He's good and of course you know he is a private vendor but he's accredited with the VA to make limbs. So I don't have a problem there (Chris, Marines, White, BK).

### ***Spare Leg Not Fitting Well***

- I had an episode where my prosthesis on my left leg needed some repair and the spare leg that I had didn't fit very well so for a couple of days that was my biggest issue. It didn't fit

very well and I couldn't walk very well and that makes me kind of grouchy. But other than that everything's been going along fine (Eddie, Army, White, AEAK).

### ***Describing Current Prostheses Use***

- I wear my arm and leg all day. I take my arm off when I'm home relaxing because it's hot and it's just not that comfortable when you're trying to relax. But on a daily basis I'll wear my arm eight to 10 hours a day and I wear my leg all my waking hours. I am on my feet walking around a lot. I'm in the ceramics area at the craft center at [work]. There's a glass shop there, a hot shop, a woodworking area, metalsmithing—it's got all kinds of things and I am the resident artist and I also teach classes. So I'm up walking around [a lot]. I'd say there are days I'm on my feet [for] nine [or] 10 hours (Eddie, Army, White, AEAK).
- Yesterday I was out doing a lot of yard work and I had it on from about 10 in the morning until about six o'clock last night. When I worked I had it on about seven in the morning until seven at night. If I'm able to during the day I will have it on for three or four hours and take it off for a couple hours. So on an average I would say [I wear it] anywhere from six to eight hours a day (Ian, Army, White, BBKA).
- I have about four [prosthetic arms and] I've never throw one away. A veteran, unless they steal it from him, will never give up a prosthesis. So I have the primary prosthesis [that] I wear about 80% of the time. I put it on as soon as I get out of bed in the morning and I take it off when it's time to bathe or swim or something of that nature. It's with me my waking hours. The other one [I] use like if I go bike riding I'll come in and take a bath and I'll put on this sleeve liner as opposed to the heavy duty prosthesis. And I have a back up at each of my two locations. They're old prostheses. They're not as comfortable. I would not use them all the time but they're good for a day while I take the harness apart to put it through the washing machine to clean it up and get all the body oils and [that] sort of thing out of it. [Then I] put it back together and I'm good to go...What I utilize today and what I utilized 40 years ago is almost identical. The prosthesis that I've got on my arm right now that I'm looking at is not one dang bit different than the prosthesis that I had 40 years ago (Willy, Army, White, AKBEDH).

### ***Importance Of Having A Good Fit***

- It is [a long work day for me but] some days I don't put in that much time and I do fine. I mean I get tired but that's one of the reasons my right foot starts talking to me. It's because the floor is concrete and sometimes that flares up but my leg fits really well. [But] if the prosthesis fits you can do pretty much whatever you want to (Eddie, Army, White, AEAK).

### ***Injury Related To Prostheses Use***

- As far as the prosthesis goes it works as good as it always did. In the beginning I didn't have any problem getting around. I mean I still went out pheasant hunting and I ended up with 32 years as a volunteer fireman. So I always got around with it. I couldn't run but I once in a great while played racket ball and volleyball and stuff off and on but as I got older I couldn't do that. Now I attribute my loss of mobility on the fact that everything goes numb and it's not per se the prosthesis that's doing that. It's my hips. It may be caused by the prosthesis but it's not the prosthesis itself (Liam, Army, White, BK).

- I'm in a new one now that's about two years old. Every summer I go back and will get a new prosthesis [because of atrophy]. It changes so you have to get a new leg. We've come a long way from what we had but it's still got the pipe and joint. I forget the name of this new foot but it's got more spring to it and there's a plastic cover that the pipe goes into and your stump goes in. Then there's two sleeves that I wear that holds the leg on. I've been through several legs. I've seen a lot of changes in the style of foot and the style of the actual construction part. Changes in the way it's held on. You know we got rid of the straps. There's a lot of different changes (Shawn, Army, White, BK).

### ***Avoiding Using For Long-Distance***

- [When I elect not to use the prosthesis, it's mostly for long distances so I can keep up with other people and so on]. I can't keep up. I'm slowing a lot of people down (Shawn, Army, White, BK).

### ***Perceiving Positive Aspects Of The Newer Technologies***

- The prosthetics [have] come a long way. They're much more comfortable to wear. I don't get as many sores on my stump as I did back then. I used to get some really bad sores with the total contact suction sockets and now with the new suspension system that they have it's a lot more comfortable and [I get] fewer sores (Bob, Army, White, AK).
- I have a full contact socket with a pin [and there is] a liner which covers my leg. It's a gel liner up to maybe 3/8 of an inch thick. [And] that's a tremendous improvement. And the pin extends into the leg and that gives me a much more positive feel. The old legs used to be connected at the knee and everything else was dangling below that. [But] this extends up another six inches for me so I know more where my foot is at and [I have] much more dexterity with it. The new feet are a tremendous advantage. I use Pathfinder II from Willow Wood. [And it's] the same with the liner and the dexterity and the recovery of energy when you're walking [because] the strike of the heel is unbelievable compared to what [it used to be]. They used to be just mannequin feet. [But the prostheses are] better now. My wife used to cut the grass. I couldn't cut it because I would wear a hole in my skin [because of the] leather liner in the leg and a wool sock to put on it. Now I can cut the grass. [So] the leg experience is much better [when it comes to] dexterity and I never stop. I go up on ladders, up on the roof, I paint the house. I do whatever is necessary because if I don't do it nobody else is going to do it. [And] endurance [with the newer legs are] so much better (Frank, Army, White, BK).
- I lost [my] limb back in '69 [and] at that time it was basically a hinge type prosthesis. You would kick it and it would lock in and stuff. That requires a lot more work but then again I was a lot younger. I was 22 when I lost my limb [but] now the prosthesis is a lot better. I have one now that has some intelligence in it. It has a chip in it so it helps pick up on what it is that you're doing and help make some adjustments and things along those lines. And it does more things like prevent you from losing your balance and things along those lines but then again I'm 63, not 22. So because I was younger I could do more with the older leg than I can [still do] with the newer one. But without a doubt the newer one is better and it's helping me because it would be more difficult for me to use the leg I was using back in '69.

So although the prosthesis wasn't as good I was more youthful [so] I could do more even then with it (Greg, Marines, Black, AK).

- When I first started wearing [prostheses], the legs were made of wood, the sockets were made of willow wood and when you went in to get them adjusted they would either grind or rasp out a place or fill it in with wood putty. Now it's carbon fiber and they have flexible inner sockets so that has changed. And they use the same system for arms. They're basically two sockets. The exterior one, which is rigid and then the flexible inner socket that conforms to your body. But the arm design, the elbow unit, is virtually the same. The SNS Mauch cylinder [is] what I've used. They tried a couple of knee joints but they didn't work very well and this was when I was at Fitzsimons Army Medical Center when I was first injured and we finally settled on this hydraulic one. And it's been proven to hold up really well and it does what I need it to do (Eddie, Army, White, AEAK).
- The old type I had was sort of a leather boot. And when you slipped into the prosthetic the suction was held on by your two side patella bones and you can imagine wearing that type all the time. Right behind your knee or just above where the prosthetic ended all the blood would sort of compile there. Whereas the new type which I've had for about 15 years now is sort of a like a rubber sleeve that's got a pin on the bottom. When I say pin it's a rod that's probably a quarter inch in diameter that you roll on this rubber sleeve and that's the suction itself. And then this pin goes right into a fitting inside a prosthetic and that's what holds the prosthetic on when you're walking and there is a lot of suction with that. The big advantage was while I was working, even now and especially if I'm riding in a car for a long distance, this type of prosthetic [is good] because you've got that suction. There's a button you can push on your prosthetic and the pin will pop loose. You still had the prosthetic on but it's taking that pull off of it so it's much more comfortable and you just don't get that pulling on you all the time...One of the other things that is different and I forgot about is that the foot itself has more spring to it now which gives you a more natural feel like when you take your step and you hit it with your heel it sort of springs you forward whereas before when I first started wearing prosthetics the foot had no action at all to it. Also the new prosthetics have a rubber ball that's inflatable. It's probably about the size of a golf ball and on the prosthetic it has a spot where you can put in a little pump and you make that ball as stiff as you want which helps with the cushioning when you're walking (Ian, Army, White, BBKA).
- I've been through several [prostheses]. I've seen a lot of changes in the style of foot and the style of the actual construction part. Changes in the way it's held on. You know we got rid of the straps. There's a lot of different changes [for the better]. Each one allowed you to something different (Shawn, Army, White, BK).

### ***Perceiving Negative Aspects To Newer Technologies***

- I'm a pretty basic vanilla guy. They have things that are available that I could avail myself of but I have elected not to do so primarily because if I was spending my money there's no way in hell I would do it. A primary example of that is the mio-electric arm [which] is a prosthesis which receives impulses from the residual nerves that you've got left in your stump. [So] for example, if I was going to take my palm and raise my palm up so that the fingers are pointed up to the ceiling, that triggers a whole impulse of nerves on the top side of



my arm and they can locate those and design a prosthesis, a little mechanical hand that will respond to that and open and close based on which nerve endings that they do. It is not overly functional and if that were the only amputation that I had you could wear one of those and 80% of the people will never know that you have a prosthesis unless you started trying to use it. Part of my problem is that I have a really large right hand and all these little skimpy things [are] made for people with smaller hands so I look like a lobster. One big claw and one little claw. I mean what the hell have I accomplished there? Plus you drop glasses. You can't hold stuff with it and with this old technology prosthesis I can carry my plate through the buffet line and hold a stem glass and all this other stuff that I find a lot more important than screwing around with a mio-electric prosthesis. Again the state of the art of those isn't changing considerably. I have my elbow but every single joint that you have is a goldmine. If I didn't have my elbow I would probably have a mio-electric because you would have a better range of use of a prosthesis in a mio-electric when you don't have an elbow. And I go to Walter Reed and I look at the guys in those wards. Almost all of them that are a bio-lateral amputee have an electric wheelchair device of some kind and I'm thinking wow, it took me 38 years to get one. Not that I couldn't have had one earlier but the first thing they want to do is put them in all the toys and I'm afraid some of those guys are going to develop sedentary lives because they've never really got themselves in good physical shape (Willy, Army, White, AKBHD).

- The only disadvantage to this prosthetic is that as you can imagine in the summer and sort of in a day like we have here today which is very humid, you really perspire and I have to be careful with that. In the summer months I will put on a medicated sort of baby powder, medicated powder, and rub it on the stump before I put the boot on and that will control the perspiration (Ian, Army, White, BBKA).
- The last time I had a leg made was about five [or] six years ago. I'm above the knee, I wear a Mauch SNS hydraulic knee right now and I have my whole amputee career. They wanted me to try out a computerized knee from Otto Bock and it didn't work very well for me because it didn't have the capability that the hydraulic one did. The hydraulic one you can lock straight. You can use it for your gait, your normal walking around [and there is] no resistance. And that works well for riding a bicycle because you don't need resistance when you're riding a bicycle in your knee. And the computerized [one] would either lock or be in the gait that you were walking so it didn't do very good. And then you'd have to plug it in every night and if you get it wet it can short and I live in Oregon and it rains a lot here. So that's the only different thing I've tried. Arms are pretty much the standard. I haven't tried an electronic one or anything because I [like] durability. That's what I'm after (Eddie, Army, White, AEAK).
- I have a C-leg. [It] is a hydraulic knee joint that operates off a computer inside. It's battery operated and opens and closes valves after it determines what you're doing with the leg, whether you're in a stance position or it's in a swing mode or whatever and it controls your gait. [I have had it] about four years. [Before] I had what was called a Hydracandace knee and I liked it much better than the C-leg. It did a lot of the things that the C-leg can't do. I mean it has dorsal flexion on it in the foot and when you're standing on uneven ground the foot will actually level out on the ground. With the C-leg your toes are sticking up all the

time. So you're just standing on your heel most of the time when you're on rough terrain. [I switched] because they quit making the Hydracadence. [Before that] I had just a Bock safety knee. [It was] a total contact suction socket. It was a hard socket. Now with the new Hydracadence the socket is a soft socket. It has a latex cover that comes up over the stump and with a pin at the end and the suspension is through the pin into the bottom of the socket (Bob, Army, White, AK).

- They've offered some new things and I've tried them but I have got what used to be new. It was a Seattle foot and that had worked better for me than the initial hard rubber foot that [was] on the BK prosthesis. But they've got some great things now and it just takes 40 or 50 years to get anything done that works for people. If I were 23 years old again and had those things that the guys now have, shoot, I'd have [been] busier than I was but unfortunately they're slow with the development of these things and the government blows their money on things other than the warriors that go over there and get zapped. That's how simple it is. I'm not bitter about it but there's so many things that they do in my opinion that are a waste of resources when they ought to be taking care of these guys. We're doing better on these young guys and I'm an advocate for them but by golly it shouldn't take 25, 30, 40 years to get something improved. By then the young guy's an old guy and some of those things don't work for him. He doesn't have the energy for it. So research and development and getting it out to the wounded and the amputee in particular is too slow. And they'll speed up during the war and then after that tones down a little bit they stop the research, stop the funding and that sort of thing. And I get the feeling every now and then, to be frank with you, that they might as well kill you if they're not going to have the research to keep up with what's going on about your aging and processes and your quality of life and that sort of thing. Do I sound bitter? I'm not. I'm just saying (laughing). I do have that grumble because I advocate for these younger veterans. I'm involved in the Wounded Warrior Program here at Camp Lejeune and I've been a Veterans' Service Officer for 40 years or so (Chris, Marines, White, BK).

## **I. QUALITY OF LIFE**

All of the veterans were asked to describe how they feel about the quality of their life. As part of this broad question, they were asked to identify who has been most helpful to them and to explain how he/she has been helpful. This later question was designed to identify who provided support to the veterans and in what ways. The findings in this section are presented below in three sections, the veteran's perceptions of the quality of life and the kinds of things that increase quality, family support, and peer support.

### **II. Perceptions Of Quality Of Life**

All the veterans were asked to comment on how they feel about the quality of their lives. They were asked to share specific areas that contributed to a good quality of life and were probed about areas such as their marriage, parenting/grand parenting experiences, work, hobbies and community activities. In response these questions and probes, only one veteran commented that his life was not so good. Specifically, he spoke of his good leg becoming bad. Given the fact that he is a below the knee amputee, problems that may stem from overuse of his other leg have the potential to negatively affect his quality of life. He also noted that he suffers from mental health problems and spoke of being aggravated about the situation that brought on his limb loss. One issue that seems to play a major role in his low quality of life is the fact that he needs his house accommodated (specifically his shower). He cannot afford to make the needed changes to his house, but states that he does not qualify for a housing grant from the government to accommodate his property because he is not a double amputee. It therefore appears that in the situation of this veteran, multiple issues add up to create a low quality of life.

The majority of the other veterans maintained that they have a good quality of life overall. They cited family and kids as contributing to a good quality of life, as well as work and other activities such as involvement in hobbies and community activities. This ranged from bowling, traveling and flying planes, etc. to being involved with veteran organizations. The veterans' comments clearly illustrate the benefits of having a family that they are involved with (wife, grandchildren, etc.) as well as the benefits of staying active in hobbies.

Veterans also specifically credited their wives as contributing to their quality of life. This is not surprising, as wives were the most often cited as providing support for the veterans. Some of the veterans have been married for thirty or forty years. Those that mentioned their wives appear to be very happy with their relationships and the companionship that the wives provide. Along the lines of family, veterans also noted that they enjoy having grandchildren. Spending time with their wives and grand kids is also something that contributes to their positive quality of life. Two veterans mentioned their relationship with veteran peers as being important in their lives. The friendship that they have formed with other veterans is obviously an important part of their lives, as they can lean on one another for support. Two veterans also contributed being financially secure to their experience of a good quality of life. One commented that the benefits from the VA led him to be financially secure, while another spoke of having a good job that has provided security.

Veterans also spoke of retirement as something that either is, or they believe will, contribute to their happiness in life. While several veterans were retired at the time of the interviews, some of their spouses were not. The veterans noted that when both of them are finally retired, they will be able to travel and spend more time together, something which the veterans look forward.

One veteran made note of the advances in technology as contributing to his high quality of life. He spoke of design changes in wheelchairs that allow him to do more yard work, as well as the impact of computer technology and the iPhone, which allows him to find information and look things up without having to travel. All of these experiences are illustrated below.

### ***General Perspective – Not So Good***

- [My quality of life...]It's not so good and it's because of most of what I've already said about the leg, good leg and all that sort of thing getting bad on me. I just can't get up and hard charge like I usually do and that's been going on for some years and so, I mentioned earlier that has a correlation to the mental health problem. You know, you get aggravated about that and aggravated about the situation that brought it on and all that sort of thing. All it does is just bring all that junk back and saying well then you try to be thankful and say well I could have got one between the eyes and been KIA instead of whatever. So I'm thankful for my life having been extended this long but I don't know. Maybe it's just old age. I don't know. I'm not sure really how to define that. But I would say compared to a lot of other veterans I know it's probably good and, quality of life. But you see I need things done in this house that would give me better access to the shower and that kind of thing and I can't afford it on what I collect from the VA. You know, I need a shower that I can get in without the risk of breaking my neck or something and I'm not eligible, you know, you have to be a double amputee in order to get the housing grant and I'm not eligible for that. So they don't do much for you unless, for the modifying the house and bathrooms and that kind of thing so you can, so there's not so much risk with it. And maybe if I went down and grumbled all the time they would do something, I don't know. But I read the law on VA and what they do and what they don't do and I don't find anything in there for it (Chris, Marines, White, BK).

### ***General Perspective – Overall Good***

- Quality of life? Yeah, it could be better if you had legs but you got to learn to adjust if you don't so you have to make it better yourself. You find activities and things to do that you're comfortable doing in a wheelchair (David, Marines, White, BBKA).
- Oh, pretty good, pretty good I guess [in terms of my quality of life]. I got a newer home. I like where I'm living. I've got a, you know, I do a, I've got a lawn mowing business that gives me something to do. I've got a woodworking shop. I spend my time there in the wintertime and get out and about cutting grass in the summertime now and I got time. If I want to go travel somewhere I can usually get away and do as I pretty much please I guess (Troy, Army, White, FAK).
- Well I think my quality of life has been good. I'm able to do anything I want to do. I travel, you know, and have friends and family and so forth. Had a great job, a great career, over the years, able to retire, okay, from a good job. I worked at Cal State University and I have a nice home in a nice area of the suburbs of Los Angeles. So, and again, I just had a grandchild born in April. So I have two great kids and I have eight brothers and sisters and so my quality of life has been good from that perspective. Again, I, before I was injured I was always an athlete..I would like to have done more of that. I would see myself today as being a whole different person physically if I had not gotten the injury because I was always a stickler for being in physical shape (Greg, Marines, Black, AK).

- Very good. Excellent. I've had no problems with it [my quality of life] (Jason, Army, White, BBKA).
- I think it's, right now my quality, other than a few aches and pains which that's going to come anyway, it's good (Eddie, Army, White, AEAK).
- I guess I'd say life is kind of what I expected it to be, as you get older. I guess I look at some people my age and older that are physically doing better than I am and then I look at others that physically I'm probably doing better than they are. But I feel like I'm happy with where I'm at. I enjoy what I do. I've been kind of semi-retired for the last 30 years. So I mean I haven't had a regular job I guess you'd say in 30 years. I work for myself and so it's kind of, I come out here to my wood shop and I play with what I want and I design patterns and stuff and sell them and write articles for magazines and most people consider I loaf all the time, you know, that I do everything that's fun and I guess that's the way I look at it. I have fun at what I do and you know, you get by with what you can (Liam, Army, White, BK).
- I like myself. At one time I didn't, you know. No, I like where I'm at. I like my family. I'm happy with them. It's pretty good. It's a good camaraderie between my wife, myself, my children. It's pretty decent (Shawn, Army, White, BK).
- In my opinion, the fact that I'm still breathing is like, that's cool. I'm satisfied with my life. Certainly as I look back I wish I hadn't got blown up but I did and I think I adjusted to it relatively well after the first four or five years. Are there things that I wish had not happened to me as far as going to Vietnam and not going to college and stuff like that, well, yeah, but all in all I think I've had a nice life and certainly there are things that I would change but all-in-all it's been wonderful and certainly there's some things that I had to overcome in my life and I think I did halfway decent at overcoming those, you know, disabilities and problems. But I would say my quality of life is pretty decent. There's little things that bother me like when my wife has to go up to climb to the top of the ladder to clean out the gutters. I should be able to do that but I wouldn't dare climb a ladder. Twenty-five years ago I would have but the last 10 or 15 I wouldn't even think about it. So small things. Want to go to mow the lawn and it takes me two hours because I have to stop every 10 or 15 minutes to sit rest and my wife has to, if my wife did it she could do it in 20 minutes. But I'm not sure if those are quality of life issues as much as nuisance issues (Owen, Marines, Black, AKBK).
- Oh I feel it's [quality of my life has] been pretty good. Have three wonderful children and now I'm getting grandchildren and I worked pretty much a full career and there have been times I've been frustrated. There's things I'm not able to do that I would have liked to have done such as water skiing and that type of thing and I was pretty active in sports, especially baseball, and I would have probably have liked to in my twenties I wish I could have still been playing softball and that type of thing and I wasn't able to do so. So from that standpoint it's more I've been a spectator rather than a doer (Ian, Army, White, BBKA).
- [I would describe the quality of my life as] Existing. I laugh and make jokes but they're shallow. I don't, I'm not, I don't have anything that makes me happy other than my children

and family and that's an investment. I don't do the things I used to do in the way of association with people (Frank, Army, White, BK).

- It's pretty good, you know, it's, I'm happy with it. It could always be better. Give me more money. That sort of thing (Pete, Marines, White, AE).
- I think [my life] it's pretty good (Bob, Army, White, AK).

### ***Happy Marriage/Intimate Relationship***

- [We] have been married for six years. She's about 18 years younger than I am and we get along great (David, Marines, White, BBKA).
- I have a lady friend who lives about 50 miles away and we do a lot of, that's a good thing right now. She likes the same things and we like to go to different things and both like the same things so it's working out well (Troy, Army, White, FAK).
- I've been married since 1976 and so my marriage is good, my wife and I are about the same age, and of course I met her years after my injury and we were doing the same kind of work. We both were in the computer industry and so we're still doing, going great. We have two daughters and so my marriage is good (Greg, Marines, Black, AK).
- We are doing great. My wife works for a surgeon. She's the scheduler and she works with some great nurses and they're all about, you know, we're all about the same age so she is, she's happy and I am enjoying what I'm doing and we're getting along just famously and we have been, I mean this September we'll have been 40 years. So we're doing just fine. We're looking forward to -- oh I got off on track -- she works for the surgeon and she's thinking about retiring here either January or June, something like that, and then we're going to start traveling and be together (Eddie, Army, White, AEAK).
- Between my wife we have a working relationship. You know, in the beginning it was pretty tough. We used to argue and fight and now it's a working relationship. I can sit and listen to her problems and we work them out and the same with mine, you know, it's oh, well, okay. We're looking forward to retirement. In fact we bought a retirement home already. We're ready to, you know (Shawn, Marines, White, AE).
- I'm happily married, just celebrated my 35<sup>th</sup> wedding anniversary. I've got two wonderful kids that have, are doing well in life (Owen, Marines, Black, AKBK).
- I tell you, my wife's my angel. I don't know what would have happened without her. She stayed with me for seven months on the amputee ward to put it in perspective. You know, on the amputee ward at least if you have problems it's generally the amputation. She's, we've adopted children, had insemination and she had a child, we had a child. She's given up an awful lot for me but because we went through it together I think that was the secret. When I was on the amputee ward I saw many people come in that had their girlfriends and they left them. I saw one fellow there. His wife divorced him. Saw another man coming in and he'd

lost an arm and he's coming in for compensation for his wedding ring. [My marriage is the most important thing in the quality of my life since I was injured] (Frank, Army, White, BK).

- If it wasn't for [my wife] I probably wouldn't be around here. She's been a great help pointing out my little bit of inequities (Bob, Army, White, AK).
- Well, first and foremost would be my wife [in terms of who has been most helpful in helping me to maintain a good quality life]. She is the person that has enabled me to devote either time or resources or whatever to attempting some things that I could not do without her concurrence. I'm not saying it couldn't be done but I'm saying it would be very, very difficult. Most of the time when people look at me and they see all the things that I do, they don't realize that she has carried my water, toted and fetch and enabled and covered for me when I was doing certain things and had other obligations. So the biggest contributor to my quality of life is my wife. That even supersedes anything to do with the VA or the health care wise or compensation or anything like that. All those things, I come from a family of people in construction. So I had had a job, I mean I was working 11 months from the day I was injured in Vietnam. So money, while it's important, it was not a deciding factor on my quality of life. The VA compensation was not the deciding factor. My wife was the deciding factor and second to that would be the considerable amount of family support I had in anything I wanted to do that was even halfway reasonable. And thirdly, I have a spiritual connection because I certainly understand, fully appreciate that by all intents and purposes I should have been dead 41 years 9 months and you know, 28 days or something like that ago. I recognize that and it sure makes you take a different outlook in life (Willy, Army, White, AKBHD).

### ***Grand Parenting***

- Well I've got one, you know, she's almost 21, she turns 21 in October and she's going to Community College up here in Oregon. I talk to her every day. And she's my step-granddaughter. I never had any children (David, Marines, White, BBKA).
- My kids all live within three miles and grandkids are all here. Whenever they [my grandkids] need me, you know, make birdhouses or whatever. We did that last week I guess. I've taken to the dentist and I guess I'm active, yeah, with them (Troy, Army, White, FAK).
- Well all the grandkids love me. You know, I'm their favorite grandpa and they don't just say that to me. And as far as being a parent I tried our best. It's hard dealing with kids. They don't make sense half the time (Pete, Marines, White, AE).
- I have one grandchild. She's seven and we get along great. We get along great. I mean she's a good friend. We get along great. Me and her spent a lot of time with just the two of us because her parents work and I'll be the one to watch her because my wife works. We do things together. It's pretty neat. Me and my grand, like I said we get along great. It's almost like giving me a second chance to take care of a kid again. I'm just impressed with the relationship we have. It's amazing (Shawn, Army, White, BK).

- Well my son had three kids by the time he was 21 and they got married sometime after that. We basically raised those children. Still have one that is bipolar. I deal with him every day and attempting to get him in to a doctor and get him an education. He's 22. I have a 10 year old from my daughter. She's a smile and a blessing. The other two children from that family, they need help also, my son's family. The youngest one is not married yet. I have a great-grandson by my, the young man that's bipolar, 22 years old. He's one year old. Four grandchildren and one great-grandchild. Three by my first son, one by my daughter who was second, and my youngest one hasn't gotten married yet. Still waiting... When you get to be a grandparent, if it wasn't the situation we had with our first grandchildren, they look at you totally different, my granddaughter does from my daughter and it's a nice station in life because you're not browbeating them or saying you've got to do this, you've got to do that. You spoil the hell out of them. We watch our granddaughter every day after school and watch them every day through the summer and she's 11. It's been that time since she's been born. Reaganomics, you know. Her parents were both working and just like the old farms and the old man got old and he stayed in the house and there's kids working the farm and the grandparents watched the kids. The only difference is today you don't own a farm (Frank, Army, White, BK).
- I have three grandkids. Well I have Carrie, she just turned, well she's four and a half years old. That was to my oldest daughter and then my youngest daughter has two children. Tracy who is just two and a half years old and a new baby, Troy, who was born just before Christmas... They live away from here. My youngest daughter lives in California and my other daughter lives in Harrisburg but we get together four or five times a year and get, I mean well we just got back from Disney World two weeks ago with grandchildren and Fourth of July weekend we're all going to be together up in the Adirondack Mountains. We have a camp up there. So we're all meeting there for Fourth of July week. I play with them, I hug them, I squeeze them and then when it's time to go they go home they go home to Mommy and Daddy... Well, I love [being a grandfather]. I just don't get to see them often enough (Bob, Army, White, AK).
- Yeah, I have [children] two girls and four grandchildren, and one great grandchild. Well I was really into my kids so I coached their softball teams. I was the coach out at East Tip, which is a middle school (Gary, Army, White, BBKA).
- I've got two grandchildren, a grandson and a granddaughter. They live on another farm of mine down the road. I enjoy spending time with them and particularly my grandchildren but my son is, he and his wife both work and he's a moody little rascal, my son, and so I don't see as much of them as I would like to but I really enjoy being with them. One's six and one's a year and a half. Yeah, they're lovely little kids and I did some work down at his house back in the early spring, for about three weeks we were down there and I got to see them almost daily and man we had a ball (Chris, Marines, White, BK).
- Ah, that's where it's all at. I've got three grandsons—10, nine, and a year and a half and on May the 22<sup>nd</sup> to celebrate my birthday I'm taking my daughter, son-in-law, grandsons, my wife and my mother on a cruise, seven day cruise in the Caribbean just, well, hell, I don't care where we go. We're leaving at Port Canaveral, which is 45 miles from our house so it's



just too easy not to do. So I have a wonderful time with those grandkids. They love me. Of course they've never seen any other side of me other than the positive side. They don't consider me disabled. You know, they grew up with it. It's just like my kids. It's just the non-event. They know that I won't chase after the balls if they throw them by me but they find me a lot of fun. We love to swim and bounce on the trampoline where they abuse me regularly (Willy, Army, White, AKBHD).

### ***Relationships With Veteran Peers***

- We've got a couple, three, four couples that we go bowling with or out to dinner with and activities, yeah. And neighbors that come over and stuff like that. Most of them now that I really associate with are veterans of some type of military service (David, Marines, White, BBKA).
- I belong to VFW Legion. Have a good group of buddies through them (Troy, Army, White, FAK).

### ***Being Financially Secure***

- I will say that one of the main reasons that I feel that way [that I have had a good quality life] is that I get a disability from the VA or from the government. I've never had to worry about having a job. I've worked all my life but I've always known that if there wasn't something that I didn't like about this job that I wouldn't have any problem's leaving it and going someplace else and having to worry about providing for my family in the interim. So, I feel blessed in a little bit of a way because there are very few people that have that cushion that they can rely on. You know, I've got three brothers that one of them right now who doesn't have a job and hasn't had one for a couple of years who is not doing well but my other two brothers are there but they've got good jobs but they too, now since we're all 60 years or above would have a difficult time finding another job but so and that's what my brother just under me, my brother Jim is having a hard time finding a job because he's 61 (Jason, Army, White, BBKA).
- I have a few bucks in the bank. I got a decent job that I've been at, in fact I just celebrated my 30<sup>th</sup> anniversary with this organization. I have a nice home. I have two cars sitting in the driveway. I have a dog. I mean, you know, I'm kind of satisfied with my life and happy with my life (Owen, Marines, Black, AKBK).

### ***Hobbies And Community Activities***

- Well, I like to bowl. I bowl a lot. But I enjoy it. It's a good sport. It's a sport that someone in a wheelchair is a challenge and I like challenges because it takes a little different momentum and body function to throw a bowling ball and try to be better at higher scores so you get to practice that. So, and I enjoy doing it. I like that type of challenge. I try to bowl at least a couple times a week because it's something that I used to do it as a kid before I got hurt. Then after I came back from Vietnam in '69 I didn't realize that this would be something I could still continue with in a chair because they didn't have the facilities at that time for people in wheelchairs to bowl, see. So technology has changed, equipment has changed, it's better and you learn and you adapt to what's out there and you can be pretty good at it. They do have a wheelchair bowlers' association I just found out and they do have

a bowlers, wheelchair bowlers' hall of fame that I didn't know about. It's something that you can get good at and go bowl in tournaments with these other people in wheelchairs. So it's something to look forward to....Ah, cooking is [also] a hobby of mine. I love to cook. It's fun (David, Marines, White, AAKA).

- I'm a photographer, okay, amateur. I've been doing photography for years. I've got the latest digital equipment now. I've got a nice digital camera and lens. I've taken classes. I had a career in business computer in industry is what I did for Cal State for all those years and I do a lot of stuff online on the Internet. I'm all computer set up and network in your home. And I do, I go out and take pictures and I do some traveling...One other thing I do is I do a lot of gardening. I have my own garden here at home so one of the big exercises I do is I grow vegetables and flowers and roses and things along those lines and I do my own minor landscaping and so forth (Greg, Marines, Black, AK).
- Well, my main [hobby] has been flying. I was on orders to flight school even before I went to Vietnam. They had given me a choice because I had applied for flight school after graduation and they said well we'll give you orders to flight school but you'll have to go to a year in Vietnam or two years of troop duty and so at the time I was planning on making the Army my career so I chose Vietnam because that back then was one of the tickets that had to be punched and so I went to Vietnam and unfortunately got hurt but they put me back together well enough at Fitzsimons that I went back on active duty in the artillery down at Ft. Carson and I reapplied for flight school and I passed all of the qualifications except for the only thing that they weren't willing to waive was the ability to point my toes. They have toe brakes on an airplane, you push with the top part of your toe or push down with your toes and that activates the brakes. They wouldn't waive that and I said well helicopters don't have that at least the ones with skids anyway don't have that feature it's just footer pedals and they said oh, sorry we won't waive it. But while I was at Fitzsimons I had gotten my private and commercial and multi engine and instrument ratings even before I went back on active duty to basically show them that I could fly and so I did it for a living until 1985 before I went to work with the VA and then I picked it up since I retired (Jason, Army, White, BBKA).
- Well, [I have hobbies] let's see, well riding my bike. That's kind of fun. I [also] sing. I'm in a choir, the Eugene Concert Choir, and I've taken some voice classes and I'm figuring out how to download music from online so I can practice. So that's, I guess that would be my major hobby other than playing around with clay (Eddie, Army, White, AEAK).
- My hobby is the fire department. I'm the treasurer and stuff like that. I set up, you know, I set up a ballgame. We're going to a ballgame. We do fishing. I set that stuff up. I'm the treasurer. I take care of things (Shawn, Army, White, BK).
- We do a lot of travel. I do a lot of reading. I play some poker every once in awhile. I do some volunteer work down at the Boys and Girls Clubs. I don't build boats or model cars or anything like that. I do some genealogy stuff that I'm relatively heavily involved in. I'm in the process of writing a family history book, not for publication, strictly for if my great-grandson cares at some point to give my viewpoints on life (Owen, Marines, Black, AKBK).

- You know, I used to golf and where we were living 20 years ago or even 10 years ago, it was a smaller town, I was able to play golf, and then I got transferred to Virginia and I quit playing golf because it was so hard to play out there and after I retired and we came back to Illinois I thought of it. In fact we live on a golf course and I thought I would be golfing and I've just never had that desire to play again. I guess my biggest hobby is spectator sports and just doing things around the house, keeping the house maintained (Ian, Army, White, BBKA).
- I've got some hobbies but they're hard to do things with because of my disability but I still fool around a little bit with them as best I can. Oh, I used to read a lot. I mean I used to read a book a week but then I stopped. About ten years ago just sort of turned off. Didn't want to. And basically it was working on cars, reading books, staying high with my buddies with smoking pot (Pete, Marines, White, AE).
- Well, [some things that make it good are] keeping at work, being involved in the community, I golf a lot, get out with friends, you know, and interact with people. I think I interact pretty well with them I used to do a lot of bowling but I sort of just got out of that for some reason but now I'm more interested in golf. So I play golf three days a week. I play Friday, Saturday, Sunday usually...[I also do some community activities] Well, with the VFW I'm now the Commander of the local VFW and I've been Quarter Master there for seven years or so. And in theater, you know, I help out at theater building sets and stuff like that and am involved in Open Doors for the Handicapped, which is another advocacy group. I started, with another guy, an amputee support group, which is sort of faltering now, but I still go visit people when they ask. Social workers usually give me a call and say hey, I have this guy here or this woman that needs to be, you know, would like to talk to somebody who is an amputee. They might be facing amputation or they've just been, just had an amputation. So I still do all of that and of course the activities with Fire Base Eagle with going to schools and speaking to classes and all that. And part of the other thing at Fire Base Eagle was promoting, is we're trying to create a Vietnam War History Center here in Blair County which is a rather large project and we're working with Pennsylvania Military Affairs group to get some land at the veterans' home here and put our Fire Base in there (Bob, Army, White, AK).
- Okay [in terms of community activities], primarily I do a lot of vet reunions. Well, yeah I've done that too [organize them]. I mean I have a resource fair in September coming up at Ivy Tech in Lafayette and I like going to the reunion in Kokomo. This month I will be a speaker in Kentucky and then a speaker in West Virginia at schools (Gary, Army, White, BBKA).
- Oh, I love genealogy and history and I enjoy helping veterans for the most part except I've cut back on that because it kind of overwhelms me now. But I enjoy the research and history, historical research and family research, genealogy. And I like working outside and I've got a golf cart that I get around on outside and supervise my workers and that kind of thing and I like that. But I can't walk. I used to walk all that stuff but now I can't walk all, you know, I've got a big spread here as they say in Texas or someplace. I live on a hundred and some acre place and I've got a lot of ground to cover. But the old golf cart which of course I bought and so I'm able to get out and do things that I enjoy getting done and

proving. I've got a 90-year-old mother that lives next door to me. When I say next door I'm talking 200 yards and so I have to care for her to a degree (Chris, Marines, White, BK).

- I have been skiing since 19, in a mono ski which is state of the art now, I've been skiing since 1985. I was on U.S. disabled ski team for four years and I am a double gold winner in the Para Olympics in Albertville, France in 1995. Generally [I go] to Colorado because snow conditions are usually pretty predictable out there. Hey, I still kick everybody's butt. I'm being facetious. The people I ski with ski around me and all the disabled people I ski with, with few exceptions, they still marvel at how a 65 year old can get it done but it's the only thing I've ever had in my life where gravity worked for me instead of against me so I like to use it... You know, probably my—I have three hobbies. One of them is growing culinary herbs and I do that because I love to cook. I'm not an everyday kind of cook as my wife says unfortunately. But I do, I hesitate to say gourmet type cooking but it's certainly company coming to dinner kind of cooking. You know, it may take me three or four hours, I can spend three or four hours on a meal where I've got company coming over and enjoy every minute of it. And my third hobby is I own and fly an airplane and that takes a lot—a lot of resources, a lot of determination but it is so much damn fun. The flying to a new airport, unload my wheelchair, and then people bending over trying to see who else is going to get out of that damned airplane...[In terms of community involvement] I'm actively involved in church. I always have been. I was, until we started living back and forth between two states I was a Bible study teacher for probably 20 years. I still speak to, once a month, to an assisted living facility, a religious type presentation, and again that is important. I am a mentor in our school system and Tuesday I'm going back to address three different classes of seventh and eighth graders. I just got a relationship with a middle school and they have me come at different times to speak on different kinds of things. Of course that's rewarding. And again it's another thing. It's such a learning opportunity for these kids to know that stuff happens to people and life's not over because it does (Willy, Army, White, AKBHD).

### ***Retirement***

- Like I said I was still going to outpatient physical therapy when I started back to work and I was able to work two or three days a week and it just got me back into the swing of things and once I finished my physical therapy I went back to work full time and then I took a leave of absence and finished my college education and then as soon as I got out of college I worked until I was 55. So I had a, I'd say about a 30 year working career and I feel it's a real accomplishment to be able to retire from a company when I could have just done nothing and drew my veterans' disability pension [Also] as everybody says I'm a lot more relaxed since I'm retired. No one says anything other than they have commented that you're a lot calmer since you're not working. I've been retired for quite a while but it just, and maybe it's age too. You just let things, the little things don't bother you anymore (Ian, Army, White, BBKA).
- My wife is going to be retiring year after next and I'm going to retire and we're going to be traveling and spending more time with the grandkids and seeing America (Bob, Army, White, AK).

- We're looking forward to—oh I got off on track—she works for the surgeon and she's thinking about retiring here either January or June, something like that, and then we're going to start traveling and be together. Yes I think yes [I will retire from the craft school]. Or at least take a sabbatical for six or eight months but yes, I'm probably going to retire from being the artist in residence and the classes I do (Eddie, Army, White, AEAK).
- I'm retired since 1990. We're looking forward to [both our] retirements. In fact we bought a retirement home already. In Florida. It's quite a place. It's an excellent golfing community. One of the largest in the country and cheap (Shawn, Army, White, BK).

### ***Advances In Technology***

- [The design changes in the chair have improved the quality of my life]. Oh, yeah, greatly. [I can do much more on my land now] I have a flower garden and then I work on my trees. I've got apple and pear trees and I've got a peach tree and several cherry trees. So I do all that kind of stuff... Yeah, [and] the computer and my iPhone [have improved my quality of life]. I mean, seriously it makes me do a lot of things where I don't have to travel to go, I can go and look it up and I don't have to, I don't know (Gary, Army, White, BBKA).

## **12. Peer Support**

Peer support plays an important role in the veterans' initial recovery after being injured in Vietnam. Although veterans frequently mentioned belonging to veteran's organizations today, their stories often illustrated the benefits of interacting with other amputee veterans in the hospital wards upon their return to the US. The camaraderie that these veterans often experienced was an important part of peer support and was apparent when they noted the importance of story sharing and peer counseling. For most of the veterans, sharing their experiences and feelings with other veterans who had been through the same thing provided obvious emotional benefits. Veterans also mentioned participation in various veterans' organizations such as the VFW and the DAV. For some, such group involvement appears to be important as it allows them to interact and stay in touch with other veterans. These experiences are illustrated below.

### ***Participate In Veterans Organization***

- I belong to VFW Legion. Have a good group of buddies through them (Troy, Army, White, FAK).
- I belong to the VFW. I'm life members of the VFW and DAV (Shawn, Army, White, BK).
- I joined one organization really. Purple Heart Association I found out it existed about seven years ago, eight years ago (Frank, Army, White, BK).
- Now I belong to an organization, we go out to high schools and tell them the experiences that we've had in Vietnam and what have you. In fact, just last week we were at a high school in southern Pennsylvania speaking at a military history class. [The name of the group is] Fire Base Eagle. It's a group of local Vietnam veterans. Well, we tell [the kids] what it was like and we try to give them some understanding on the politics that was going on at the time and our reactions to protesters and what have you and how it affected us when we were coming back from Vietnam (Bob, Army, White, AK).
- Well, I'm still a commander with the Purple Heart and I still work with other VSOs or Veterans Service Organizations. I work with the DAV and Forty and Eight. Forty and Eight is an elite branch of the American Legion (Gary, Army, White, BBKA).

### ***Sharing Stories And Peer Counseling***

- I think that's important to have that [peer support]. I think a lot of it is peer counseling kind of amputees getting together and talking and sharing experiences because it's nice to hear that other people have the same thoughts and feelings and aggravations and challenges and how they address them and how they cope with, how other people cope with their losses and just the experiences and funny stories. Humor, I think that's helpful (Eddie, Army, White, AEAK).
- At one time I was very involved with [the VA organizations] and it was, at the time it was good but then a lot of it was the drinking aspect of it. It would be, hey you know, you get a hold of these veterans and you sit there and you talk about your sorrows, you know, behind a bottle of beer. [I still go to veteran reunions]... Yeah, [for current vets] if they know another

one, find one and talk to him. Find out how he deals with it and then you can help each other. Because basically when it comes down to it you're all feeling the same thing. I went through a group of amputee veterans and that really helped them to say well I experienced that, I experienced this, and then he'll have the same thing. You're all going to go through the same thing and the sooner you learn it the better off you'll be. Find someone that you can talk to, another veteran. You'll say well I'm experiencing that too because I do that at reunions. I'll go to another vet, I'll ask another amputee, hey, do you get these? Oh, yeah, you know, and the next thing you know you're realizing well it's for real...I think [veteran reunions are] an important aspect. My wife, my family's been to them. These other veterans, my buddies, they know my children, I know their children. It's just fantastic to keep that relationship and understanding that hey, yeah it was real. [We are in the same unit from Vietnam] In fact, we're going to be in Illinois in August I believe. I think I may be by myself this time. My wife, she's got something else planned. But I would like to go because I hope it's going to be, expecting a large contingent of veterans there. Yes, yes, to see my friends [from Vietnam is very important to me]. Some I haven't seen, like the, we went to Reno. I haven't seen guys in 40 years and it helped. It put a lot of things to rest. You find well what happened this day or what happened there, what did you do, what are you doing and the whole thing. And you'd be surprised. Everybody has the same struggles. (Shawn, Army, White, BK).

- Yes [it was important for me to talk to other veterans]. When I come back we all hung out together. We sort of debriefed each other, you know, talking about our experiences and it was always over a beer. So I think that helped a lot because you knew you weren't the only one that was going through a lot of that stuff, a lot of the thoughts and everything (Bob, Army, White, AK).
- Probably the camaraderie I got from other vets [has been the most helpful to me]. We all, I mean it was a protective thing between all of us. I mean we talked to each other and we open up to each other more than we would open up to anybody that was a civilian. Because we know what each other's been through...I volunteer at the Indiana Veterans Homes so I talk to a lot of World War II and Korean vets...Okay. I know that they've been bringing a lot of them into the different VAs, the limb loss, and they keep them separated in some of these different areas and that's the worst thing you can do is when they come back they need to be in a ward where there's nothing but amputees where everybody leans on everybody else. That's the biggest help. I mean that's what's made me survive all these years because I'm still in touch with guys that I was in the hospital with because I was at Valley Forge and there were 104 of us and there was only I think there was only like three or four double amputees but we all stayed fairly close and then the other thing is exercise and getting into sports and that's a key right there because then once you get into sports you're around other amputees and around other handicapped people and that's a big plus (Gary, Army, White, BBKA).

### **I3. Family Support**

Family support played and continues to play a crucial role in the lives of most of the veterans concerning their abilities to successfully adapt to their injuries. This support continues to play a major role in creating a good quality of life for the veterans, who frequently mentioned immediate family as playing a major support role in their lives. Most of the veterans' primary support came from their wives. Children were the second family members most credited as providing support while parents, although not credited as frequently as the wives and children, still remained to be a source of support for some of the veterans.

The veterans noted that spending time with their spouses was important. This appears to be beneficial to them not only in that it provides companionship, but also because it provides them with someone they know well and can share their thoughts and feelings. Having someone to talk to apparently provides the veterans with a form of emotional support that positively impacts their lives. Although most mentioned spending time with and talking to their spouses, one veteran mentioned his mother and son as the two people he finds support in spending time with and talking to. Family support was also apparent in comments made by the veterans that involve the benefits of being in a loving relationship, as they appreciate the fact that someone cares about them and is there for them. This was obvious as some of the veterans were appreciative of their wives being there for them and credited them for sticking with them, even through times of alcohol addiction.

Family members' understanding of the veterans' physical limitations and help with physical activities also plays a vital role in the veterans' lives. Again, wives were frequently noted as being the most helpful by the veterans for their apparent acceptance and understanding of the veterans' injuries. In addition to this acceptance, veterans also made note of how their wives (and in one case a son), help with physical activities that they cannot complete alone.

Mothers and fathers appeared to play a greater role in providing past support. This support came in the form of providing the veterans with a place to stay after their release from military hospitals and providing financial support. In one case, a veteran whose father was an amputee helped him adapt, as he noted that his father provided the emotional support he needed in addition to setting an example for how one could function as an amputee. Mothers and fathers were also credited by the veterans for providing emotional support, as the veterans' encouragement. These findings are illustrated below.

### **Current Support**

#### ***General Support Statements***

- I have a great family and great family support and so it's been really very good (Jason, Army, White, BBKA).

#### ***Most Helpful Now***

- My wife [is most helpful] right now (David, Marines, White, AAKA).
- Well my kids and my lady friend I guess [are the most helpful]. My mother is still living and is a source [of help], you know, I visit her pretty regular. In fact she called me this morning



to see how my back was doing. But my kids are all, like I say, close by and if I need anything they're right there to help if they can (Troy, Army, White, FAK).

- Okay, of course my family, my wife and my daughters are [helpful] and then I have a strong family I think is very helpful (Greg, Marines, Black, AK).
- My wife [is most helpful] (Eddie, Army, White, AEAK).
- Yeah, I mean he's [my son is] probably the most helpful to me but even though he lives with me here and I guess we, I run a strange lifestyle. Most people seem to think that eating is something that you have to do and I went in and had a pizza today and I think that's the first thing I've ate since Sunday and I think nothing of that. Now he likes to eat so a lot of times I go in and cook supper so he'll have something to eat and some leftovers to eat for the next couple of days. But other than that there's a lot of days that, you know, he stays down in his room and does computer stuff. He's a web designer and writes programs and stuff for himself here at home now. He's self-employed. And I mean we'll go two or three days sometimes and I come out here to the shop and he stays down and works on computers and we never really even talk (Liam, Army, White, BK).
- I would say my wife [has been most helpful]. I would say my wife, she's, I mean 35 years she's, that's a long time (Shawn, Army, White, BK).
- Well certainly, probably the one that I depend on the most, the one that helps me in my life and in guiding my life the most is my wife. But I don't go to counselors, I don't go to ministers, I don't go to priests. I don't just normally discuss my problems with my brothers or my sisters or anything like that. The one that has helped me the most throughout the last 35 years has been my wife (Owen, Marines, Black, AKBK).
- [In terms of who has been most helpful?] Oh, my wife and secondly is my children. I have two daughters and a son and I think my daughters especially are very protective of me and I think they're all proud of me (Ian, Army, White, BBKA).
- I believe my wife [has been the most helpful] (Bob, Army, White, AK).
- Well my mother is [the most helpful]. Isn't that something? My mother's most helpful to me and she's bedridden and can only use an electric wheelchair and she's losing her vision and that's terrible but I can talk to her and I've got, and my youngest son who is 30 (Chris, Marines, White, BK).

### ***Spending Time Together And Someone To Talk To***

- We're together 24 hours a day and we depend on each other for different things and what we do and go and travel and have fun. Need to talk to somebody, I can talk to her. So it works out well (David, Marines, White, AAKA).

- I have a lady friend who lives about 50 miles away and we do a lot of, that's a good thing right now. She likes the same things and we like to go to different things and both like the same things so it's working out well (Troy, Army, White, FAK).
- We [my wife and I] are doing great we're getting along just famously and we have been, I mean this September we'll have been 40 years. So we're doing just fine. We're looking forward to—oh I got off on track—she works for the surgeon and she's thinking about retiring here either January or June, something like that, and then we're going to start traveling and be together (Eddie, Army, White, AEAK).
- I think, again it's having a, like and my experience is just having [my wife]. But somebody you can talk to. Somebody you can share things with and share your frustrations and I think that's important to have (Eddie, Army, White, AEAK).
- If it wasn't for [my wife] I probably wouldn't be around here. She's been a great help pointing out my little bit of inequities. [She is the most helpful] because of the, you know, the amount of support she gives me. I mean we do a lot of things together and it's good (Bob, Army, White, AK).
- Well my mother is most helpful. Isn't that something? My mother's most helpful to me and she's bedridden and can only use an electric wheelchair and she's losing her vision and that's terrible but I can talk to her and I've got, and my youngest son who is 30, he's been in, had been in some trouble and all but he's over that and now he's back out here helping me and whatever and I find a lot of joy in that because he's got a good personality and I like to think he's like me. And so I'm enjoying that but he went through some difficult times there and whatever and that worried me and so forth but he's overcome it and doing well (Chris, Marines, White, BK).

### ***Someone Who Loves And Cares About Me***

- My mother is still living and is a source [of help], you know, I visit her pretty regular. In fact she called me this morning to see how my back was doing (Troy, Army, White, FAK).
- It's [my wife] and I. We support each other and because we care about each other and we have matured together because we got married when we were in our, well I was 20 and Sharon was 20 also. So we've matured together and we like each other in a more mature way now than we did initially (Eddie, Army, White, AEAK).
- I tell you, my wife's my angel. I don't know what would have happened without her. She stayed with me for seven months on the amputee ward to put it in perspective. You know, on the amputee ward at least if you have problems it's generally the amputation. She's, we've adopted children, had insemination and she had a child, we had a child. She's given up an awful lot for me but because we went through it together I think that was the secret. When I was on the amputee ward I saw many people come in that had their girlfriends and they left them. I saw one fellow there. His wife divorced him. Saw another man coming in and he'd lost an arm and he's coming in for compensation for his wedding ring (Frank, Army, White, BK).

### ***Understanding Of Physical Limitations And Help With Physical Activities***

- Yeah, [I had shoulder surgery] well yeah after you through therapy and brought the range of motion back and that took about six to eight weeks or so and gradually got it back so you could use it every day. And when I couldn't really use it at all I had [my wife] here and I stayed home a lot until the motion came back, the soreness went away and you started using it like normally. Then I had double carpal tunnel surgery too (David, Marines, White, AAKA).
- I was very fortunate in finding a young lady who would first of all put up with me but that was very understanding of my physical situation. She's a farm girl from central North Dakota and very strong willed and very competent and so a lot of the stuff that I should be probably doing as the head of the household she does mostly from a physical standpoint. Like we were, unfortunately while we were out visiting our new grandson in Boise, we got back last Wednesday night, and the sump pump had quit in our basement and our basement was flooded so [my wife] and I stayed up until four o'clock in the morning cutting up the carpet—the carpet was a total loss—so we, the whole basement was carpeted, a 51 by 30 foot house, our basement, and the whole thing was carpeted. So we spent until well, four o'clock in the morning and then got up early and finished about nine cutting up and hauling out all the carpet and she did the majority of the work, I mean as far as hauling things upstairs. I did as much as I could because we vacuumed up the water out of the carpet and the pads before we had to carry them upstairs so we wouldn't, they'd be lighter and then we wouldn't dribble water all the way out the front door. But she did most of that work and she mows the grass, that kind of stuff. But I've been very lucky to have her...without [my wife] I would have a hard time. I was very lucky to find her and like I say we've been together for 33 years and we still put up with each other (Jason, Army, White, BBKA).
- [How was it like to be a father raising two kids on your own] Oh, it was a little different but it really wasn't all that bad. They were, well they were both pretty good kids to start with. The daughter kind of about 16 come with the attitude of it's my life. I know what I want to do with it and I'm going to do it and you aren't going to do anything different. So I sent her off to try to live with her mother for a while and she sent her back and so she was a little bit of a headache but my son still lives with me. Hell, he's 35 now and he still lives with me and we get along great. I'd probably be lost without him...[I rely on him more in the last five years than I did when I was younger]. Whenever I've got heavy lifting or work to do I'll get him for help if I've got, right now like I do a lot of woodturning, making bowls and stuff and if I, somebody gives me a tree I've got to get him to go help me. I can only load about two logs and I'm done. So I usually pull the trailer around and drive it over to where the next log is for him to throw up on the trailer (Liam, Army, White, BK).
- We, my wife and I we were engaged prior to me going to Vietnam and when we got out, got back, even though I had a disability, we got married. She has been the greatest support for me and probably put up with a lot of impatience on my part and has always stuck with me over the years and I feel we have a very strong marriage and now that I'm retired we're able to do more things and enjoy each other more than we did when, earlier in our marriage when you're, I was dealing with a disability and she was pretty much hovering over me. You

know, she was the one taking me for therapy when I was an outpatient and probably had to do a lot more than the normal wife would. She was pretty much my legs. [My wife was] so understanding and willing to help me with everything and to listen to my complaints and really never, never complained about me having a disability (Ian, Army, White, BBKA).

- [My wife has] been a rock. She's understanding, she's there for me if I need anything, and she knows when not to help me. So she's been a big plus (Pete, Marines, White, AE).
- Well, first and foremost would be my wife [in terms of contributing to a good quality life]. She is the person that has enabled me to devote either time or resources or whatever to attempting some things that I could not do without her concurrence. I'm not saying it couldn't be done but I'm saying it would be very, very difficult. Most of the time when people look at me and they see all the things that I do, they don't realize that she has carried my water, toted and fetch and enabled and covered for me when I was doing certain things and had other obligations. So the biggest contributor to my quality of life is my wife. That even supersedes anything to do with the VA or the health care wise or compensation or anything like that. All those things, I come from a family of people in construction. So I had had a job, I mean I was working 11 months from the day I was injured in Vietnam. So money, while it's important, it was not a deciding factor on my quality of life. The VA compensation was not the deciding factor. My wife was the deciding factor (Willy, Army, White, AKBHD).

### ***Being There***

- I think that I was fortunate enough to have a family that was supportive but they never needed to do a lot for me. Again, I was always independent and once I got out of the military I started going to school and working and everything on my own and used money I had saved when I was in the military plus what I was able to get from the educational benefits from the military and also the disability dollars I was getting and to take care of myself. But part of the process is to be there and be supportive and fortunately I was from a large family and that was there and once I got married I had my family of my own. It was, then to me it was no different than any of the other fathers growing up. I mean with children growing up that'll keep you busy and active for a lot of years. So I think just to be there. They don't need to necessarily have to do anything and fortunately for me I didn't have, I haven't had any real emotional issues or anything along those lines. To me I just took this on as another challenge and decided to move forward with it as a challenge (Greg, Marines, Black, AK).

### ***Being Tolerant And Sticking With Me***

- Well, my wife has been inordinately a tolerant person. I went through a period of extreme use of alcohol back during the eighties and finally in 1988 realized that the best way for me to deal with alcohol is not deal with alcohol. I was a very difficult person, self-centered, and manifested all the characteristics of someone enthralled in an addiction. And she tolerated me during that period and since that period, since that time I'm a much better person than I've been willing to get, more introspection. Heretofore, I don't want to hear about it. I want it my way. I don't want any discussion. Just go along with me and everything's great. And I really wasn't concerned that much about the collateral damage that I was creating around me. Since that time our marriage has had a framework in which we can discuss, vent, plan for,

and apologize and deal with life in a much more rational and appropriate way. I'm quite certain that if I had not stopped drinking that I would not be married today. Does that mean that I, that we are perfect? No, we certainly are not but we love each other to the degree that we are not going to give up easily and my wife is a very stubborn, courageous, and tough-minded woman and she will fight for her rights now like never before and as a result of that we have a framework which we can agree to disagree or we can share feelings and we don't deal too much in ultimatums or anything like that but I certainly have a better idea of where she's coming from on many things and she's the same with me (Willy, Army, White, AKBHD).

### **Past Support**

#### ***A Place To Stay And/Or Financial Support***

- I had a support, when I got hurt at 19 I came home and I had my mom and dad with me. I lived with them actually up until I was 28, going through jobs, getting into a good job, staying there for 10 years or more and then moving out and bought my own house. I had them there with me (David, Marines, White, AAKA).
- My family was good when I got out. That's why I went into farming because my dad says well there's an adjacent farm that was empty three months after I got out of the hospital and he says why don't you go over there and start farming and I did which is, you know, he gave me the support and worked with him or used his equipment and stuff. Of course that don't always work for, a lot of times the parent can't do that or the family can't help. What would have applied to another veteran and what his family could do would be basically moral support I suppose or more than physical or financial probably (Troy, Army, White, FAK).

#### ***Someone To Look Up To***

- My dad was an amputee. He had one arm missing. So I grew up with that in my family. So I had the support from him knowing what he did I could do too because he's already proved it to me, see. So it was a good emotional aspect of my life knowing what, working with him all my life and seeing what he could do and then when after I got hurt, well he could do it with one arm, I can do stuff with no legs and move on that way and I've proved that I can for myself so that helps (David, Marines, White, AAKA).

#### ***Someone Who Believes In Me And Treats Me As Normal***

- [The most single important factor to my success is] probably my dad saying why don't you go farm. You know, gave me confidence that I could do it and I did it for 11 years and I guess it gave me the idea that there's probably nothing I can't do. The only thing that holds you back is people that think you can't do it. So, I mean they don't hire you then is what happens I guess (Troy, Army, White, FAK).
- Well I think [the single most important success factor] it's been my, the family. I mean [my wife] and then, her most of all. My parents were very supportive and the community where we lived [was supportive]. I mean it was a small town and everybody there was supportive of, you know, they just treated me like a person. There was no, in fact people have told me they forget I'm an amputee and that is very gratifying when people will just not realize you are. In fact, my nephew they when he was in I don't know, middle school, they were

supposed to do a report on people with disabilities—go interview them and talk to them—and I was his uncle and the guy who ran the feed store in town was in a wheelchair and Alan, my nephew, said he didn't know anybody with disabilities. So it's that kind of attitude that is very helpful too when you're not treated special (Eddie, Army, White, AEAK).

## **J. DISABILITY RELATED CHANGES AND AGING CONCERNS**

The veterans were asked to report on any experiences they have had over time that relate to changes from the implementation of the American with Disabilities Act (ADA) as well as to describe the kinds of things related to their limb-loss that are now different from when they were younger men. Several of the men discussed improvements in assistive devices and prostheses technologies while also mentioning increased health problems. These experiences are discussed in the sections on Physical Health (section E) and Devices (section H). Below we report the changes the veterans perceived over time that relate to disability. In addition, the veterans were asked to describe what it would take for them to maintain mobility and ability as they aged. They were also asked if they had any current worries or concerns. The findings in this section are reported below in two subsections – Disability Related Changes and Aging Concerns.

### **J1. Disability Related Changes**

The men discussed several disability related factors. First, they mentioned increased environmental accessibility as a result of the ADA that included having more wheelchair accessible buildings (curb cuts, wider bathroom stalls, etc.), push button doors, handicapped parking stickers and an increase in handicapped parking spots. Although he states that the changes brought about by ADA have helped increase his mobility in general, one veteran did note that he still has difficulty accessing some older buildings because they are not wheelchair accessible. One veteran noted the vast improvements with the auto industry and remarked how some manufacturers will pay for the installation of hand controls. Three of the men reported improved societal and individual attitudes towards people with disabilities. Specifically, one talked about the existence of events to raise awareness around people who need to use wheelchairs. Another spoke of the reduction in job discrimination that he experienced as a younger man. The third veteran mentioned how people are supportive and much more open about talking to people with limb-loss. Overall, their comments seem to reflect a decline in the stigma associated with being physically disabled. Finally, several of the men talked about decreases in their own mobility and ability to do things as they aged. This ranged from not being able to walk as far as they once could, to having difficulty getting in and out of the shower. Nearly all of them attributed the decrease to the natural process of aging. These experiences are illustrated below.

#### ***ADA And Increased Environmental Accessibility***

- Yeah I have [noticed changes because of the ADA, but] I wish they would go [into] some of these older buildings where I'm at or any other state, make them all wheelchair accessible because there's some places you still can't get in at... When I travel to different cities and places, there's some places that the wife and I can't get into or curbs are too high and she has to pull me up them. But all in all, the modernization since the seventies when the ADA came out, it's fine. I have no problem getting around. Just depends on how old the buildings are (David, Marines, White, AAKA).
- [The changes from the ADA] really haven't affected me. Since I don't use a wheelchair, it doesn't affect me. Of course, I use a handicap sticker, which is really nice. It cuts down on the walking, you know, being able to park fairly close. I will say that going to amusement parks is great because if you're on crutches or in a wheelchair or have a disability they'll let you to the front of the line (Jason, Army, White, BBKA).

- I haven't really noticed [much change because of the ADA] other than there's spaces now for people with disabilities and it is nice that there are more elevators and not as many steps. But, let's see, but I've never really, you know, I'm aware of ADA but and I think I'm more aware of it because of people in wheelchairs than me, so that ADA has really helped people who can't go up stairs. But me directly? No, other than the rock star parking sticker you can get (Eddie, Army, White, AEAK).
- The [ADA] made some of the access easier. You know, with the push button doors you don't have to, you know, just a lot of different changes. Somebody could be... 99% of my time I walk. I very rarely, like I say unless I'm going somewhere where I have to do more walking. The best thing that happened to me was getting the handicapped sticker and being able to park in a front door because of that. I don't have to walk that far (Shawn, Army, White, BK).
- There is a big, big change [because of the ADA]. I had mentioned in my previous interview, to show you how things were discriminated, people with handicaps were discriminated against, my auto insurance was canceled as soon as my insurance company found out I was driving with hand controls and that doesn't happen anymore. And, you know, it is much more accessible now because there is, when I was first dealing with my handicap there was no handicapped parking at all. When I got out of the military I went back and finished college, there was like six handicapped parking spots for the whole campus, and I go back to the campus now and there's handicapped parking all over. There are elevators that weren't there before and that so yes it is, it's improved tremendously (Ian, Army, White, BBKA).
- [The ADA has improved things] greatly. It used to be you go downtown you'd had to jump the curbs to get to the next sidewalk and now they all have curb cuts, which is wonderful. Hotels, I mean it's amazing how many handicap accessible hotels are around. [It includes the width of the doors and bathroom accessibility]. I mean it's not a perfect system but it's 100% better than it used to be. [It used to be that when] I was going to a restaurant and having to go to the restroom and having to fight my way through the tables and chairs to go to the restroom and then to find out I couldn't use the restroom. That's pretty much done now. I mean you can pretty much get around anywhere (Gary, Army, White, BBKA).
- Oh, it's [the environment] so much different. Oh, my gosh. I can't describe what it was like. Forty years ago when I started driving, the only way to make sure I didn't get blocked in was park next to a curb. There were no handicapped parking places. There were no curb cuts or rarely, I'll say that. I'm being facetious. You'd check into a hotel because it was advertised as having handicap accessibility and come to find out what they meant was that you could get from your room to the dining room without having to go outside but the bathroom door was 18 inches wide. All that kind of crap is gone. I don't ever have to worry about making a reservation and people understanding completely what I need when I need a room that's accessible so I don't have to get out of my chair to go into the bathroom. But that was quite common 35, 40 years ago. The attitudes of people are much better. In fact, I can't remember the last time the only way to get into a building was through the kitchen and dining room. That used to be really quite common. So the effects of the Americans with Disabilities Act are in full blossom and I enjoy every one of them (Willy, Army, White, AKBEHD).



- Yeah, there's been a lot of changes because of the Americans with Disabilities Act, which I think is the 20<sup>th</sup> year anniversary coming up. And so that did a great deal of help for all persons with disabilities. I belong to an organization called Center for Independent Living which I've been a board member there for years and now I'm the president of the board and we advocated with our city council and the city planners and everything to make sure that the curb cuts were being put in and they worked well with us and we worked with them and got it all taken care of... Yes, yes, I believe [the ADA has improved things]. I mean especially curb cuts makes it a lot easier to cross streets and everything (Bob, Army, White, AK).

### ***Improvements With The Auto Industry***

- You asked have things changed over the years and I believe one of the big changes I've seen is the automobile manufacturers are more in tune to people with disabilities and for instance there are a number of manufacturers that will either buy you hand controls or they'll pay for having them installed in a new vehicle which is a pretty nice benefit (Ian, Army, White, BBKA).

### ***Improved Attitudes Towards Disability***

- I think [people's attitudes towards people with disabilities] have improved greatly [over the years]. I mean it's been a complete turnaround I think, although there are still people out there that don't understand it and won't accept the people with disabilities that they do have a value in life and they can be an asset to businesses and as employees and what have you. I think locally here it's probably more of the acceptance of city officials, county officials, and public officials in general that they're more understanding now than they were in the past. I know my one organization we have a "Walk a Mile in My Shoes" event once a year which gets the public out and shows them what it's like to maybe be blind or fixed in a wheelchair that they have to be in a wheelchair all the time and give them that experience and this has helped them to understand more what difficulties people with disabilities have in especially transportation and getting around in the community (Bob, Army, White, AK).
- Yeah, I have [seen improvements in people's attitudes towards people with disabilities]. I mean I went for a job interview at Eli Lilly and got discriminated against big time there and that was back in, well it was in the seventies like '78, '77, somewhere around in there but yeah, I got discriminated against big time but then in the eighties I went to work for Fairfield Manufacturing and never had a problem. [Fairfield] makes gears, anything for cars, anything for tractors, all the up to the big trucks (Gary, Army, White, BBKA).
- Oh goodness yes [people's attitudes have changed toward disabled people]. People are much more receptive of it. I mean it's not that big a deal. You see more people out now that you would not have seen out in public as a general rule 30, 40 years ago. You see disabled people with profound cognitive or intellectual disabilities enjoying the attractions that normal people go to without people hardly giving it a second thought and that, of course it makes me feel good that society's come to that point but makes me particularly feel good for those individuals who are able to get out instead of being left at home. It's also adults recognize that it's a teaching opportunity for their children. Thirty years ago if a child pointed at me and said look that guy doesn't have any legs, his momma more than likely was to grab him by the hand and shush him and take him around and giving him a talking to that he shouldn't

point in public and this sort of thing. Nowadays the parents are much more likely to say well why don't you go ask him what happened to him or say come here I'll tell you what happened to me. So it's usually a teaching opportunity and everyone wins for it. The parents win, the child wins, and I win simply because we're not something, we're all curious. Hell I look at disabled people and say good gosh would you look at that guy. I was at the winter ski clinic about a month ago and there was a quad amputee and I said, I went up to him—he had a big old smile on his face—and I said you are the gimpiest damn fellow I've ever seen in all my life. I said I don't appreciate it. I'm used to being the gimpiest one around and here you've stole all my thunder. Who the hell are you? But I knew, I could tell by his attitude that he was not going to be offended by anything like that. He laughed and we exchanged cards. So we now email each other and it's just a lot more common and the societal attitudes have changed and are much more supportive (Willy, Army, White, AKBED).

### ***Decreased Mobility And Ability***

- I don't walk as well now that I'm older, I'm 63 now. My ambulatory skills are not as good as they were but I'm still mobile. I still get around.... also again as I get older I'm not quite as skillful as I used to be...when I was working—I retired a year and a half ago—and so I've just been retired for a year and a half but when I was working, well one thing is when I was working I had to get up and go to work regardless, okay. Now if my leg is not feeling that well then I'll say well, I just won't wear it today or I won't wear it as long today. Of course when I was working full time that wasn't an option, at least not an option I took, and so I would just put the leg on and go regardless. In some ways that probably did help some in the sense that I was out regardless. And now, you know, now that I'm retired, then it's easier for me to say well I just won't put it on today. I won't put it on until I need to go someplace (Greg, Marines, Black, AK).
- And I guess just the fact that because of the numbness I can't walk as far and stuff and I do get shortness of breath some when I work too hard. But I just kind of contribute that to getting older. When I was 21 I could do quite a bit. Now I'm 61 and it's a little slower (Liam, Army, White, BK).
- [I'm] deteriorating. I'm getting old. Yeah, I have less stamina and all that (Bob, Army, White, AK).
- I'm in fairly good shape except for the amputation and the back pain and I was able to [do the volunteer fire fighting]. I mean it was not an everyday occurrence. A lot of fire is false alarms where we're at. So I've never really had too many problems until I started getting older and it was bothering me more and I just made the decision not to do it so I wouldn't hurt nobody else. I just had to stop doing certain things so I would not hurt anybody else because I got weaker so it stopped... [Similarly,] if I got to walk real far I won't do it. I'll come back later. I just can't walk a great distance anymore (Shawn, Army, White, BK).
- I used to be sort of a motor head and I don't work on cars anymore but a lot of that has to do with my back. It was hard to do with one hand too but it was still possible (Pete, Marines, White, AE).

- I'm just, I'm not as spry as I used to be. I guess, ah, I used to be pretty nimble and I'm not as nimble as I used to be and it's just age catching up with me. It's a combination [of age and factors related to my limb-loss]. I think it's age and then like my shoulders and my thumbs, that part of it is actually using the wheelchair over and over again. What it does, what one of the therapists explained to me is because I push forward all the time it has changed my muscles to where I can reach forward fine but I can't reach behind me because the muscles have atrophied to where they're in racing form. You know, I mean it's like I can reach forward but I can't put my arms behind my back anymore... I already used my shoulders up so I don't race that much although I still play basketball and they use me for my speed so during the basketball season, yeah I'm pretty active there. But after that I usually do long pushes that are at a walking pace (Gary, Army, White, BBKA).
- Well I don't walk as well as I used to of course and I have to use a cane and I have a lot of trouble getting in and out of the shower and it's dangerous and that worries me. I'm not walking as well as I should be because of the injuries to the other leg, the so-called good leg (Chris, Marines, White, BK).

## **J2. Aging Concerns**

The veterans voiced various concerns they have about maintaining their mobility while they continue to age. When asked what they felt they would have to do in order to maintain their mobility in light of getting older, several noted that they believe they will need to stay active/and or make use of assistive devices. The veterans noted physical activities ranging from exercising at a gym to walking as things that they feel may help them maintain their mobility. One veteran mentioned that in order to stay active he would probably have to slow down and accept assistance when taking part in basic physical activities such as opening doors. The assistive devices that they mentioned as something that could help them stay mobile varied from a lift (for a vehicle) to power wheelchairs and walkers.

The veterans responses to the question concerning what worries them as they age also varied. Many noted physical aspects as their main concern. One mentioned the natural deterioration of the body as well as the aches and pains that come with aging as something he worries about. Such a response was not uncommon, and through their statements it is obvious that the veterans also worry about the affect of aging on their bodies and their ability to remain mobile, independent and physically active. One veteran, for instance, noted his fear of being physically “confined” to a wheelchair. Lastly, the affect of aging in addition to having combat injuries is also apparent. Two also worried about specific health issues not directly related to their amputations (syringomyelia and heart attack). These findings are illustrated below in two main sections – maintaining mobility while aging and things the veterans worry about. When asked if there was anything they worried about, three veterans did state concerns not specifically related to their aging. These worries are categorized under “Other Worries.”

### **Maintaining Mobility While Aging**

#### ***Staying Active And Having Strength***

- [In order to maintain my mobility as I age I just have to] keep moving. [I have to] get up, eat a good diet and exercise every day. Keep that momentum and flexibility in your system and you’ll be able to go on. Because you’ve got to be able to move and you got to be able to lose weight because if you don’t you’re going to get obese because you’re not moving. So you got to learn certain activities to help you burn that fat so you can stay healthy. And this is what I tell the young kids that [are] coming back from Iraq today. Don’t just sit. Get up and get motivated to get into a sport or any activity that you use your body to control your weight and have fun at it (David, Marines, White, AAKA).
- I think I just have to keep walking [and] using my legs as best I can [to maintain mobility as I age]. I do try to walk around the block so I do get some exercise besides chasing my grandson. But [I walk] just [to] keep my legs in good shape. They’re the one thing that’s not been bad or caused me any problems (Pete, Marines, White, AE).
- Strength [is something that I will need in order to maintain my mobility]...If I could only reproduce it like I [could] back in my thirties. But I know that’s not going to happen. So I take it as it comes and I adapt to whatever I need to adapt (Bob, Army, White, AK).

### ***Use Assistive Devices***

- [In order for me to maintain mobility] I'll probably have to get a different truck with a lift eventually because my shoulders are going to totally give out one of these days. [I will need] a truck with a lift [and] probably a chair with a battery. I see [those as things I will need within] the next 10 years (Gary, Army, White, BBKA).
- You think about [what it will take to maintain mobility] every now and then. [I may have to use a] walker or whatever. [A] walker is the thing I'd be looking at some point or a wheelchair I suppose. But I don't have any mobility problems right now at all. It's all yet to be seen I guess (Troy, Army, White, FAK).

### ***Stay Active And Use Assistive Devices***

- [When it comes to maintaining my mobility as I age,] I'm a firm believer in use it or lose it. So although I'm retired I'm as active now [if not] more active than I was when I was working. And one of the nice things is I've got something to fall back on [because] the VA is there and it's also here in town and I know most of the people out there. So if I need some piece of equipment I know I won't get too big of a hassle to get it whether it be a manual wheelchair or an electric scooter or probably eventually an electric wheelchair. We did take advantage of the Specially Adapted Housing grant back in '86 when we built the house that we're in now so it's totally wheelchair accessible, at least the first floor is. I will say that I'm very appreciative of having that cushion behind me (Jason, Army, White, BBKA).
- [For me to maintain my mobility I have to] just keep doing it. The big thing is just to keep doing it. I don't know what would help. The prostheses have improved and the VA was very good [because] when I went in they did do a test to make sure that I was able to handle the new prosthesis and stuff. I need to do more exercises and I've looked at joining a gym, things along those lines, and I haven't done that yet because it's sort of awkward to go and do that sort of thing. But other than that to me the biggest thing I have [that concerns me] is [my] weight and also my left knee holding up. Because I put so much extra stress on that leg over the years and then I end up wearing down the socket on my left knee and so forth. So that's the ongoing challenge (Greg, Marines, Black, AK).

### ***Slow Down***

- [I think being able to maintain my mobility as I age safely will] primarily [involve me] being mature enough to recognize that I need to curtail to a degree some of the things that I have done in the past. Everyone—as you age—begins to have to make some sort of concessions. Now you can ignore them but that's usually to your detriment. [And] I've done that most of my life. [I have] just flat out ignored [problems due to aging]. But I'm getting to the point where I'm going to have to start making concessions and do things a little smarter and not be in as big a hurry or be willing to ask for and/or accept assistance which has been a bane for most of my life. Anything I could do myself I wanted to do myself and early on I'd fight people for it. I'd see them heading to a door to let me in and I'd beat them to it. But I don't have to do that anymore (Willy, Army, White, AKBEDH).

## **Things The Veterans Worry About**

### ***Affect of Aging On The Body And Mobility***

- The older we get things just start wearing out and that's probably the concern I have. The aches and pains are just going to increase and the variety of them and the intensity [will increase too]. So that's the only real concern I have is the deterioration of [my body because] of age. But I'm alive. And when I talk to people about my incident it's like you have one foot in the grave and they cut a leg off to pull you out [and] that's okay. So [I'll] live with it...[But] the aging thing is not really a worry. It's a concern wondering what's going to start happening or how much more is this going to hurt and but I can't say at this point [that I worry about things]. [My wife] and I are both a little anxious about retirement and not having a job that we have to go to. I think we're anxious about having the freedom to do whatever we want to. So it's not a worry but it's a concern that we both have (Eddie, Army, White, AEAK).
- I worry about where I'm going to be at in 10 years from now as far as how my shoulders and my body's going to react to old age. I mean they say it's the golden years but what I've seen of it it's not so golden. (Gary, Army, White, BBKA).
- [I am concerned that] my physical limitations are increasing [because] I'm getting older and it's caught up to me (Shawn, Army, White, BK).
- Things affect my emotional health because for 45 years I've done well but age is a factor of course and these other wounds are impairing other parts of my body which make it a little tough. So I'm not real happy about it. I mean there's nothing I can do about it. But I don't want to lose this other leg. I have this fear of this other leg going away on me. So that's what bothers me about it. And I do get a little emotional and distressed about that. But I've not been a habitual grumbler or a bitcher all these years. Things have changed. You get older and these adverse wounds and other parts of your body affect the amputation and vice versa (Chris, Marines, White, BK).

### ***Losing Or Difficulty Maintaining Ability To Be Active/Independent***

- [I don't worry about growing older] to the extreme. Of course I know that I may not be able to grow old as gracefully as I would have without the injuries. I do think about that and periodically over my life I've thought about what will happen when I get older. Of course when I was younger I thought 50 was older and I figured by the time I get 50 I wouldn't be able to move and now it's probably 75. But part of the process is the thing I worry about is when will I get to the point where I'm not independent [and] I can't go where I want to go and do what I want to do although I have to do it. That's the only thing that would concern me is what will happen when I get to the point that I just can't go on my own and do things on my own, albeit at my own pace. And the only thing that concerns me would be that and it probably concerns everybody but there's more of a chance of me not being able to be active as I get older than a lot of other people...[So my challenges over the next ten years would be] how do I continue to keep my health up and my weight down. And I think continuing to be

independent and able to do things I want to do and when I want to do them is the challenge, okay, so that's what I need to continue to do. I was fortunate enough to find something that I like to do as far as do a little photography. I do my own printing and my own manipulation. I have grandchildren now that I'm able to interact with and that keeps me going and things along those lines. So for me the challenge is to stay healthy and continue to be active...[But] it's always a challenge and the big thing is to keep looking forward and not backwards. And so that's what I need to do now. And the challenges that I'm facing is not much different than anyone else my age except that I have a few more obstacles to deal with (Greg, Marines, Black, AK).

- The biggest thing I worry about is as I age what am I going to be able to do for myself. Am I going to be totally dependent on someone?...I've thought about [what it will take for me to maintain mobility and do so safely as I age] more as I've gotten older. That's probably one of the things I dread the most—getting older—and in my condition I just feel that as time goes on I'm going to be able to use my prosthetics less and less and I will be confined to a wheelchair. And I think the big reason is that you do have to have pretty strong leg muscles and that's something that does wear down as you age. I'm fortunate I have my disabilities both below the knee so I do have my knees. But as you can imagine I put a lot of strain and pressure on my thigh muscles. I guess I just feel that in the future I'll be more confined to a wheelchair (Ian, Army, White, BBKA).

#### ***Other Health Issues***

- [When it concerns what kind of things it will take for me to maintain my mobility in the future,] I hope nothing but [I have] syringomyelia and I've been through a lot in my life, but that scares the living hell out of me. That will just eventually kill the nerves and they don't know when [that will happen]. [The doctors] can't do anything about it. It's like a slipped disc, damaging the nerves from the inside out (Frank, Army, White, BK).
- I guess I worry about my health a little bit. The heart attack was kind of a wake-up call. I was told a long time ago that heart disease or a heart condition is a by-product of bi-lateral amputees so if I died of a heart attack it would be considered service-connected. We have absolutely no family history of heart problems but I, our family does now (Jason, Army, White, BBKA).

#### ***Other Worries***

- I worry about this current war and I'm worried that it's going to last for years and years and years (Bob, Army, White, AK).
- I worry about some things. I make lists and [if] I can't get everything on my list done in a day [it] bugs me. I worry about my mother and I know she's elderly and has lived a long life but I love her so much [but] I know she's going to leave me and that worries me—concerns me—maybe not worries me. But I know it's the ordinary thing of life, you know. So I'm not brain dead. I can rationalize and try to be realistic as possible (Chris, Marines, White, BK).
- There's not anything I really worry about. In 2005 when they thought I had liver cancer I was worried about that not because of me but because of how it was going to impact the folks

around me. I was lamenting the fact that my two grandsons were not going to remember a lot of their granddad. I wasn't going to have the opportunity to teach them [things] like my grandfathers taught me, and be with them and experience those sorts of things. I worried about my wife and at that time both my parents were living so I also was concerned about them. [But] once that was proven not to be a significant issue then those kinds of worries [were] just not there [anymore]. I'm a person of faith so I don't worry about the eternity or anything like that. I'm aggravated about the state of our government, our economy, and the burden that they're placing on my grandkids but I really can't say that I allow myself to worry about that because there's a certain amount that I can do and the rest of it's out of my hands (Willy, Army, White, AKBHD).



## **K. IMPROVING OUTCOMES**

The veterans were asked to reflect on several questions regarding improving the long-term outcomes of living with combat-related limb loss. Specifically, they were asked to describe some things that they thought could be done to improve the long-term quality of life for the veterans with service related limb-loss from current wars. They were asked to explain what the veterans themselves could do, what their friends and family could do, and what government or care providers could do. They were also asked to reflect on their life-long experience living with combat-related limb loss and to describe the kinds of advice they would give to veterans from current wars who sustain limb-loss. They were also asked to report on what has been the single most important contributor to their success since their injury. The responses to these questions follow below and are organized into three subsections: Success Factors, Improving Long-Term Outcomes, and Advice to Current Veterans.

### **K1. Success Factors**

The veterans were all asked to identify the single most important factor to their success. Their responses ranged from their ability to maintain a positive attitude all the way to simply getting an education. Again, veterans also frequently credited their success in life to their wives, which was the most common response to the question of what was the single most important factor to their success. They also mentioned other factors that contributed to their success. These factors included maintaining a positive attitude and self determination. Also, having people perceive that they were able bodied as opposed to disabled contributed to the success of two veterans, one of whom was encouraged to farm by his father. Telling their stories (or sharing their experiences) was also noted by veterans whose experiences seem to illustrate the benefits of not only formal counseling but also simply talking about what they have been through with others. One veteran mentioned the mentality of “pick yourself up by the bootstrap” as contributing to his success. While he stated that his family was not very supportive, the bootstrap mentality that they led him to adopt did nonetheless help him adapt to his limb loss and move on. Another veteran noted similar mentality in that the confidence he gained in marine corp boot camp helped him succeed in life despite his injury. Other veterans noted the importance of obtaining an education, simply accepting what happened and staying active in life as contributing to success. Ultimately, while success factors varied, wives tended to play a large role in the veterans’ success in life in addition to maintaining attitudes that were positive and accepting towards what had happened.

#### ***Positive Attitude***

- [My most important success factor has been] the ability to do what I want to do with a mindset that I can accomplish anything I want. And I have proved that. I’ve gone out and done things and talked to people, worked with the 1<sup>st</sup> Marine Division Association and things that I never thought I would do when I was a younger man. But it comes to a time in your life that you realize well to do this you have to do certain [things], you know be a positive and influencing person and lead from the front and this is what I’ve done [David, Marines, White, AAKA].
- I would say basically what I just said here was the desire to keep moving forward and say what is the next challenge? What do I need to do to sustain myself and to take responsibility and take ownership of the situation that I’m in just like I would have if I had not received the

injury, just need to make the adjustments, okay. So I think that's what been my thing that helped me the most working towards a very good career and challenges... And so I think the need for a veteran moving forward once they receive injuries it's just no different than it would have been before. They've just got some unique challenges they got to deal with but the need is the same that it's always been (Greg, Marines, Black, AK).

- Well, I guess all of us have to contribute our life to our attitude on life. You know, how would I say, how would I explain that. If you go in feeling like you're going to be a failure before you ever start you probably are going to fail. But if you go in with a good positive attitude that no matter what happens I'm going to get along with it and be happy with it because it was the best I can do, I feel you're going to lead a happy life and whether I had all of my limbs or missing a limb I think life can be pretty much lived the same way. You have to make a few minor changes but so do other people. Like you don't see a lot of obese people doing cross country runs and playing a lot of volleyball. I mean they've learned the fact that they just can't do it and I guess that's the same way I look at it. I'm a little bit limited on what I can do too. And some people might not be coordinated enough to throw a ball so they don't play baseball. We all have limitations and you learn what your limitations are and use what you've got (Liam, Army, White, BK).

### ***Self Determination***

- I think self-determination. You read about it all the time these young guys coming back now are jogging and running track and in sports and all and with the newer limbs they're able to do that at a young age. But they must realize that, you know, a lot of them are being able to return to active duty and they're given different jobs that don't require quite as much physical duress. But all of us wanted, just like I fought to stay in the Marine Corps with the leg off and got the waiver but I'd been out something like a year so when they called me back and the Secretary of the Navy had changed his views or the law changed and so I was given the opportunity to go back on active duty but heck I'd been out over a year then and had a baby and whatever so I went to Washington and interviewed with the Chief of Staff of the Marine Corps and they were going to give me that opportunity but I had changed my mind about it by then. And now they're letting them stay on active duty and putting them in other fields. I was an infantryman so I wanted to continue to play John Wayne but I knew I couldn't do that and I wouldn't accept a desk type thing and stay on active duty and now I sometimes regret that. But yeah, self determination and a will to do well, to succeed, and do good for your fellow man, particularly your fellow veterans, and to be a good citizen, a good patriot, all of those things. And that's the way I've been. I'm a, I'm active in politics, I'm active in community service, used to be really active in the church, not quite as active as I once was now. Those kind of things. Just live life like you didn't have the limb off. That's all I can, I guess a simplified way of putting it. And that's what I tried to do but of course I knew in my heart that I had the limitations but I would just fight the old dog anyway so to speak. I'll bet you don't have many of those statements on your tapes. Maybe so (Chris, Marines, White, BK).

### ***Having People Who Perceive Ability Rather Than Disability***

- Probably my dad saying, “why don’t you go farm?” [was my single most important success factor]. You know, gave me confidence that I could do it and I did it for 11 years and I guess it gave me the idea that there’s probably nothing I can’t do. The only thing that holds you back is people that think you can’t do it. So I mean they don’t hire you then is what happens I guess (Troy, Army, White, FAK).
- Single most? Well I think it’s been my family. I mean [my wife] and then, her most of all. My parents were very supportive and the community where [we] lived. I mean it was a small town and everybody there was supportive of, you know, they just treated me like a person. There was no, in fact people have told me they forget I’m an amputee and that is very gratifying when people will just not realize you are. In fact, my nephew, when he was in I don’t know, middle school, they were supposed to do a report on people with disabilities—go interview them and talk to them—and I was his uncle and the guy who ran the feed store in town was in a wheelchair and Alan, my nephew, said he didn’t know anybody with disabilities. So it’s that kind of attitude that is very helpful too when you’re not treated special Eddie, Army, White, AEAK).

### ***Wife And Family***

- And also getting married and having a family. I think that’s been very important (Greg, Marines, Black, AK).
- Oh, my wife. Without a question [has been the single most important success factor] (Jason, Army, White, BBKA).
- My wife. I don’t, if I would not have had someone so understanding and willing to help me with everything and to listen to my complaints and really never, never complained about me having a disability. That’s probably been the biggest factor (Ian, Army, White, BBKA).
- Yeah, now [my wife] is going to overshadow everything else. Now let me see if I can give some specifics. I said that she was the most critical factor (Willy, Army, White, AKBEHD).
- My wife, sir, my wife [has been my single most important success factor] (Frank, Army, White, BK).

### ***Telling Stories (Via Counseling And Talking To Others)***

- Well, ah, one thing. I would say that benefited me the most was when I got into counseling in Colorado with the one psychiatrist. She was the biggest help that turned me around...She didn’t give up on me. Because it was a hard, it was a hard thing to admit that you killed somebody. It was a hard thing to admit that you had this guilt over it. You know, you can’t go through life feeling guilty (Shawn, Army, White, BK).
- I guess the most important thing that happened to me was being able to literally when my friend sent, well either the roundtable or when my friend sent me out to talk to them little old ladies. That was the biggest change in my life was when I started talking and getting what was been repressed in the back of my mind out...Well just traveling to me was important. I

don't understand it kind of yet today but traveling was a big thing to see, I'd never been out of the state and to travel from other states and talk to other people in other states became a big thing to me too... Yeah, well you suppress, if you hold something back or suppress bad feelings it makes you a different person (Gary, Army, White, BBKA).

### ***'Bootstrap' Attitude And Marine Corp Training***

- I would have to say in my particular case [in regards to the most important success factor], although I've never considered my family very supportive and they weren't the huggy, cuddly type and they weren't the oh poor Owen, this type, I think that attitude, because I had somewhat of the same attitude, particularly towards myself, I think that attitude helped me do what I had to do in order to have the life that I have. When I sat back and I said hey, wait a minute Owen, you're drinking way too much here. It was that cocky, arrogant attitude that I thought I always had and I know my family had always had, that pull yourself up by your bootstraps type of attitude that said okay, Owen, you have identified what you think is a problem now what are you going to do about it. You can't depend on other people to do it for you. You have to do it and I think that attitude that I grew up with that, oh, quit crying, what are you crying for, you know, when I was a kid. What are you crying for? That only hurts a little bit. Fluff it off. This type of attitude I think ultimately helped me overcome my disabilities and helped me adjust, to accept my disabilities and do what I had to do to become a relatively good member of society (Owen, Marines, Black, AKBK).
- My Marine Corps training [has been the most important factor]. It gave me confidence. Once I made it through boot camp I knew I could do anything and that was just the whole thing. Taking a scrawny 160 pound kid and turning him into a scrawny 150 pound kid but nothing but muscle. It was, yeah I actually lost weight in boot camp but it was, it just gave me, and I could do things that I never thought that I could do. So that's my saving grace. It gave me a lot of confidence in myself. It helped me too I think when I saved that one girl's life when I had to give her the Heimlich maneuver (Pete, Marines, White, AE).

### ***Getting An Education***

- The second biggest factor probably was me going back and finishing my college education. I, being truthful to myself, if I had not been injured I don't know if I would have gone back to college. But because of my injury I felt that I had to get a college education and be able to get a desk job and I was able to do so (Ian, Army, White, BBKA).

### ***Accepting What Happened And Staying Active***

- Acceptance. Acceptance of what I had to deal with and adapting. Well, I just accepted that this happened and I have to deal with it and move on with life and adapt to whatever physical things I had to do. You know, I made adaptations just to get done what needed to be done in my life... Yeah, an idle mind is the devil's workshop. If you're not active in things you start getting bad thoughts in your head, you start worrying too much, and you just start burying yourself into a shell and festering all these thoughts that come through your head that, good or bad, you have to get out and be active and interactive with other people in the community (Bob, Army, White, AK).

- Secondly, I think that an individual has got to decide he's just going to get on with life. Now there are some guys who will never want to work in their life again. Hey, that's okay. Find something fun to do. Volunteer. Whatever it is I don't care. Just engage in life. Be engaged in life. Do not find yourself sitting in front of a television watching all the crap that's on the cable. That is as poor an outcome for someone as I can possibly imagine. Secondly, be willing to interact with other people. I can't tell you how much I, how much success, notoriety, advancement, recognition I've gotten from the fact that I just didn't allow myself to meet a stranger. I fully engaged. I looked at myself as a whole person who just happened to be in a wheelchair. I did not look at myself as needy of being at the head of the line but by the same token I wasn't going to write off anything. Don't tell me I couldn't do anything. You might tell me I shouldn't do anything. It's not lawful to do anything but don't tell me I can't do anything because it will kill me to prove your wrong. I think volunteering and being around people who are needy in other ways is a very, very, very healthy thing. That's one of the things I enjoy most about this assisted living thing that I do. I mean it's a lot tougher for a lot of folks out there than certainly I'm going through and it gives me such pleasure to buoy their spirits if even for a little while. And let's see. I think it's also a great idea if you are able to have a mentor and eventually be willing to be a mentor to others. Doesn't have to be necessarily military people but, or someone necessarily that has an injury but we need somebody other than family that we can look to and use their wisdom without having to ride through every pothole before we learn to steer around them (Willy, Army, White, AKBHD).

## **K2. Improving Long-Term Outcomes**

When the veterans were asked what could be done to improve outcomes for the veterans of current wars they gave a variety of answers. They were frequently asked to comment on what they believe could be done by the veterans themselves, the veterans families and friends and by the government and care providers.

A clear theme that overlapped the two categories of what veterans and the government/care providers could do to improve outcomes was the importance of talking to others after suffering traumatic limb-loss and experiencing war. In the veterans category, their comments reflect more of the importance of just talking to others rather than specifically seeking counseling to deal with problems. When asked what the government or care providers could do to improve outcomes for veterans however, the most common response from the interviewees was that the VA and care providers should provide counseling. The reasons cited for this need ranged from dealing with PTSD to re-adjusting to the civilian world as a new amputee. It was also noted by some that they believe wives and girlfriends should be included in the counseling.

When asked what veterans can do to improve their life outcomes, the Vietnam veterans also gave other answers ranging from stay involved and active in community activities to exercise and find something in life that one can focus on such as work or family. Concerning what the government and care providers could do to improve outcomes aside from providing counseling, veterans commented that they should continue with prosthetics research and continue to provide educational benefits. A couple of veterans also commented that the VA should give veterans what they are entitled to and provided services and equipment later on in life.

When veterans were asked what family and friends could do they frequently responded to the question in a way that implies that families and friends should just try to provide general support. This support could come in the form of being understanding, encouraging and listening to the veterans. It is important to note that the veterans seem to want families to understand the new challenges that they faced but do not want sympathy. For the most part they want to remain independent and to be able to function without the help of others. If such help is needed, however, it appears that the veterans appreciate it when the help is provided in such a way that the veteran is not being coddled.

## **Veterans**

### ***Talk To Others***

- [Veterans can] talk more about their experiences and share it with their wives and the wives are going to have a hard time understanding it but they need to share it with the person that they're close to (Gary, Army, White, BBKA).
- I think [obtaining mental health counseling] will be [important for current veterans]. I don't think they'll initially accept it [as] what they need [though] (Frank, Army, White, BK).
- [Veterans can] help each other. [They can] talk to each other [and] understand each other. I have a lot of guys that [I] talk [to]. I'll call them and we talk and you start to feeling better (Shawn, Army, White, BK).

- I think what really aches for me for these people is [that] in this war people are going back [into combat] two, three [or] four times. So I think the psychological effect is what these folks are going to [experience] whether they have limb loss or not. It's just going to be the psychological side of it (Eddie, Army, White, AEAK).

### ***Pressure Politicians To Help***

- [And the veterans themselves can] stay on the politicians [because they should have] genuine concern for these people that are getting blown away at 18, 20, years of age and not forget them. This country's not broke. We're the wealthiest nation on earth and [we] got the resources to do it. We just can't elect the right people up there. The people we elect are all up there for grandstanding and to pick up the money and that kind of thing. I bet you won't find a handful up there and most of those that do give a darn are usually wounded combat veterans themselves. We need to put more of those people up there because not only would they care for the veteran [but] they care more for their country and the welfare of all people in the country. That sounds like a sermon but anyway that's one thing I think that would be important that could be done and I don't know. We've got so many phony people up there and with this economy we get out and blow billions of dollars on this, that, and the other [and] some of it's unnecessary and unwarranted but you can't take care of a guy that's got traumatic brain injury or [someone who is a] quadruple amputee (Chris, Marines, White, BK).

### ***Find Value In Families***

- [Veterans are] not going to realize it right away but if you aren't of value whether it's to your immediate family and you can contribute something to them or value in a job and somebody respects you for that you will become very despondent and suicide always goes through your mind. But then the thing that pulls you back is you're valuable to your family or your work but work is not a tangible thing but your family is very real. They need to have that established for them and I don't know how they'll do that, particularly if they're not married. [And] with these many deployments I've seen it tear families apart...So they've got a much harder time and they're not going to be respected by the community for hiring. There's nobody in the community that's going to understand them. So it's going to be very rough for them. They need to focus on something that they will get value for themselves and you can't give yourself value. It's got to be given for the people and that's why your family is so important (Frank, Army, White, BK).

### ***Exercise***

- Keep moving. Get up, realize when you, eat a good diet, get up and exercise every day, keep that momentum and flexibility in your system and you'll be able to go on. Because you've got to be able to move and you got to be able to lose weight because if you don't you're going to get obese because you're not moving and you got no legs to help you move. So you got to learn certain activities to help you burn that fat so you can stay healthy. And this is what I tell the young kids that coming back from Iraq today. Don't just sit. Get up and get motivated to get into a sport or any activity that you use your body to control your weight and have fun at it. [So to improve the long term quality of life for veterans with service-related limb loss,] they got to be able to keep moving and keep exercising. Keep stretching

so you have the momentum and your body strength to wear prostheses if you choose to wear them. If you're in a wheelchair you've got to be able to push that thing with your own body weight. Then if you're strong enough by working out and eating right you can do it for years down the road. So it's all psychological (David, Marines, White, AAKA).

### ***Determination***

- You just got to believe in yourself [and believe] that you can do [it]. No matter what it is you can do it. I mean it takes determination and drive to overcome your loss. You got to do more and just don't ever give up (Shawn, Army, White, BK).

### ***Take Responsibility And Stay Involved***

- Ultimately the veterans have to take responsibility for their life. It's happened and if you didn't think that way you'd never make it into combat. So part of the process is taking charge yourself because ultimately it is your responsibility. There's things that other people can do and the military and the VA can do but ultimately it is the individual's responsibility. So I think part of the process is to find out what works for you and also to develop a career or [participate in] community activities. We talked about that before but what I had going for me was an excellent work career after I was injured. I never stopped working and I continued to move up in the field that I chose and that kept me very busy and very active over the years so that kept me mentally sharp and kept me interacting with people on a regular basis. So I think from that perspective veterans just have to know that ultimately it's their responsibility and they've got to figure out what works for them and move forward (Greg, Marines, Black, AK).

### ***Utilize Resources And Find A Focus***

- You need to plan to move forward. How do you do that? From the perspective that once you receive the injuries, you've got to use what you have available to you. You have the GI Bill. You also have disability benefits that you'll receive. You need to utilize those as much as possible. You need to use the medical treatment as much as possible and you also need to interact with your family because that's very critical because they want to see you succeed. Those that are young enough to still have their parents around need to work with them. They're there to help. So I would say you just need to have a focus. That's what everyone needs in life. You need a goal. You need a focus. It doesn't matter what it is. You just need to have that because everyone needs a goal to shoot for and to strive for and it's like anything else, there's going to be ups and downs but you continue to move forward and I think that that's what's key... You see articles about the military and the VA that could be improved. And I guess you got to say it is an individual thing. You can't always predict how one individual will handle this situation but I think that if the military and the VA could do anything early on it's to help work with that to find out what drives this particular individual. Talk to this person and their family about finding a focus to move forward because it will be a challenge. But it's just another challenge (Greg, Marines, Black, AK).



## **Government and Care Providers**

### ***General Support***

- [The government and health care providers need to] be there for [the veterans] to help them, especially these young kids because they're going to go through an adjustment period in their life [because] they have to accept what happened to them early so they can move on. You can't let it get to you to a point that you can't accept your disability. You're going to live with it, you got to accept it, and as soon as you do that your whole life will change (David, Marines, White, AAKA).
- [The government could] support the families to the max. My hospital stay at Fitzsimons was fantastic. There was a lot of support there and all the guys that have major limb loss will spend some time at Walter Reed or wherever and they should take advantage of that but the big thing [is that] once you're out on your own your only support group is your family until you make your own or you establish what you're going to do or something like that. I saw little or no support for my family from the government but my dad was career Army so we were not necessarily used to this kind of thing but it was not an unexpected event...But like I say just if the families need help there should be somebody there to help them out (Jason, Army, White, BBKA).

### ***Maintain Contact With Veterans***

- [There is] one thing that [comes] to mind [that can be done to improve the long term quality of life for amputee veterans of the current wars]. I've thought about it in the past but not dwelled on it either but outreach from the VA [would help]. You have to call them and go through that bureaucracy to get an answer or to get a number of things. I think they should contact the amputee once in awhile. They ought to have an office set up for that purpose. At every regional office they should have an office to call that guy and say listen we're looking at your file here and we see you haven't had a leg in five years. Don't you think we ought to get together on that? Something like that. That might encourage a guy to go and get his limb addressed and updated and that kind of thing. And that just doesn't happen. I believe that would be particularly good for the young veterans and it would be great for the older veterans. Just to call once in awhile like how are things going and we're looking at your file and you haven't been to see us and things like that (Chris, Marines, White, BK).

### ***Provide Counseling***

- I would say counseling [is something that the government and care providers can do to maximize the positive and minimize the negative effects of limb loss]. That's the big thing is just getting the stuff out of your system in counseling [and] talking. I guess that would be my big point is counseling (Gary, Army, White, BBKA).
- [My wife has been the most important factor to my quality of life]. I didn't say my rehab. I didn't say my toys. I didn't say my military experience or Walter Reed or the equivalent or anything like that and I think that our DOD and the VA [need to take that into consideration]. I say that [because] I talk to these young men [and] generally once they've gotten through their initial periods of rehab and are waiting for a medical board or this sort of thing I say tell me about your life and they say well you know it's really a burden. My wife's in Junction

City and [we have] two kids in school and I'm up here and she's pissed and I'm pissed. [So] in my opinion they are not doing a sufficient amount of marital counseling with amputees or any disabled veteran for that regard. I had a young man to tell me within the last two years that his marriage was on the ropes and he was having to hire a private family therapist to counsel [him] and his wife. Is that crazy? [The VA will] do anything the guy wants for his physical rehabilitation but they are ignoring the greatest single asset he's got. A certain amount of these women are going to say at some point is this as good as it gets and once they arrive at that point they say I'm out of here—kids or no kids. So it's my strong recommendation that the best single thing that you can do, [or what I] recommend the VA [or] DOD or anyone can do to ensure long-term quality of life it is [to provide] couple counseling [or] counseling at the time when a young man will be [going] into the dating field again or be looking to get married. The reason I say that is I think the biggest difficulty my wife and I had and we almost never [overcame it] was not my physical disability [or] the fact [that] I was injured [but] the fact that I had no idea of the boy and girl issues, the Mars/Venus things. I had no idea how women work and how we should interact and what to expect from them. We just kind of made it up as we went along and that's a terrible way to do it but since that I started being willing to read some stuff [and] I had a little bit better idea of where we're coming from. And I feel so strongly about this that three years ago [I was] haranguing and bitching and moaning at the fact that the disabled veterans winter spots clinic in Snowmass, Colorado never had anything for the women. A lot of these guys have wives. They come out there thinking the highest and best use for them in the whole damn week is to make sure their husband gets where he's supposed to be and be able to run upstairs and get his damn goggles because he forgot to get them and crap like that. No one was doing anything for these women. And my wife and I secured permission to have an hour and a half where we invited those that wanted to participate to listen to some of the crap that we went through. Not because we wanted them to follow our example. We wanted them to at least be exposed to the shit that we had to deal with. I wanted to tell them why I fought everything my wife did for me for two years [because] I wanted an intimate relationship and I was so afraid I was going to lose that by being a patient [because] she was going to be a caregiver and where's the intimacy in that. No one ever told me that we would have those feelings. So all I'm saying is the best thing you can do to ensure a quality life of an amputee or other significant veteran is get counseling [that] specifically deal[s] with the Mars/Venus boy/girl issues because as complicated as my injury is, as much difficulty as that is, it pales, in my opinion, in comparison to what it takes to have a dynamic, healthy, married relationship (Willy, Army, White, AKBHD).

- I was in the Vietnam War during the height of the war and everything. There was not a lot of focus on preparing us for moving forward. I think I got excellent treatment in the naval hospital in Oakland. While I was there I think the treatment was good as far as the medical care and so forth but I think the preparation for living life afterwards probably [would have helped]. It's just the guidelines on what to do moving forward [or] expectations [and] things along those lines I [that I] think would have been good [to have known about]. And I think those are the major things and I would probably help build some kind of sense of community. I think things along those lines as far as activities and just letting folks know what to expect like things like not hopping on your leg when you go to the shower. Just basic stuff along those lines and also a strategy for exercise and keeping your weight down and potential exercise processes. And maybe the VA should have some kind of exercise program for

disabled veterans. Maybe we'll have something like an exercise gym for disabled veterans [and they] could come in and have exercise programs with a pool and gymnasium and so forth and that may do more as far as long-time financial savings than a lot of the medical treatment that they try to do (Greg, Marines, Black, AK).

- [To improve the long term quality of life for current veterans they should be provided with] counseling. We just got sent home [when we got back from the war] and I wish I would have had somebody lead me a little bit I guess into college possibly [but] we had this thing hanging over us. Vietnam vet baby killers and all that and college demonstrations or whatever in 1968-69 so all I wanted to do was go hide. So I'd say these guys are getting a little credit for what they've done [and] maybe they don't need the coaching that I needed back then to go to college or enjoy in my life... Well, that's what I said that counseling is the main thing I think. Just don't abandon them. Like I say they just sent us home and that's the last you heard of the VA unless you went looking for them. There's no follow up. I mean they've got a, I think I read somewhere where they have a, I don't know if that's strictly for medical or, but it should work for counseling for some kind of schooling if they need that. Things are a lot different now, you know, the all-volunteer army. These guys are older. I was 20 years old when I lost my leg. I didn't have a lot of options, you know, when you get out of the hospital. I was 21 when I got out of the hospital but you need somebody to kind of lead you a little bit I guess. You're completely, when you go in then you want a, as a physical laborer and you come out and you can't do that well you got a lot of changes to make and I think they to, you know, counseling along that line a little bit or something. (Troy, Army, White, FAK).
- [Psychological counseling would] most definitely [help the veterans] because the stress level is a lot higher in today's war because [our enemies] won't stand there and fight you. In Vietnam they stood and fought us. Afghanistan and [Iraq] they'll use something in a road (Shawn, Army, White, BK).
- [It's important to include spouses in counseling too]. Absolutely, absolutely. They need to understand what's going on. It's like when somebody's dying. There's two things taking process. One is the person that's dying and one is the person that has concern and then they finally come to compassion and let the person die. But there's two different scenarios. My wife, when she was in the hospital in 2004 I was alongside her [and] she went through the same thing I did in that there's two different stories there. Neither one of you know what [the other one is going through]. She was at home. I was overseas. She was dying. I was beside her. She was knocked out cold and I was beside her and I didn't know what she was going through even being beside her (Frank, Army, White, BK).
- [The veterans who] come back [from the current wars are] probably going to have some form of PTSD and they're going to need the counseling [for] the PTSD. Plus they need to have the wives in there so the wives understand why they jump when they get touched to be woken up in the morning. There needs to be some kind of counseling on [how to deal with PTSD]. I have a lot of wives that talk to me because I do resource fairs through the Purple Heart and I've had wives talk to me about some of the stuff that their husbands are going through and there needs to be some sort of counseling so that the wives understand why the

men are acting the way they act. They're not crazy. They've just been through a war (Gary, Army, White, BBKA).

- [The government could] be more caring [in order to maximize positive outcomes for veterans]. Act like you are anyhow. Don't be afraid to use experimentive treatments like LSD. I think under the right circumstances that would help [veterans] but that's just me and [a] study [that] was for PTSD and people who have terminal cancer and that helped release the stress for the cancer patients and the PTSD people just liked it. It's a good trip. [It] is really interesting. I never had a bad [trip] so...I can't think of anything off of the top of my head other than just listening to the veteran. Maybe having more psychiatrists available and make it not seem like it's a bad thing [to have to talk to someone]. I've heard that some vets never ask for help because they were afraid that they would be kicked out of the service or not able to perform their function anymore. So I think [it] needs to be made clear that [experiencing PTSD is] just a normal thing [and] that if you don't have PTSD after going through this stuff you're crazy (Pete, Marines, White, AE).
- Our veterans today are getting a lot better care as far as medical care but I don't believe they are getting enough psychological help. Right now the suicide rate of these new veterans coming back is epidemic and I see that in the news. Some of the local veterans have committed suicide and I think they need a lot more debriefing before they [come] back into civilian life... [I would say if you go to counseling you should include your spouse.] Absolutely [because] they need to know what's going on. Now we've got the PTSD tag to put on all of this here but it covers such a broad range of traumatic events in everyday life and I think that the professional community is starting to understand that this can happen to just about anybody that goes through some sort of trauma...I can't think of anything that a veteran could do for himself other than put it in the past. So our government and the health profession has to take more steps toward solving the problem of the Post Traumatic Stress and along with that of course suicide (Bob, Army, White, AK).

#### ***Provide Services And Equipment Later On In Life***

- I think they should do more for the older guys, anything that goes wrong with you. And they don't realize that a single amputee who also has gunshot wounds in the good leg that as you get older that leg can't hold up like a normal good leg. They've got me rated for all sort of things for that gunshot wound in the hip but the money doesn't do you any good [because] I don't get any more money for that other leg giving me a fit to try to build those things that I need in the house—to make the bathroom access safer and the doors a little wider when I have to use the chair and all that sort of thing (Chris, Marines, White, BK).

#### ***Keep Vets Around Other Amputees***

- I know that they've been bringing a lot of [the returning veterans] into the different VAs and they keep them separated in some of these different areas and that's the worst thing you can do is when they come back they need to be in a ward where there's nothing but amputees where everybody leans on everybody else...That's the biggest help. I mean that's what's made me survive all these years because I'm still in touch with guys that I was in the hospital with because I was at Valley Forge and there were 104 of us and there was only like three or four double amputees but we all stayed fairly close. And then the other thing is exercise and

getting into sports and that's key right there because then once you get into sports you're around other amputees and around other handicapped people and that's a big plus (Gary, Army, White, BBKA).

### ***Prosthetics Research***

- Keep improving the prosthetics that are being used and I guess by that I mean making them more comfortable to wear (Ian, Army, White, BBKA).
- From the Veterans' standpoint I think they could make the VA a little more efficient and they could refrain from making so many amputees. I think that would help a lot. But that gets into a whole 'nother realm of stuff. But continue to fund research with prosthetics. My oldest son [was once] working at [a] University [in] the [West] in DNA research and it was his thought at the time that if I could live long enough then they will be able to clone body parts and attach them so there wouldn't be any more amputees. So that's something that's always kind of in the back of my mind that I think the government should explore (Eddie, Army, White, AEAK).

### ***Provide Educational Benefits***

- Certainly monetary benefits may help [improve the quality of life for veterans and help them] get through these trying times. I think vocational rehabilitation and other programs [like that are] probably one of the most important benefits they can have outside of the medical aspect of it. [It would be good] if we can get these veterans back and get them stabilized [so] they can go out and become productive members of society [and I think that with] the vast majority of them, the only way they're going to do that is with [an] education. I'll use myself as an example. One of the big regrets in my life is not going to college and when I did I played around and didn't focus and I ended up dropping out after a year. That's one of my big disappointments in life. The money that they gave me was nice. It helped me live. It helped me survive. It helped me until I was able to adjust to my disabilities and get into the job market but...I feel that the young men and women that are coming back today, one of the things that they definitely want to take advantage of is the educational aspects of their VA benefits and of course the medical aspects. The VA and the government has to take care of these people as far as their medical care and prostheses and wheelchairs and whatever it is that is needed to make their adjustment in their new life as easy as possible. But from the veteran himself or herself, I do believe that the most important benefit that they are going to get is the possibility and the ability to be able to go to school (Owen, Marines, Black, AK/BK).

### ***Give Veterans what they are Entitled to***

- [The government can do things to help maximize the positive outcomes]. Don't make it so hard [on the veterans], I mean give us what we're entitled to. Don't deny us what we're entitled to. That would make things easier. I spent the first 15 years just applying to [the] VA to get things that I needed. [They should] give us what we're entitled to. We have to ask for a shower stool. We have to ask for bars so you can get in and out of a tub or get off the toilet. This is stuff that you should [be able to] ask [for and then] get it without a big hassle (Shawn, Army, White, BK).

## **Family and Friends**

### ***General Support***

- [I would tell the families to just] be supportive and don't say you can't because and just be encouraging and supportive of whatever they want to try and don't limit them in any way. If they want to try something that may not seem like they could do it but that's doesn't matter. Let them try and support them (Eddie, Army, White, AEAK).
- I think family and friends can just try to be understanding. I personally did not come from a very understanding family. My family was very oh, well, shit happens, grit your teeth, do what you got to do. But I think [it is important for] a veteran [to have] a family that is supportive [and] understanding of him or her and realizes or at least tries to realize what they are going through on an everyday basis as far as how they physically and mentally have to adjust to their new world. And certainly it's very difficult for an awful lot of people to realize what that individual is going through because they've never gone through it themselves and it's easy to say well, I understand what you're going through. Well, no, you don't understand what I'm going through. You may try to understand. You may listen to me and you may sympathize with me and try to help me but you don't know what I'm going through any more than I know what you're going through in any traumatic period in your life. [So family and friends should just] try [to] be understanding of the veteran and the individual that has come back with no arm or no leg or come back paralyzed or whatever and give him or her the time to adjust to their new life (Owen, Marines, Black, AK/BK).
- [A veteran's family could help maximize positive outcomes by] just listen[ing] to him. Let him get [what he is thinking or feeling] off his chest. Let him talk about it and if he needs help, help him. If he don't want it try to help anyway because a lot of you say oh, I can do it without [help] but you need help. You can't do it by yourself (Shawn, Army, White, BK).
- [Family and friends should just] be there for support and [to] tell these people that if you're overweight, you've got to lose weight so you don't have heart problems [and you need to] get into a hobby or something that you can do to be active. And you have to be active to continue and don't be stressed. You can't change the past so you've got to go on. It's time to move (David, Marines, White, AAKA).
- [Family and friends can just] be supportive. I think that I was fortunate enough to have a family that was supportive but they never needed to do a lot for me. I was always independent and once I got out of the military I started going to school and working [so] I was getting and to take care of myself. But part of the process is to be there and be supportive and fortunately I was from a large family that was there [for me] and once I got married I had [a] family of my own. [And] then to me [I] was no different than any other fathers (Greg, Marines, Black, AK).

### ***Veterans Don't Want Sympathy***

- Family and friends [need to know that] nobody's looking for sympathy. [But they ought to realize that] just because I'm dressed and [I] look like I got two legs and do pretty good on them most of the time I'm in pain when I'm smiling. They should realize those things and

I'm not just talking about myself. I'm talking about for this new crop of veterans that we've got that are so maimed up...Because I go beyond what I'm really capable of doing. That's just the way I've always been. I mean I don't know when to stop sometimes. That's what I like about this younger son. He'll say Dad, it's about time for you to get in the car and go to the house for awhile [but] he says it in a way that it doesn't offend me. (Chris, Marines, White, BK).

- Friends just need to be friends. What I seen when I was in the hospital was they would send us out on leave and you'd go home for a week and these guys would come back and all the friends have been tapping them on their back saying you poor thing or they're trying to bend over backwards to help them and it turns into an awkward situation and you're just glad to get back to the hospital. We used to call it the poor boy syndrome (Gary, Army, White, BBKA).

#### *Other*

- [I'm not sure what the government or health care providers can do to help the returning veterans today because some of them will have traumatic brain injury and] when they get that brain injury and they've got a limb off that just compounds it, you know. I don't know how in the world they'll ever rehabilitate them. It's tough. Some of them can't speak...it's heartbreaking. The solution to it all would be a peaceful world and a peaceful co-existence. Do you think that'll ever happen? (Chris, Marines, White, BK).

### **K3. Advice To Current Veterans**

When asked what advice they would give to the current amputee veterans of the Iraq and Afghanistan conflicts the Vietnam veterans frequently mentioned mental aspects, such as keeping a positive attitude and accepting their injuries and physical aspects, such as staying active and continuing to participate in various activities. The two themes somewhat overlapped, as keeping physically active was associated with some of the veterans' belief in one's ability to maintain a high quality of life. Yet, the mental aspect of being able to accept their injuries was commonly noted as something the veterans must do before they can physically adapt to their injuries. The veterans stressed that even with their new disabilities, the current veterans should continue to take part in various physical activities (in their examples of what they can do, the Vietnam veterans spoke of activities ranging from outdoor household tasks to participating in sports). Lastly, although the veterans spoke of it in different terms, maintaining a positive attitude seems to be a key piece of advice they gave. They commented, for instance, that amputees of Iraq and Afghanistan wars should, "step up to the bat and take the hits where you have to and just move on with life" and "learn to live with it and live life to the fullest." Veterans who made comments such as these and spoke in terms of moving forward with life in light of limb loss are listed in the "Maintain a Positive Attitude" category. Lastly, the "Other" category contains the comments of two veterans who did not clearly fit into any other sub-section.

#### ***Keep Active***

- [I would advise the current amputee veterans to] accept that you're different. You have a disability [and] that will never change [so] do what you can do within your limitation and then try to exceed that. The more you do physically, the better off...you'll be...mentally. [Your injury] ain't going to hold you back and stop you from doing anything you want to do and this is what [the current veterans] have to learn and they will learn that as they get older. But [right now] they're 19, 20, 23 year old kids. When they get [to] my age at 60 [they] can do anything [they] want. [They'll] slow down but in the meantime [they will] have a good time [and] a good life. Your quality of life is what you make it living with a disability. And a lot of it is the people you are with and who you are married to and your friends (David, Marines, White, AAKA).
- Any amputee, you've got to look at yourself and realize this is gone [but] I can still have a quality life by doing what I want to do and proving to myself and others [that] I can still function as a normal person. And when they learn that they will function as a normal person. That's the only way they can do it and [then they can] be [a positive] influence to other people. If they see you doing it they're going to do it. Be an inspiration and if you only inspire one person in your life, you've done a good job (David, Marines, White, AAKA).
- I got hurt at 19. I just turned 60. It's had its up and downs but the majority of it it's just a learning process. As you age you learn and you mature and you go on with life. It's just something that everybody that's an amputee from any type of war will end up going through. And learn to take care of your bodies because the body you have left is going to end up wearing out sooner because you use it for every day activities when you don't need to...[And] this is what I've learned because having no legs, if you want something done and there's no one around you [are] going to climb up a ladder yourself and it's all upper body, so you better take care of it. I've had doctors [tell my why don't] you put yourself into an



electric wheelchair or get this or get that I go why would I want to do that and not use [my] muscles because if [I] don't use them they're going to deteriorate and I don't want to be that weak [and have to] depend on somebody for everything I need. And this is why I work out and do what I want to keep my health better. That's the way I look at it and [that's] what I tell the young kids when I meet them (David, Marines, White, AAKA).

- Finding something that is physically challenging is important. You got to push yourself...like I say use it or lose it. I'm a firm believer in that and so if you sit around doing nothing that's what you'll end up doing is nothing. And perseverance counts a lot. If at first you don't succeed find another way to do it. I tried skiing when I was at Fitzsimons. I never really felt comfortable [or] safe with my left knee because it's such a disaster from a stability standpoint and so I didn't really do any skiing until my son started skiing. I would take him skiing and sit around and do nothing and then I [saw] the ad on the winter sports clinic from the Grand Junction VA and I thought whoa, we should try that. So one winter I applied and got accepted and so the family and I packed up and went down...and I tried a Sit Ski. You know one where you sit in it and it worked great and it worked so well that I bought myself one. So I skied for almost 10 or 11 years...So the kids that come back with whatever injury they've got should make every effort to get out and try things but they need support [from] family or another bunch of people that are of similar. That was probably maybe one of the advantages of being in Fitzsimons for two and a half years rather than just a short time but when I, you know, so I was there for a good period of time...I mean the sports related things that I do there are accommodations that I've got to make in order to do that. I need a stool to sit on because I can't stand for a long period of time at the scoring console at swimming. [And] there's one particular track I do most of my work in so I bought myself a cheap office chair so I can roll around in that. [So I would tell them that] if you find something you need to accommodate for, then find a way to do it and don't rely on other people to do it. I mean I went out and bought the stool for swimming. I went out and bought the chair that I use for track. When I do hockey games, if it's two or more hockey games I get a little electric heater because the circulation in my left foot is not that great so [if I am] sitting in a hockey rink for more than one game I bring my heater along and I don't look for the school to provide that. I provide that myself. So I don't really look for a lot of people to do other things for me. I mean admittedly people do things for me which I appreciate but if they can't or won't then I'll just go ahead and do it for myself. [So] if I want to do something I'll usually try and find a way to do it and I think that's a pretty healthy attitude (Jason, Army, White, BBKA).

### ***Maintain A Positive Attitude***

- [I would advise current veterans who are amputees to] stick your neck [out] and go for it. Don't be afraid to try something. I held back all these years and then I kind of regret that. [I] should have stuck my neck out and bought a farm or whatever. So my biggest [piece of advice is] to tell them [to] go for it. You can probably do anything if you put your mind to it [and] I kind of proved [that to] myself [because] with a high AK amputation there should have been a lot of things I couldn't do but I can (Troy, Army, White, FAK).
- [I would tell current amputee veterans] that it's going to be tough. That you have to step up to the bat and take the hits where you have to and just move on with life. Don't let all those little bumps and bruises linger. Just get over them...[And] I think maybe the main thing is

staying involved. You have to be involved with something and all through your life. You can't sit still. You got to keep moving (Bob, Army, White, AK).

- Getting confidence within themselves [will really help current amputee veterans adapt and live]. Knowing that you can do anything. All you have to do is think about it and you can do anything you want to do (Gary, Army, White, BBKA).
- [I would tell current amputee veterans that they need to] learn to accept it early. It ain't going to grow back and I don't really know whether I can blame Vietnam on it [because] I knew another guy that had lost a limb in a motorcycle accident. So don't always begrudge the service because that's where you lost it at. Learn to live with it and live life to the fullest (Liam, Army, White, BK).
- I guess [whether or not they can adjust quickly] goes clear back to early years and I'm talking three years old. I mean a lot of that maybe has to be with how you're brought up. Being out in the hospital there in Denver with like 80 amputees on the ward, you saw the whole gamut. There was the group of us that accepted it, had fun with it, and then there was the other group that were pulled back. I mean I remember back in the beginning we would go to a bar all the time and one night at the bar there was like five of us [that] took our legs off and all sat them up on the table when the waitress come over and told her we all wanted tall draws in our legs. And yet we had other guys at the hospital that couldn't go through the drive through at McDonald's [so] they would drive back to the hospital and pick up one of us to go to McDonald's and go inside and get them some food. So it all had to do with the attitude you started with and [when it comes to changing] somebody's attitude, I don't know how you do that. We all have different attitudes and outlook[s] on life in general no matter what the circumstances are and I guess the ones that have learned early in life to adjust to whatever is and make the best of it are the ones that are probably going to come out with the loss of a limb the easiest. The ones that have always had everything their way and got whatever they wanted are probably going to have a little harder time dealing with that (Liam, Army, White, BK).
- [I would tell the amputee veterans of the current wars] that they need to gather as much information as possible. So maybe the study that you guys are doing here ideally will be very helpful to him. Ideally the VA and the military will provide more information than they provided for us when we came [home]. But [the veterans] need to have a focus. Assuming they have gotten out of the military without major injuries, [if] they had a career or goal they had ahead of them [prior to being injured they need to focus on that]. [If] they have families and goals and things they wanted to accomplish [before being hurt], they still need to have that focus because that's what drives you. It's taking ownership of your own future and they need to still have that. They may have to make some adjustments now but that's very important and very critical. So I think the major deal is to keep moving forward and see this as another challenge and obstacle to overcome but ultimately it's up to them [and] no one else can do it for them. They [have to] continue to move forward. You hear about veterans living on the streets [because they] have not made it through some of these challenges and so forth. Fortunately that has not been the case for me. I was always able to keep moving forward and look at it as another challenge and I think that's what the veterans or people who receive these kind of injuries need to do whether it's military veterans or anyone else. So I

think that's the main advice I would give them is to take ownership [over their lives]. The world has not come to an end although it may seem that way sometimes. They need to take ownership and set their goals and adjust where they need to make the adjustments and continue to move forward (Greg, Marines, Black, AK).

### ***Talking With Others***

- [I would encourage returning veterans to get into counseling]. Don't be afraid to get the help. You're going to need it. ...[And] if they know another [veteran who is dealing with limb loss I would advise them to] find [him] and talk to him. Find out how he deals with it and then you can help each other. Because basically when it comes down to it you're all feeling the same thing. I went through a group of amputee veterans and that really helped them to say I experienced that, I experienced this, and then he'll have the same [experience]. You're all going to go through the same thing and the sooner you learn it the better off you'll be. Find someone that you can talk to, another veteran. You'll say well I'm experiencing that too because I do that at reunions. I'll go to another vet, I'll ask another amputee, hey, do you get these? Oh, yeah, you know, and the next thing you know you're realizing well it's for real (Shawn, Army, White, BK).

### ***Other***

- [I would tell current veterans] to take better care of themselves and not try to do more than they are really capable of doing. Know when to sit down, know when to take the leg off. Make sure they get the proper amount of sleep and try to stay as healthy as possible because we're automatically prone to heart attack, diabetes, all sort[s] of thing[s] with these legs off and other gunshot wounds. And of course I would recommend to keep their spirit up and their chin up and do what they can do but not to overextend because it just stretches them and that'll come back on them when they get older (Chris, Marines, White, BK).
- I think one of the things that they have to realize [is] that this is not automatic. You're going to wake up [one] day [and feel fine or] you're [not] going to get out of the hospital and everything is going to be peachy cool keen-o from there because you're able to put on a pair of prostheses and walk on them. There is going to be adjustments and there's going to be difficulties and problems that you are going to experience for the rest of your life and how you adjust to those things is going to dictate how your life is going to be and whether you are going to be content with your life 30 or 40 years from now. But I think you also have to give yourself the time to adjust. You can't say oh, I've been an amputee for a year I should be...no, no, no. Each individual is different. I look at my at my life and it took me about 10 years to start saying hey, wait a minute. I've got to straighten up, I've got to adjust my attitude, I have to do whatever it is that I do to take a different road because the road I'm going down is not a good one. Now I had my wife to help me with that. I was injured for about seven years when I got married. And the first three or four years of our marriage my wife had to do some adjusting and she had to be a little tolerant and understanding. I, on the other hand, had to pick up the knowledge and the idea that the path that I'm taking [was] probably not the right path to take [and that I should] listen to [my] wife, pay attention, and adjust accordingly. But I had to give myself that time to do it (Owen, Marines, Black, AK/BK).

## **L. IMPLICATIONS – RESEARCH, POLICY, AND PRACTICE**

This research study sought to better understand the care and life experiences of Vietnam veterans with combat-related limb loss over their post-amputation life-spans (averaging around 40 years of experience). The findings here provide a vivid description of the veterans' experiences, primarily during the most recent 12 months prior to the interviews. The report's core focuses on the health and quality of life experiences during these recent years. The findings in this report can be used to inform the development of:

- Additional research projects that seek to understand various dimensions of living with combat-related limb loss.
- Reforms in areas of policies regarding care for veterans with combat-related limb loss in both the short and long run, along with the development of new policies.
- Refinements in the approaches to treatment that are accorded to such seriously wounded US personnel as those experiencing limb-loss.

In the space below, the report summarizes the key implications of this research for future research, policy, and practice. While the differences between the research implications and the other implication types are straightforward and unambiguous, the distinctions between policy and practice implications are often confounded. For purposes of this report, policy refers to laws and guidelines or regulations surrounding the kinds of services and benefits made available to veterans with combat-related limb loss. Practice refers to the nature of the provisions that are actually provided, such as type of care, of social support, and of educational programs, to give just three examples. In this regard, it is worth noting that other interpretations of the information provided here may derive additionally implied research, policy, or practice recommendations beyond the substantial array provided here.

### **L1. Implications For Research**

1. More research is needed to understand factors that deter and facilitate veterans from using their VA health care benefits.
2. More research is needed to compare the quality of care for major health care needs (e.g., surgery) between the VA health facilities and non-VA facilities.
3. More research is needed to understand the neurological and social experience of pain over the life-course for combat-related limb loss (e.g., what is the frequency of pain? How intense is it? Is there a neurological pattern? What pain management and coping mechanisms are successful? What effect does pain have on quality of life for the amputee and the amputee's social network? Do veterans from the current conflicts experience post amputation pain differently? Is the use of alcohol to manage phantom pain common among current veterans? Does it increase over time?)
4. More research is needed to understand the specific nature of barriers and facilitators to exercise among combat related amputees.

5. More research is needed to understand the specific factors that account for, and prevent, deterioration of (i.e., pain and arthritis in) good limbs as the veterans age.
6. More research is needed to understand the specific ways veterans successfully manage skin conditions on their own without formal health care.
7. More research is needed to verify the incidence of self-reported PTSD through standard clinical assessment and to understand the occurrences, long-term effects and experiences of living with PTSD, as well as to understand how these men reached the self-diagnosis of PTSD.
8. More research is needed to identify both structural (e.g., limited availability of mental health care) and individual level barriers (e.g., negative perceptions of PTSD held by the veterans themselves) to mental health care among combat amputees.
9. More research is needed to learn about current veterans' perceptions of mental health afflictions such as PTSD and whether they hold less negative views of mental illness than veterans of past wars do.
10. More research is needed to investigate how Vietnam veterans with combat-related limb loss overcame drug or alcohol abuse problems, especially in the context of not receiving formal care.
11. Do amputee veterans of current conflict experience similar drug and alcohol abuse problems? If so, do they receive care and does it help?
12. More research is needed to identify which factors lead to increased usage of assistive devices as the veterans age, as well as what can be done to improve the experience of using prosthetic devices as veterans age.
13. More research is needed to better understand the barriers to using assistive devices in public places, such as internalized stigma, and to identify ways to reduce those barriers.
14. More research is needed to understand any adverse health effects of using newer technologies that may occur for the veterans, especially in terms of long-term health outcomes. Vietnam Veterans did not have power wheel chairs or electronically controlled prosthesis for much of their life so they engaged in more physical activity when using older devices. What are the long term health outcomes of using newer as opposed to older technologies for veterans of current conflicts?
15. Research is needed on reasons why aging veterans may move away from a prosthetic device later in life (e.g., obesity, other co-morbidities, impact of joints, too much hassle, and/or lack of support from the VA and other health systems related to communicating new technologies that might make it easier to handle a prosthetic device). What is the impact of the aging process on the ability or willingness to use a prosthesis?

16. More research is needed to explore what factors are important predictors of success in major life-transition experiences (e.g., marriage, parenthood, and career) for veterans with combat-related limb loss and whether amputee veterans of lower social-economic level and lower support fare as well.
17. Research that examines the quality of life among veterans with combat-related limb loss should take into consideration the different meanings of “quality” in that some may refer to relationship factors, others to financial factors or various hobbies and community activities, and others to mobility and ability factors. It’s possible the veterans may report different degrees of quality experiences on each of these different experiences over the life-course.
18. More research should examine the vital role of peer social support, both from the perspectives of the veterans and their peers (during the recovery process, integration into the community, and quality of life over the life span).
19. More research is needed to understand the nature of family social support from the perspective of the veterans and their primary support providers. While we know in general that family support is critical, we know very little about the dynamics of these relationships and how they work.
20. More research is needed to understand how structural and individual level interventions and change (such as the ADA and improved societal attitudes) help improve the quality of lives of veterans with limb-loss.
21. More comparative research is needed to document whether the veteran’s perception regarding their decreased mobility and ability is solely due to the natural process of aging, or is exacerbated by their limb-loss.
22. More research is needed to understand how each of these factors work to improve long-term outcomes of living with combat-related limb loss, as well as which factors are most predictive of improved outcomes.

## **L2. Implications For Policy**

1. VA health care policies should improve quality control efforts that center on reducing waiting times for appointments in an effort to decrease barriers to VA Health Care.
2. Veterans should be provided with quality and care indicators of their local VA health care facilities so that they are making health care decisions based on current standards and practices of care, rather than making such decisions based upon care received in the early years following their injuries or possible misperceptions of the current quality of care.
3. Policies that provide services and assistance for the combat amputee veteran should recognize that amputation related pain may persist over the life-course and may exacerbate disability due to limb-loss.

4. Policies that provide services and assistance for the combat amputee veteran need to provide incentives or assistance to exercise, whether on their own or as part of a formal exercise program. Such assistance should be offered over the life-course.
5. Policies that provide services and assistance for the combat amputee veteran should recognize that the veterans may develop skin complications with prostheses use, and policies should provide coverage for replacing or repairing a prosthesis that continues to irritate the veterans' skin or cause pain.
6. Screening for mental health illness, and the provision of appropriate treatment, should be part of routine health care from the very beginning of their post-amputation period to their later years.
7. Policies that provide for counseling and disability compensation for veterans should take into account that alcohol or drug addiction may occur in response to the veterans' combat or limb-loss experience, and benefits and care should be allocated accordingly.
8. Policies that provide for assistance to replace prosthetic devices or compensate for such devices, as well as other assistive devices, need to take into account that prosthetic and device use is a life-long experience and that as the veterans age, they may increasingly rely on additional assistive devices or need newer prosthetic devices that provide a better fit (limbs will change with age). Therefore, resources need to be allocated to ensure that veterans of past and current conflicts have access to current state of the art technology later on in life if it is needed
9. Adaptive cars and housing greatly enhanced the quality of lives of veterans. Such needs often increased as the veterans aged due to increased reliance on assistive devices. Policies that outline benefits to veterans for adaptive driving and housing need to take into account that such needs will increase with age regardless of the nature of limb-loss.
10. Policies that cover grants for adaptive housing needs might consider widening eligibility for veterans with single limb-loss whom may have unique housing needs.
11. Policies should be developed to support different ways to stay connected with military peers such as through volunteer opportunities, military organizations, as well as to support the veterans to develop skills and the means to do so -- if military service is not an option or not pursued. Digital technology such as the virtual world environments via the internet might be particularly resourceful in developing different options to stay connected.
12. Some services for the veterans with limb-loss should be extended to key significant others, such as the spouses or other main informal support provider of the afflicted. Such provisions might include educative services focused on limb-loss issues and, in many cases, some degree of counseling and mental health services. Resources devoted to such support providers continue to be an investment in the veteran, and one that may save money in the long run.

13. Policies that aim to eliminate structural barriers to accessibility and ability, as well as directly intervene to improve people's attitudes towards people with disability, will likely continue to improve the long-term quality of life outcomes of veterans with limb-loss.
14. Policies related to aging should relate to awareness of how limb-loss affects aging with flexibility to accommodate any needs unique to this population.
15. People who make policies that affect veterans should be aware that a multitude of structural and individual level factors affect various aspects of the veterans lives and that different groups who work to address different needs (e.g., mental health, education, family relations) should work together such that policies address the entire spectrum of the veterans' lives.

### **L3. Implications For Practice**

1. Providers should be educated about the frustrations experienced by their patients that center on perceived long-wait times and efforts should be made to make their wait more comfortable, or to shorten their waiting time.
2. The veteran amputees and their primary support providers, including care providers, should be aware that experiences with post-traumatic pain might be life-long and thus require life-long management and care.
3. Providers should screen amputees who report phantom pain for possible use of alcohol to manage that pain, and if such use is occurring, providers should develop a better pain management plan.
4. Providers need to emphasize the importance of exercise as a regular part of the veterans' activities over their life-course to prevent problems later on in life. It may go a long way to decrease weight related problems and heart conditions as the veterans age, as well as decreasing arthritis in good limbs.
5. Providers should try to identify public exercise facilities where amputees regularly exercise and provide resources concerning these facilities to veterans. The veterans may be more likely to join such facilities where they will see other amputees like themselves.
6. All veterans of current and past wars who sustained a major injury that involved blood transfusions, should be screened for Hepatitis C, and if positive for the virus, offered care.
7. Veterans with combat-related limb loss should be provided with several self-care resources that may help with skin-related problems as most veterans will not seek formal care for such concerns.
8. Providing information about PTSD, and referrals for mental health care, should become standard procedure in the amputee veterans' program of care.
9. Some of the veterans viewed PTSD negatively. Such perceptions may hinder them from being open about their mental health state or from seeking help if it is needed. Education should focus on PTSD and interventions to reduce the stigma around PTSD.



10. Similarly, education around the different kinds of mental health services now available for veterans should increase use of such services.
11. Screening for drug and alcohol abuse and dependency, as well as education around risk reduction programs, should occur soon after the veterans start to reintegrate into civilian life and should be assessed periodically across the life-course.
12. Insuring access to mental health care and regular screening for mental health challenges may reduce the reliance on drugs or alcohol as a coping mechanism in response to limb-loss and the combat experience.
13. Insuring that veterans have access to knowledge concerning different ways to manage phantom pains may reduce the chance that alcohol will be used to self-medicate pain.
14. Interventions to assist veterans with combat-related limb loss to maximize positive outcomes over the life span should take into account that use of prosthetic devices is an on-going process. As technologies improve and the veterans age, they may benefit from interventions late in life to encourage their use and assist them with the better technologies or different kinds of assistive devices.
15. At the same time, some newer technologies may lead to more sedentary lifestyles, such as use of power chairs. This can have adverse health outcomes. Plans should therefore be made to include a regular course of exercise for the veterans
16. Significant care providers, whether professional (e.g., medical personnel) or personal (e.g., spouses), need to be aware that despite experiencing combat-related limb loss, most such veterans will go on to experience the major life transitions such as marriage, parenthood, and steady employment. Losing a limb during combat does not necessarily mean such transitions will not occur.
17. Exposure of newly injured veterans to veterans who have been living with combat-related limb loss for some time and who have experienced some of life's major transitions, may serve as inspirational role-models in modeling that life can go on despite traumatic injuries (e.g., peer support).
18. The rehabilitation and care efforts will often be significantly enhanced if the exposure to "peers" (other veteran amputees) can be incorporated into other pre- or post- treatment experiences. For example, the veterans in this sample experienced the following:
  - a. Peers can help reduce stigma associated with limb-loss by showing the veteran that he/she is not alone in having to sustain such injuries and their associated life changes.
  - b. Peer counselors allow veterans a safe space to share their experiences and stories and can help with emotional health.
19. The provision of information about the substantial difficulties that families of amputee veterans face should also become standard fare for both the veterans and their families. The physical and emotional challenges these families will confront are enormous and every effort expended to prepare them should help enormously. Creative ways to support families should

be explored (such as amputee veteran caregiver support groups).

20. The veteran amputees will benefit from learning and being encouraged to use assistive technologies that may help them maintain their ability as they age.
21. The veteran amputees will benefit from being reminded of the importance of exercise in maintaining mobility and ability as they age.
22. Providers must be aware of the multitude of policies that affect veterans over the life-course and learn how to negotiate among them for the benefit of the veteran.

### **Implications Conclusion**

While the listing above may not be exhaustive of all that can and should be done to improve the lives of our veterans with combat-related limb loss, they constitute the key ones that flow from the research reported on here. More will be known and reported on when the remaining phases of the overall project are completed and released. Confidence in the above noted flows from the fact that most of the items suggested here for consideration as research, policy, or practice were taken from the veterans' own words, while the remaining were drawn from their descriptions, our observations, and our carefully considered interpretations.

## M. VETERAN PROFILES



Photo Courtesy of the Disabled American Veterans

**Profile of Mr. Pete Smith (Above the Elbow)**  
(Originally Interview Transcript 21 pages)

*Mr. Pete Smith lives in a Midwestern state where he was born and raised. He was born October 2, 1949. He served in the U. S. Marine Corps, enlisting on March 15<sup>th</sup> of 1968. He was wounded in Vietnam December, 7<sup>th</sup> 1969. He is a left arm above the elbow amputee. He has been married twice and remains married to his second wife. He has two stepchildren. He reports his overall health as fair. He also smokes and reports using drugs and alcohol. In addition, he reports currently having back pain, stump pain, phantom pin, depression, PTSD other mental health issues. He does not currently use a prosthesis. Pete was interviewed on May 6, 2010. This is Pete's story.*

I'm retired. [I got married in 1983]. I've got two step-kids and three kids of my own. It was like a yours, mine, and ours marriage. The youngest is 18 and she's going to college, and then we have four others which were stair steps, sort of. The oldest is 34 and then, it's 31, 32, 33. I've got seven [grandchildren] with one on the way.

I'm currently using my wife's [work insurance]. I think it's Aetna. I'm going to have to start using the VA facilities though. I don't know how much longer she's going to have her job, the way they cut back and stuff like that but... it's private insurance. When I lived in [Ohio, there was a base that I would go to] if I had medical problems. I [went] there once when they sewed my intestines back together. It got sort of messed up, and I had to go to the hospital for a couple of days. That's where I went and I had two of my kids born [there]. I know we got treated nice. And since I was retired, officially retired and not just discharged, I had the benefit of that.

[Since I got back from Vietnam, I have been mostly using private insurance and private doctors]. I don't want to go to the VA. I stay away from them as much as I can although I'm probably going to have to start going. I don't like them. I didn't like them when I came back initially...and they subsequently never did anything that I thought was worthwhile. I couldn't understand the doctors, and we weren't really treated very good. If you complained, you just got a shot of pain medicine to knock you out. So that was pretty much my experience with them, and it just left a lasting impression. [Also] a very long time ago...[I] talked to a shrink [at the VA] because I told him that I was feeling a burning sensation inside me whenever I talked about the war. He gave me some valium, and that was it. [But] the valium didn't do anything...[So I used the VA] that one time and that's it.

[Concerning my health in general] I think I'm okay. My wife would say that I'm not so healthy. But I think I'm healthier than what she thinks I am. [Although I do have] phantom pains that kill me. [But] there's not a whole lot [that can be done about it]. Sometimes I actually have some real pain around the bone where they've cut it, but that's nothing that's terrible. My phantom pains are worse than anything in the world. But the only other problems I have would be [that] having [only] one arm [means] you have to do more. [You have to] take two trips instead of one. And that can wear you out more. [I encounter problems because I am using one arm to do the work of two]. I mean it's hard to butter a bagel. You know, that's for one thing. It's just stuff like that -- cutting my fingernails, washing my hand, stuff that you don't think about.

[My general health is] worse than it was a decade ago. [My emotional health is] alright. I [feel some] emotion[s] when we talk about the war, things like that, but it's not like I'm walking around the house with an M16 doing guard duty at night. [I'm] not that weird. I'm pretty much okay. I

[am] not crazy about war things on TV even though I watch them. I'm watching the *Pacific* now on HBO and that's sort of okay. Not as good as *Band of Brothers*.

[I don't have any particular concerns related to my physical or emotional health]. I mean, I know I don't like getting old but what choice you got. So the age thing, just in general, I think, affects me like it probably would have if I hadn't been hurt. Mentally, I feel I'm okay. I don't do anything that I've seen wacko people do, but I did fail the PTSD test that the VA had. That was when my friends were trying to convince me that I actually had PTSD and I refused to believe them until they showed me a couple of websites. One test that the VA had was 10 questions and I had nine out of 10. That was around the year 2000. [But I thought] I didn't have it. I didn't go around wearing my jungle utilities or have this thousand yard stare and all these things you see that Hollywood does, but I just let things slide and lived with it.

[I don't exercise]. Except that I chase my grandson around. I've got him herded away now, but he's two and a half and just keeping up with him sometimes wear[s] me out.

[I've had phantom pain since I was wounded]. I always thought it would go away but then I found out that it doesn't. It can be incredibly intense. Sometimes I just lay on the floor and grovel. The only time I can get any kind of slight relief from the pain is [when] I'll grab [my stump] with my right hand and squeeze as hard as I can, and sometimes that lets it up after while [but] sometimes it doesn't do a damn thing. [I don't use alternative forms of medicine].

I used to drink. But I did stop the alcohol. I think I've had one beer in about six years. I've got a back pain, and I have one of those pain patches called Fentanyl Duragesic, and I get one of those every three days. [I take] Percocet too. Sometimes if my arm's really killing me and...it's going to be one of those [pains] that lasts an hour or longer, then I'll pop some Percocets to try and help kill the pain. They sort of help a little bit, even though they're not supposed to.

I think [my back pain is due to] my injury [and] I walk kind of crooked. One thing that I hate is, since I don't have the weight of my left arm my left shoulder lifts up higher than my right shoulder. I'm sort of slanted a little bit and I guess the few other amputees I've seen are like that too. So it must be the way we live or do things and that sort of gives my spine sort of crookedness to it. And plus, when I was in boot camp, I fell about 20 foot with full pack on and all that stuff which I'm sure didn't help things and also, just humping around over in Vietnam carrying those back packs.

[I don't have any skin problems]. I don't wear a fake arm because that hurts too much. It's got a big stitch up the middle of it, and when they released me, it was still open. I had several wounds that were still not all the way healed, and I had to take care of them. It didn't get infected thank goodness, but I did take care of it the best I could.

[I don't wear a prosthetic arm]. I've tried various times at first to wear it then I just got too frustrated with it and threw it against the wall at my house and cracked the elbow on it. It didn't work. It would lock up all the time, and it's hard to get it to unlock and I could've complained more about it and probably got it worked on some; but that would be me dealing with the VA. So I didn't. I did call them around 1990 to see about getting a new arm, and they were more than nice about it but I never did keep the appointment. I called and canceled it. [So I haven't worn a prosthetic arm for several decades]. [But] once in awhile, I'll put it on to scare the kids. They like it though. They think it's cool.

At work I had to improvise a little bit. We used to just write on paper [but] then they actually put computers in and I had to type, and so I made a little thing with a couple of pencils that I could use and hit two buttons that were too far for my fingers to reach. I did a couple other things like that. [But I don't use any devices for helping to get things off of the shelf at home]. I'm six foot. I can pretty much reach everything.

I've aged 20 years in the last couple of decades. I think a big part of it [is] just getting older. I have back problems now that I didn't have 20 years ago, and it's hard to do anything. I used to work out. Did all that stuff and then when my back actually went out...I thought what's the point in doing exercise?

I used to be sort of a motor head and I don't work on cars anymore, but a lot of that has to do with my back. It was hard to do with one hand but it was still possible. I was never in doubt of my abilities to be able to do something if I wanted to. I knew a guy who lost his arm falling from a tree when he was 12 and he went on to drive a Harley, and he built and flies his own...plane and that's all with one arm. He really went overboard. He was trying to show everybody he can do anything he wants. But that just gave me some confidence in my ability to do things. And when I was a motor head, it was kind of neat. We would work on the cars and things like that.

[The most significant challenge that I've overcome in dealing with the loss of my arm is] just knowing that I could do something if I had to. I can remember where I was when I learned to tie my shoe again, and just doing it with one hand was pretty cool. Then I figured out how to cut my fingernails.

I get down on myself more than I used to but that's only when I feel sorry for myself...sometimes I'm a egotistical son of a bitch but it's always like, screw you, don't mess with me, I can handle it, and I don't like people trying to help me do anything. If I want help I'll ask for it, but that's about it.

I'm not really aware of [the American's with Disabilities Act]. I don't know if it affected me back when I was working or not. I found out since I quit working that they were kind of leery of me being a Vietnam Vet. [But] I didn't take any bullshit from them. They couldn't intimidate me. Hell, I've been shot at by people with automatic weapons, you know. You're not going to scare me with threats of being fired or something like that, and I knew they couldn't fire me because I was disabled....[And] I did go off on them. [And] when I figured that I did have PTSD that was one of the [signs]. You get mad real easily, and my position at work I had to have my back in a corner and, shoot, I remember my supervisor trying to get me to switch chairs, and I wouldn't change seats. For one thing, I didn't see any reason to do it. She was just doing it to do it, and I didn't want to lose my position where my back was covered, so I really went off on her; and she backed down, and I kind of felt bad about that, but I won. I got the seat. But there's been a few times like that. I've had a rep accuse me of doing something that I didn't do, like leave the building early; that really pissed me off and I went off on a supervisor then. If I'm innocent, you'll know from my reaction and believe me, I was pissed. But that's about it. I notice some people do get upset [with me] because I only have one arm, and I get some perceived special treatment, but it's not really special.

[I've noticed changes in social attitudes towards people with disabilities]. I think we're treated better. That has to do with being a Vietnam vet too. The war has become more acceptable now, and we got all the phony bolognas that want to be Vietnam vets which I thinks funnier than hell.

[In order to maintain my mobility as I age]. I think I just have to keep walking, using my legs as best I can. I do try to walk around the block, so I guess I do get some exercise besides chasing my grandson. But just so I keep my legs in good shape. They're the one thing that's not been bad or caused me any problems.

[When I got back from Vietnam, I did not receive any mental health counseling, and no one talked to me about PTSD]. [I would say PTSD negatively affected my first marriage]. [At one point I went to a doctor at the VA because] I just wondered why I had a burning feeling inside of me...and to this day it's still the same thing. If I start going over it and [tell them] the details they want to hear or something like it gets pretty bad. It's not like I tell anybody about it much.

[I drank, and that was related to PTSD,] that and the phantom pains. I was doing pretty good but actually compared to some people, I guess, I really wasn't. I thought I was, but I would drink a 12 pack a day, and that was rare and I could go through a bottle of rum or tequila in, maybe, two days. But I know there's people drinking more than that. [But] I did [that] until they told me that I've got hepatitis C, and I had to stop. That got me to stop right there [because] I know that Hep C attacks the liver and so does too much alcohol.

I [got Hep C] either from a blood transfusion when I got hit because they had to change all my blood basically and-or when I was inducted. The way they gave us shots with a gun, you know, you just stand over and pow, pow, pow, pow. They just give you the shots in the arms. The VA was doing a study because there was a high incidence of hep C for veterans from the mid to late sixties. [After I was wounded] once I got back to First Med Battalion, I [got a lot of blood transfusions].

[The doctor I see is a] civilian doctor, she's a pretty good doctor. I've had her for like 20 years. I hate losing her. But she got me on Zoloft and then Wellbutrin.

[In general, my quality of life is] pretty good. I'm happy with it. It could always be better. Give me more money. That sort of thing....[My wife's] been a rock so she's understanding. She's there for me if I need anything and she knows when not to help me. So she's been a big plus. I don't really have too many other relationships. I've got another buddy here in town who I've known for 20 some years and I've got another buddy that lives in Halton Heights; and those are the two that I really stay in any kind of touch with. I've had I think okay relationships. [And] my friend that lives here thought I was full of shit when I went for a PTSD because he didn't think I had it either. And he thought I was yanking his chain or whatever.

All the grandkids love me. I'm their favorite grandpa and they don't just say that to me. And as far as being a parent I tried my best. It's hard dealing with kids. They don't make sense half the time. I think [PTSD] might have [affected how I raised my kids because] before I knew I had the PTSD when I was with the kids I had that short fuse and I'd yell at them too easily.

I used to read a lot. I mean I used to read a book a week, but then I stopped. About ten years ago just sort of turned off. [But] basically it was working on cars, reading books, staying high with my buddies with smoking pot.

I wasn't really drinking alcohol right when I came back and I had a old girlfriend that was able to get me hash, so that was what I was basically smoking. We got some psychedelics and that helped; and that's one thing that I kind of thought was interesting because I saw in the paper the other day that they've found out that acid or LSD can help PTSD sufferers. [And] I think it did [help me]. I really

think it helped me a lot. I never had a bad trip, and it just gave me a chance to look inside myself.

[I'm not involved with the community]. I stay away from everybody. I do have a friendly acquaintance who's lived in the same neighborhood for about 15 years, and then I moved here, and he followed.

Things that I worry about personally aren't really that bad. I have some worries [but] they're out of my control so I don't really worry that much about it, if I can't do anything about it. It's things [that are] abstract. Like I worry that some terrorists will let off a nuke somewhere. That kind of stuff. I think that's a possibility but that's also not really an unusual worry. I think everybody thinks something like that.

[I'm worried about imposing on my family and friends]. I don't want to. I don't feel that I do.

[The DOD and VA could maximize positive outcomes for veterans if they would] be more caring. Don't be afraid to use experimental treatments like LSD...but that's just me and that study. The study was for PTSD and people who have terminal cancer, and that helped release the stress for the cancer patients and the PTSD people just liked it I guess. I know you've never did it but a good trip is really interesting. I never had a bad one...[But] I can't think of anything [that care providers could do to maximize benefits and lessen negative outcomes for veterans]; off of the top of my head, other than just listening to the veteran. Maybe having more psychiatrists available and make it not seem like [having PTSD is] a bad thing. I hear that some vets never ask for help because they [are] afraid that they would be kicked out of the service or not able to perform their function anymore. So I think that needs to be made clear that it's just a normal thing. If you don't have PTSD after going through this stuff, you're crazy.

My Marine Corps training [accounts for the single most important reason for my personal success since I was injured]. It gave me confidence [because] once I made it through boot camp I knew I could do anything and that was just the whole thing. Taking a scrawny 160 pound kid and turning him into a scrawny 150 pound kid but nothing but muscle. [Boot camp gave me the confidence to] do things that I never thought I could do. So that's my saving grace. It gave me a lot of confidence in myself. It helped me to I think when I saved one girl's life when I had to give her the Heimlich maneuver. That was in the mid-eighties or something. I was coming back from a break, and I saw her standing up, and she started to change color, and she was gagging; but at first I said, "Is this serious?" and she nodded her head, and so I just immediately grabbed her, and gave her the Heimlich; and it popped out. You know, one arm and I did it and everybody else was standing around looking. So I was thinking, "What the hell's the matter with you people?" You know, you act instantly. I didn't even think about it until after I did it. But that was the Marine Corps...[I still think of myself as a Marine]. Hell, yeah. I'll always be a Marine.

It's a bitch living with one arm. It's something that can't be smoothed over. When you talk to any of the new amputees, they're going to have trouble their entire life, and they're going to get pissed off at things. They'll want to break things or throw things against the wall, stuff like that, but it's okay to go ahead and do that just don't hit anybody when you're doing it. Let out your emotions. That's the one thing you've got to be made to feel like they are really normal... [because] if you [don't] have [PTSD after returning from war], like I said earlier you'd be crazy.



**Profile of Mr. Liam Hall (Below the Knee)**  
(Original Interview Transcript 15 pages)

*Mr. Liam Hall was born May 16<sup>th</sup>, 1949 and lives in the Midwest. He was drafted into the US Army in 1969 and was injured June 20, 1970 near Quang Tri in Vietnam. He is a left-leg below-the-knee amputee and currently uses a prosthetic device. He is divorced with two children. Mr. Hall reports his general health to be fair and also reports smoking, heart disease, back pain, stump pain, phantom sensation and depression. The interview was completed on April 22, 2010. This is Liam's story.*

[I currently have] Blue Cross. I think my agent described it as the last chance insurance. It's one where you cannot be denied. [But] it's through Blue Cross [and it's] \$455 a month.

[I receive my health care at the] VA [and] I feel it's as good as any other care I would get anywhere...[but] I don't go for much health care. [And I don't receive any mental health care]. [When it comes to my emotional health] I think I'm okay on that. I mean I retired so I sit here and do stuff all day long and keep busy. [I] just think about normal everyday things...if I've got any emotional problems I guess I'm not sure what they are.

[I] had a heart attack three years ago...Since the heart attack I guess my biggest problem is [that] I can't walk very far. I get a little shortness of breath but the shortness of breath isn't the problem. It starts at my hips and then goes down and I just get a numbness. [It's] kind of like when you're legs go to sleep and you get the pins and needles...if I could get rid of that I would consider myself fairly healthy. They listed me on one of my medical records as having COPD [which stands for chronic obstructive pulmonary disease]. [It means there is] fluid around the heart or lungs or something.

I kind of think [overcompensating causes] part of my numbness because with the loss of the left foot I depend on the right leg more. I can see that in the size of the thigh on both legs. I definitely have a bigger thigh on the right side. And my right hip is where all this pain starts. Now at one time they told me [that] I had something in my back (I don't know whether that's associated [with] the hip or not) but one of the doctors told me that it's very common to have hip problems on the opposite side in older age. So I guess that's where I just kind of say okay, that must be what's happening now. They told me that was because [I] do use that side more. I get some [phantom] sensations once in awhile and that was kind of what brought on the [doctors] going in and removing the neuroma years back. I would say it maybe happens every six months or so. I'll get a sharp, throbbing pain in the nerve endings and [I] don't sleep for a couple nights but it finally goes away. But it'll send shock wave[s] up your leg. [If I were] trying to compare it to something that the normal person might know [I] would [say it is] like hitting the funny bone on your elbow. So I mean it keeps you awake. You definitely stay alert. It happens once every six months or so [and] you just kind of [say okay, it's] another one of those days. [But] it usually leaves within a couple of days. I've never figured out what caused it. Never found a good way to relieve it. Years ago, oh probably within the first five years or so after my amputation I had it and went to the hospital [because of] it and they gave me pain killers, muscle relaxers. I don't know what the heck they were [but] it didn't do any good so I just never went back [to the doctors] for it. It's like you just put up with it when it happens.

[I] don't really know [if I'd ever be interested in using alternative pain management]. I've never tried it. I guess I've got a high threshold for pain. That's what they tell me. I've had crowns put on and I don't even get any Novocain or anything for it. I just let them go ahead and drill. I don't want to take the drugs if I don't have to. So you just kind of suck it up.

[The skin where I wear my stump is okay]. I mean I've got the original scar from where they closed it up [and] once in awhile it sort of breaks open, but it's done that since day one. It may only be once a year that it does that. A lot of it depends on how much you're on it and I'm not on it as much now as I used to be. So that probably helped that condition some. [But it usually heals up well on its own]. [I don't think I've ever sought professional help for it].

[I am not receiving any rehabilitative care]. [After] I was issued my first prosthesis I never had a problem walking. [Not even] from day one. I walked good enough that I got a new therapist suckered into getting me up on the table to work out my ankle because it wasn't working right. [This was] before he could ever figure out that I had a prosthesis. So I walked pretty normal all along.

[Today] the prosthesis works as good as it always did. I bought a golf cart [but] I don't really use any other aids. In the beginning I didn't have any problem getting around. I mean I still went out pheasant hunting and I ended up with 32 years as a volunteer fireman so I always got around with [the prosthesis pretty well]. I couldn't run but once in a great while [I] played racket ball and volleyball and stuff off and on. But as I got older I couldn't do that. Now I guess I just attribute my loss of mobility [to] the fact that everything goes numb and it's not per se the prosthesis that's doing that. It's my hips. It may be caused by the prosthesis but it's not the prosthesis itself.

They have built some prosthesis for me that are supposed to have some new graphite foots and all this other stuff on them but they've never got a socket that fit. I've had two made that I've never really [worn regularly] because they don't fit right. So I'm still wearing an old one and I think they call it the S.A.C.H. foot. [But] the foot went bad on it again and I went and told them I needed a new foot. They were like oh, we're going to have to special order that thing. They don't even hardly make those anymore. Well, sorry about that but that's what mine is. They've got tight spots and everything else. [Though] I'd normally wear like a six ply sock, the last one I had built was built for like a two ply sock and so it was [making me too] sore all the time to try to wear it. And I just couldn't get used to [the one before that] at all. It hurt just to sit with it...they keep trying but they just can't get one that I feel comfortable wearing.

I've put on 20 pounds since I got out of the service... I guess [it's] just the fact that because of the numbness I can't walk as far and stuff and I do get shortness of breath when I work too hard. But I just kind of contribute that to getting older. When I was 21 I could do quite a bit. Now I'm 61 and it's a little slower.

90% of the people that know me don't even realize I have an artificial leg. And then they won't believe me until I show it to them. So I guess I haven't had too [many problems with the attitudes of people towards the disabled because] it was just never really noticeable.

I don't think [the attitude of the individuals who actually served in Vietnam has] changed much. Maybe [it has] a little bit just here in the last year or so but it is still very hard to find people that will admit to being in Vietnam. I think we were shunned by society for so long we still ain't sure we want to come out...My close friends didn't seem to think too much about it but it was like...if I was dating you and we went to a party of your friends I [would get a whole] different opinion from people on the fact that I was in Vietnam where [as] if we would have went to a party with my friends that [was just] something that a lot of people got drafted and did. And so maybe it had to do with whether they were your friends before you went to Vietnam [or] after. I don't know. But it just seemed like whenever you got around strangers you seemed to get more of a negative response to the fact that you were in Vietnam.

[I do not currently receive mental health care]...[but at one time] I kind of got roped into it. I spent five days in a mental ward. [I] was in the process of getting divorced and I [said something to] my ex [about whether] she wanted me to just go out and kill myself. I admitted at the hospital that I said that and they locked me up for like five days. I talked to the shrinks or whatever the hell they were in there. [And] my ex told me that her and the kids needed to fear me because they thought I could kill any of them at any time or something. I don't know what the hell they were talking about....[This was] about 20 years ago [back in 1989 or 1990]. But I never saw any paperwork on it when I got out. It was just like okay your five days or whatever the hell it was are up and goodbye. [I] walked out [and there was no continuing care]. No nothing. And the only one I ever heard anything negative about it from was my ex wife. Of course she had so many stories anyway, I don't know whether she was trying to do something to keep me from the kids or what but when I ended up getting divorced the kids stayed with me. So I had a 13 year old boy and an 11 year old daughter and they both stayed with me instead of going with her. So I must not have been too mentally unstable. [Being a father and raising two children on my own] was a little different but it really wasn't all that bad. They were both pretty good kids to start with. The daughter [got to age] 16 [and had] the attitude of "it's my life." "I know what I want to do with it and I'm going to do it and you aren't going to do anything different." So I sent her off to try to live with her mother for awhile and she sent her back and so she was a little bit of a headache but my son still lives with me. He's 35 now and he still lives with me and we get along great. I'd probably be lost without him...[I rely on him now more than I did before]. Whenever I've got heavy lifting or work to do I'll get him [to] help. But he's got no problems at all. I mean if I yell at him that I need some help, he'll be here within just a couple of minutes. But my daughter lives six blocks away. I bought her a trailer house and I still don't hear from her. She kind of went the other way. [And] she's got three boys. There's only one of them that I really get along with.

[As far as my general health and well being] I look at some people my age and older that are physically doing better than I am and then I look at others that I'm doing better than. But I feel like I'm happy with where I'm at. I enjoy what I do. I've been kind of semi-retired for the last 30 years. I work for myself and so I come out here to my wood shop and I play with what I want and I design patterns and stuff and sell them and write articles for magazines. I have fun at what I do and you know, you get by with what you can.

[My hobbies have changed over the years too]. 15 years ago I used to do a lot of shooting. It was target practice just [going] out to shooting tin cans. But we shot a lot. I was shooting in excess of 150,000 rounds a year and then I just kind of lost interest in that. [Then I] got into the woodworking and stuff. I've pretty much stayed with woodworking but I keep switching. I did scroll saws for quite a few years and what I'm known for is my scroll saw abilities and knowledge. Now I've got into turning bowls on the wood lathe. So I've kind of changed hobbies within the woodworking hobby.

[I feel connected to my community]. Twelve years ago I was on the fire department here. Since then I've got involved in our community celebration. I am the vendor coordinator for our big three-day weekend festival and [I am] involved in a few other organizations and groups. So I stay involved in the community but just in a different way.

I guess I don't have any person that's helpful to me. I guess what's most helpful to me is the fact that I am sort of financially able to take care of myself and do what I want. [I do] not have to be on a schedule that [requires me] to be to work at nine o'clock in the morning. If I want to work today I

work. If I don't want to work today I sit and watch TV or play on the computer....[But my son,] I mean he's probably the most helpful to me even though he lives with me here and I guess I [have] a strange lifestyle. He's a web designer and writes programs. He's self-employed. And [we can] go two or three days sometimes. I come out here to the shop and he stays down and works on computers and we never really even talk.

[There are several things that come to mind when thinking of the quality of life for veterans with limb loss]. They can go out today and play football and stuff with their new limb and run in a marathon. [I would tell them to] enjoy it while you can because you ain't going to do that very long. The first 10 years I would say were pretty easy [for me] to get around with it and then after that it just became a little bit more of a challenge each year. So you could say there are things that I would like to do but I can't, you know, like go play softball or volleyball. And I guess over the years I've just learned to live with it. No I can't do that stuff so I'll find other things like going fishing or shooting guns or something to occupy my time. But I mean the first 10 years I did some of that. I played some volleyball and stuff because I could get around. But I don't know if I could say there's anything that the medical profession could do to improve that. I guess I think it's just [that] the stress you put on the body [will eventually wear it out]. I've come to conclude that no medical help could have done anything for it. I guess that's why I never went to VA and said you know we've got to do something. I can't play volleyball anymore. I never figured out anything they could do that would get me back to playing volleyball. It's just the fact that it don't work as good or it don't fit as nice. I don't feel as agile on it as I used to and that probably [has] a lot to do with age. Even when I was hitting 40 I think a lot of [my issues were] just [due to] the fact that you're getting a little bit older.

[I don't know of anything the government can do to help veterans in the long run]. Before I went to the service I was a meat cutter. When I got out of the service I couldn't get a job because of my disability and I finally had one of the big chain stores [come] out and tell me we can't hire you as a meat cutter because of your disability. It would be too much of a liability for us and nobody else will [hire you] either and they were correct. And now there's supposed to be laws against [discrimination like that]. I don't know how enforceable they are. I guess I've never pushed it. But other than that I don't know what the government or the medical profession could do differently [to help veterans] and I guess I would look more [at] the mental aspect [of being a combat veteran]. What was your mental attitude on the fact that you'd lost a limb? Did you accept it or have you always been pissed off about the fact that you've lost a limb. I mean I know guys that were the other way. You know, they wanted nothing to do with society. They were loner[s]. They just pulled back into a shell and hid. I guess that's just one of those things that happen[s] in life [where you just say] what the hell and keep on going. It's like it's just something that happened. So what? [And I would advise veteran's of the current wars who have suffered limb loss to] learn to accept it early. It ain't going to grow back and I don't really know whether I can blame Vietnam on it. I mean I knew another guy that had lost a limb only he lost [his] in a motorcycle accident. So it's kind of [like] don't begrudge the service because that's where you lost it. [Just] learn to live with it and live life to the fullest...[And] if you go in feeling like you're going to be a failure before you ever start you probably are going to fail. But if you go in with [the] positive attitude that no matter what happens I'm going to get along with it and be happy with it because it was the best I [could] do you're going to lead a happy life. Whether I had all of my limbs [missing] or [just one] missing I think life can be pretty much lived the same way. You have to make a few minor changes but so do other people. Like you don't see a lot of obese people doing cross country runs and playing a lot of volleyball. I mean they've learned the fact that they just can't do it and I guess that's the same way I look at it. I'm a little bit limited on what I can do too. And some people might not be coordinated enough to throw a ball so they don't play baseball. We all have limitations and you learn what your limitations

are and use what you've got. [And] being out in the hospital [after I was first injured] with like 80 amputees on the ward, [I] saw the whole gamut. There was I guess the group of us that accepted it, had fun with it, and then there was the other group that, you know, were just pulled back. I mean I remember back in the beginning we would go to a bar all the time, a group of us and one night at the bar there was like five of us [that] took our legs off and all sat them up on the table when the waitress [came] over and told her we all wanted tall draws in our legs. And yet we had other guys at the hospital that if they couldn't go through the drive through at McDonald's they would drive back to the hospital and pick up one of us to go to McDonald's and go inside and get them some food. So it all had to do with the attitude you started with. [And I'm not sure of] a way to change somebody's attitude. I don't know how you do that. We all have different attitudes and outlook[s] on life in general no matter what the circumstances are. I guess the ones that have learned early in life to adjust to whatever is and make the best of it are the ones that are probably going to come out with the loss of a limb the easiest. The ones that have always had everything their way and got whatever they wanted are probably going to have a little harder time dealing with that.

[I would also advise the veterans not to] expect anything special. I guess I can't really think of a whole lot of times in my life that I have had other people do things for me just because of [the] loss of [my] limb. I still do every damn thing I can and don't expect [that] just because I'm so-called handicapped that everybody should wait on me hand and foot. And I guess some people carry around kind of a grudge, you know, [and they think] well I'm handicapped, you have to help me. And that's the wrong attitude.

**Profile of Mr. Frank Robinson (Below the Knee)**  
(Original Interview Transcript 23 pages)

*Mr. Frank Robinson lives in the Midwest and was born April 10<sup>th</sup> 1945. He was drafted into the United States Army in 1967. He was injured March 29, 1969 near Plei Trap, Kontum Province, Republic of Vietnam. He is a right leg below the knee amputee and currently uses a prosthetic device. He is married with three adopted children. He reports his general health status as fair. He reports multiple health complications including heart disease, back pain, arthritis, stump pain, phantom pain, phantom sensation, other pain, depression, PTSD, other unspecified mental health problems and a neurological disorder. The interview was completed on May 19<sup>th</sup>, 2010.*  
*This is Frank's story.*

I'm retired [and I have been married] since 1966. [My wife and I] adopted two [children] and we had one by insemination. My son had three kids by the time he was 21 and they got married sometime after that. We basically raised those children. I have a 10 year old from my daughter. She's a smile and a blessing. My current income is VA and Social Security only.

I have TRICARE [for insurance]. While I was working for the phone company I used [private insurance] because TRICARE was not very good. Very few doctors took TRICARE and they didn't do that until sometime in the nineties when [the law changed and they said] if you take Medicare you must take TRICARE. Therefore there were doctors that had to take TRICARE and it got considerably better [but] once I retired my insurance at the phone company went up to \$600 a month for just me and my wife [so] I went on TRICARE because I couldn't afford that.

[I had a bad experience with the VA]. I broke my stump before I got my final leg finished and the Army says when you get out go to the VA and I went there in 1970 and the doctor says, well, I can't treat you here, you've got to go to Ft. Knox or Wright Patterson and I thought well I've killed people for less than that. So I didn't have a good taste for the VA. I stayed away from there as much as possible except to get a leg made. By the way the next day I went to the amputee center and they said are you a veteran and I said yeah, he says wait a minute, he made a call, let's see this man at one o'clock the next day. I walked out at 1:15 with an order to have a new leg made. So I found that it's individuals that are a problem. Most people are very good at the VA...And now they're much better. It got better [in the] late seventies or early eighties and then naturally when Reagan got in it started going downhill again. It was budget cuts but it has gotten considerably better and I [have a] spinal cord injury now because I have syringomyelia which results 25-30 years later from a trauma injury. There's very few people in the United States that have that. The spinal cord is enlarging and destroying the nerves within. It's a disease and if it gets worse [it] will put me in paralysis. There's nothing you can do about it but watch it. I've been through a lot in my life, but that scares the living hell out of me. That will just eventually kill the nerves and they can't do anything about it. [But] the VA has turned me down three times for the spinal cord injury [and] twice for the brain damage. There's two sides to the VA. There's the Democratic side and the Republican side. The Democratic side will take care of you. The Republican side will screw your eye[s] [and] teeth out.

[My physical health is] pretty good [although I] got pain. Most of that comes from the syringomyelia or my extremities. I've got a hip I've abused by not having the other leg. It gives me pain but it's still working [and] when I walk...most people...don't know that I have a prosthesis.

PTSD is bad. I live with that every day. I receive [mental health care] at the VA. I've been going there since 2001 [when] I was in-house for eight weeks and I've had about three 12 week sessions since then. [I hadn't received any treatment for PTSD prior to 2001]. I was so busy. Nobody wanted my job and the people I had working for me were all Army or Marine veterans and they were used to chaos so it didn't bother them [just] like it didn't bother me. [But] when I got out and had time to think, when you get [physical?] pain [it all] comes back on you. I have it every night when I sleep...it all comes back on you. [It comes back, just] different portions of what happened. [When I got home from Vietnam no one ever talked to me about PTSD]. I didn't have time the first five years. I worked full time and went to school full time. [I sought treatment in 2001 because] I had an automobile accident and I had some pain from that. [That] was back in the nineties but [the accident] triggered things and it just got worse and then we had a mayor here that came into the city. The first thing he did...as mayor...was fire 60 people, including the police chief [of] the city. We're [only] a city of 4,000 people. It's a small city. [So] I felt threatened and I was wondering where and when I would kill him [because] you don't threaten the security of my family no matter what and [I felt by firing the police chief he was threatening my family's safety]. [So] I finally went to the VA and I said I've got to talk to somebody because I wasn't here. When I did go to the VA I felt guilty because I lost all the men in my squad. I lost two E6s, one lieutenant and possibly a second lieutenant that was above me. It was not a good time. The last time I saw the lady [at the VA] I said PTSD is kind of like your shadow. Most times there's a left and right and you base all your judgments on that. Sometimes you're lucky and it's behind you and you don't see it. But sometimes it's dead in front of you and it stops you...I feel for the people who were killed around me and the people that got killed by me, [who] I was responsible for. Those weigh heavy on you. [So] personally for me [my emotional health is] not real good. I don't have any close friends. I joined one organization, [which was a] Purple Heart Association [that] I found out existed about eight years ago. [But] I don't do anything outside of the house. [But I didn't self medicate]. I don't smoke, [I] don't take drugs and if I drink it's maybe two to three beers a month [or] if somebody comes over. I laugh and make jokes but they're shallow. I don't have anything that makes me happy other than my children and family. I don't do the things I used to do in the way of associating with people.

[With regard to my weight] I was 180, 185 lbs for the last six or seven years. Today I'm down to 165.

[I have phantom pain]. When I experience it it's kind of like somebody driving a railroad spike up the center of the marrow of my bone in the leg that's amputated. Once in awhile I can feel my toes get crunched in my right foot and I'll have spasms. My leg just will shake like mad at night.

I'd say that [my hip is getting worn out is from compensating from my injury]. The perennial nerve in my left foot gets pain at times. I take gabapentin [for the pain]. And I take etodolac. I told the doc, I says look, I don't want any hard drugs. I says I want the minimum that you can give me. I don't mind if I feel pain. I'd rather feel pain and know where I'm at than not feel pain at all. [I've never used an alternative form of pain management]. What I've found is I can take myself and put myself in a plane on the ceiling and actually look down on my body... I don't know what you want to call it but that's what I do to [manage the pain].

[I don't receive any rehabilitative care for my amputation today]. A guy asked me how long it took me [to] walk. I said about 15 minutes when I first got my leg. Yeah, it hurt like hell but I could walk on it. I have a full contact socket with a pin from the end of the stump on [it]...[and] a liner which covers my leg and it's a gel liner up to maybe 3/8 of an inch thick. That's a tremendous improvement. The new feet are a tremendous advantage. I use Pathfinder II from Willow Wood.

The same with the liner and the dexterity and the recovery of energy. When you're walking the strike of the heel is unbelievable compared to what they used to be, just mannequin feet. [And] I got [my prosthetic] through the VA. [I don't use any other assistive devices. I don't have a wheelchair. I do have a car that is modified].

[I've] used [crutches and a cane] but I haven't used those in years. I don't know how I'd do with them now because I'm getting older and [I] don't have strength [because] both my shoulders were tore up. When I was a young buck I was okay, you know, but my left [shoulder is] bothering me quite a bit. But I don't use [crutches or a cane] now. I'm very lucky.

[The prosthesis that I use is] better now [than it was years ago]. The leg experience is much better. [There is more] dexterity and I never stop. I go up on ladders, up on the roof, I paint the house. I do whatever is necessary because if I don't do it nobody else is going to do it and I don't have the money to pay for it.

I don't know of anything that's changed [regarding my physical health in the last decades]. Like I said, the leg has been such an improvement and it started probably in the early nineties. [My self image hasn't changed in the previous decades]. I'm not ashamed of myself at all.

[I haven't noticed any changes that affect me personally regarding the American with Disabilities Act].

[For the] first time in 40 years [I] stopped at Ft. Benning. They passed a law for combat related special compensation. I was so excited. I thought I might get my \$1260 retirement [but] I [only] get \$75 of it. I saw an E6 there, he's a ranger. He had jumped at night and [his] equipment bag didn't drop. He crushed his ankles, broke his feet, and broke his legs. They were washing him out and I made the point to tell him to go into VA rehab. It's a very good program for you. Your wife can go and by the way what they tell you you can get for your retirement is not what you'll get.

[When I was younger and had my children I] went to soccer games, basketball games. I'm doing that now with the grandkids. The most important thing in my life is that nobody will challenge or hurt that.

My wife's my angel. I don't know what would have happened without her. She stayed with me for seven months on the amputee ward to put it in perspective. You know, on the amputee ward at least if you have problems it's generally the amputation. We've adopted children [and] we had a child [through] insemination. She's given up an awful lot for me but because we went through it together I think that was the secret. [And] we were married before I went to Vietnam]. We went to high school together. It's the old home town story. She hated me in high school and then after we got out somebody asked her out for a date and I asked her out for a date and she didn't want to go with the other guy so she went with me. It went on from there. [My marriage] is the only thing [that has helped my quality of life since being injured]. My wife [told me when we went to the airport to] come back even if you lose a limb. She meant that.

[When it comes to the veterans of the current wars,] I think above and beyond the injuries they're all going to come back brave little warriors but then their lives are going to fall apart. They don't have jobs to go back to and very few people hire people that hunt for humans and that was our job in infantry. I think their life will be substantially different without a job to go back to. [And] I'll tell you this. They're not going to realize right away that if you aren't of value to your immediate family



or [to] a job, you will become very despondent and suicide will always goes through your mind but then the thing that pulls you back is you're valuable to your family or maybe you're work. Work is not a tangible thing but your family is very real. They need to have that established for them and I don't know how they'll do that, particularly if they're not married. These many deployments I've seen tear families apart. They're youth gladiators and young women. They're not going to be respected by the community for hiring. There's nobody in the community that's going to understand them. So it's going to be very rough for them. They need to focus on something that they will get value for themselves and you can't give yourself value. It's got to be given [to you] and that's why your family is so important.

I think that [emotional counseling will be important for veterans who are returning from war]. I don't think they'll initially accept it or realize it, you know, it didn't come to me for years. It was just a way of life and it was a continuation of the chaos I went through in combat but I don't know that they're going to have a job to distract them, [which is what I used as a distraction]. [And it is important to include families and spouses]. They need to understand what's going on. You know, it's like when somebody's dying. There's two things taking process. One is the person that's dying and one is the person that has compassion [who] finally lets the other person die. But there's two different scenarios. My wife, she was in the hospital in 2004 [due to a severe flu. And she was on a respirator in the ICU] and I was alongside her [as] she went through the same thing I did....She was dying. I was beside her. She was knocked out cold and I was beside her and I didn't know what she was going through even being beside her. [And] my wife [has been the single most important factor in my recovery].

I can tell you that it is hideous for the infantrymen. Hideous, unforgiving, and there is no sunrise and sunset. You realize you've killed somebody's son, somebody's father, somebody's aunt or uncle. It eventually comes down to you and you didn't hate them. They were just like you and they didn't hate you. You finally come around to that and that's where it's hard to reconcile what you went through and why. It was probably for somebody's money and power [and has] very little to do with you and your family.

**Profile of Mr. Willy Wilson (Hip Disarticulation, Below Elbow, Above the Knee)**  
(Original Interview Transcript 21 pages)

*Mr. Willy Wilson, who lives in the southeastern United States was born June 13, 1944. He was commissioned as an officer in the US Army and served in the 101<sup>st</sup> Airborne in Vietnam. He was injured near Cu Chi, Republic of Vietnam July 21, 1968. Mr. Wilson is a right above the knee and left below the elbow amputee. He also has a right hip disarticulation. He currently uses a prosthetic device. He is married with two children. Mr. Wilson reports his health to be very good and also reports other pain. The interview was conducted on May 1<sup>st</sup>, 2010.*  
*This is Willy's story.*

I'm retired. I retired in 1994. I was a real estate broker. [I've been married] 42 years. I have [two] children, both grown, 38 and 37. As being retired from the military, I have TRICARE which is available through my military retirement. However, probably 95% of my health care is provided through the Veterans Administration, and the VA is my primary [provider] by choice, not default. [I go to the VA because] they seem to have a much greater degree of empathy and or experience relating to some of the specific things that [I] have presented for care [and] treatment.

I must say that my health care over the last 42 years has been very, very good. I've had one period of time in which treatment for Hepatitis C, and the suspicion that I had liver cancer, had me pretty close to the hospital for two years, and that was at the VA Hospital. I did subsequently take the treatment for Hepatitis C with a newer protocol, and I was a responder, and Hepatitis C is no longer detectable in my system. But aside from that and an occasional ear surgery over the years, I've not had much other than the regular colds and flu, and I did have hand surgery. Being a triple amputee and as active as I've been, I finally just wore my right hand out.

[I've stayed with the VA] because it's excellent service. I am an individual that is very appreciative of the care that they do. I am noticeably, unquestionably, a combat-disabled veteran, and people always try their very best for me. Because I've been around the system since Veterans' Day 1968, I know what's reasonable, and I know what is not. If the standard of care is not appropriate, based on my experience, I will jump dead in someone's chest, and as a result, I don't have to do that very often. But when I do, I'll assure you I'm treated like a new stud duck in the neighborhood. But they're very good. I'm always appreciative.

[I use] TRICARE [because it] is a matter of convenience. Sometimes, I can go through the civilian medical system through TRICARE and be seen, on occasion, much more expeditiously, and...[if it] is not something that's hugely critical, then I opt to go the easy route. If it's something that...I've got a body of data that's already existing relevant to this condition than I'm going to go to the VA, where they've got all these records, and tests, and CAT scans, and ultrasounds, and all that other stuff.

[The care I've received directly related to my limb loss has] been excellent. I have not wanted for anything that they did not give or provide. I did have lower leg prostheses back the first year after my injury. However, the state of the technology at that time was extremely cumbersome, and I did not use them except to go to church, and play golf for several years, and I've not had them on in probably 25 years. I'm sure that if I'd wanted them, they would have made new ones. However, I have proven [to] myself one, I could do it, and two, that they were hugely impractical in the type of work that I was doing. Again, there's lots of new technology that I could avail myself of, but I'm a

real substance over form [kind of person]. I want it to work. I don't care if it's the latest thing; it's how it works for me. So the technology I'm using, is more rugged and certainly, applicable to my needs as I see them, and ultimately, the VA is willing to do anything I want to do in that regard, but anything that I've needed I've gotten. I've never asked the VA for anything I didn't receive. Because I told you earlier, I'm very appreciative, and I don't ask for anything that one, I know I don't deserve or need and two, that I'm not entitled to.

I have a below elbow amputation in my left arm. My stump is about six inches below my left elbow. I have a left hip articulation, no femur whatsoever in my hip. [With] my right above knee amputation, the stump's about nine inches from the hip. I had no other internal organ damages. The only other residual, physical effects of that are, result in hearing loss from both the ear drums being destroyed. I do, as I said, I have Hepatitis C even though it's somewhat in remission, and the most significant concession, I've had to make due to my injury over the last 42 years, is the fact that I have begun to limit myself because I've worn my left hand out. I've just used it to push around a wheelchair. I didn't get a power wheelchair until three, four years ago, some 38 years after my injury. Part of that was one, I didn't like it. It was too cumbersome, and secondly, my weight is within four pounds of what it was the day I came out of the VA hospital, after physical rehabilitation, and I don't know of any other bi-lateral amputee that I've ever met, that didn't have some other condition that has remained as fit and thin as I have. [I'm] very active. I crank a bike. That's fun exercise. I also do floor exercises, and having an active life, you know, in and out of the car, and in and out of the chair, everything I do, is kind of a handstand gymnastic event of going from one to the other, and being active to that degree. When I'm in [the South], I live in a condominium—so I'm somewhat limited as to the kind of things I can do. However in [the North], I've got a full shop. I do all sorts of plumbing, woodworking, and all that sort of stuff, that I find makes me feel good about myself, to accomplish tasks like that. But primarily, I have to, a degree, watched my diet, but probably more than that, I've just been blessed with the proper genetic metabolism. And I can't emphasize enough that I'm really quite active. I do a lot physically for the shape I'm in.

[I had surgery on my hand], and that was kind of, to buy a little time thing. The concession I made is that it causes pain if I push to a degree. It doesn't mean I can't do it, but it sure means I'm going to have to lay up for three or four days later when [I] used to just go to New York City, and decide to see Manhattan, and roll 50 blocks uptown, and then come back down. I wouldn't do that anymore...I always had good strength, but again aging certainly kicked in there, and you just don't recover from an over-use, abuse, or strenuous use like you used to.

[My current physical and emotional health are] both good. I wouldn't say excellent. I'd say they're both good. Less than two years ago...it was strange to me, but when I presented myself to the physician, he said it was classic depression, and [I] began taking a medication for that which seems to have mitigated, to a great degree, the symptoms that I was feeling. Primarily, the symptoms were I did not seem to take pleasure in things that normally I would do. I was somewhat lethargic. I was not as active, and you got to understand two days like that in a row, I'd [not] experienced previously in my life. Three days in a row, I was in record territory, and for me to suddenly have this diagnosis of clinical depression was certainly a change, and again aging may have a huge [affect] as a component which led to that. But aside from that, I mean, I've never contemplated suicide or any of those crazy things. I've been blessed with the ability to not focus my life through the lens of my injury that happened back in 1968. I decided that I was going to be the one that chose whether or not I'm happy, productive, content, outgoing, and not allow my injury to enter into that. So that's given me a very healthy outlook as one readily recognized and accepted in a positive way. [My] physical health [is good], with a few exceptions of the Hepatitis C, and I had a marker that indicated that there

was a strong degree of possibility of liver cancer. I went all the way through the liver transplant protocol before they recognized through doing biopsies that what I had was not cancer, and they didn't have any interest in me anymore. And as I said, we finally got my eardrums closed up, so I did not get periodic ear infections. That's been a great blessing. I don't scuba dive or anything like that, but I'm able to use the water, and [swim] with my grandkids and that sort of stuff. All the other [health issues are] age appropriate as it relates to vision, and stamina, and those sorts of things, but my general health has been far better than I could have expected, and far better any other person I know that has injuries anywhere near those that I have.

I'm sure that [other people around me] have [noticed changes in my health that I may not have noticed myself]. Again, I have slowed down. I'm not nearly as aggressive out in public as I used to be as far as rush[ing] around, hurrying, and beating people to the door to get it open for them instead of them opening it for me. I don't feel quite as compelled to do that. I will do it on occasion. Were you to ask my wife, who knows me best, I'm certain that she could give you any number of indications of and evidences of my slowing down. Not that I'm unable to do things, but that I choose to limit either the length or the amount of effort to do things that, you know, 10 years ago I wouldn't even given a second thought to. But hey, that's age appropriate.

The most significant pain that I have now relates to my hand. Sometimes, it's no reason at all, I'll wake up, and my hand is swollen and tender, and I push my chair around gingerly. Aside from that, I still have an occasional phantom pain. They're something that may show up two, three, four times in a month. Not necessarily equally spaced or anything like that. I do have some low back pain on occasion that's probably related to my slouching around instead of sitting erect. Since I have no left leg whatsoever, the skin over my pelvic area, ischial tuberosity, is probably the thickness of the skin between the bridge of your nose, if you were to touch it. Therefore, it is sensitive, and I must slouch down. So rarely ever, you'll see me sitting straight up unless I'm in public, or giving a speech, or something like that. I usually try and slouch around. The down side of that is, sometimes it does aggravate a little low back discomfort.

I have a prescription for Tylenol 3 that I take. In the daytime, I'm usually active enough that the sensation of pain is somewhat mitigated. But when I start going to bed, or I go to bed, then I may get a throbbing or sensation that I anticipate is going to interfere with my sleep, and I do take a Tylenol 3. I've tried some other medications, but Tylenol 3 for me acts promptly, and there's no residual the next day. Some of the other stuff, they've given me, was still two or three hours before relief, and the next day, I felt like I was sleepwalking. I would probably take in the course of a month, maybe seven or eight capsules of that. I go two weeks, and I take them three days in a row. It is an extremely, unusual circumstance for me, to ever take two doses of any pain medication in one day.

My wife is a physical therapist, so I have a ready masseuse, if you will, and there's a real struggle that's been a part of my life to keep the intimate part of my life intact by not being a patient, and keeping my wife in her role as an intimate part of this relationship, and not my caregiver. So this is not something I do once a week maybe, but if there's a need because I've got some discomfort, she's sure willing. Of course, she's willing to do it all the time, but one of the reasons, that we have been so successful in our marriage, is we have tried to keep our relationship more like it was when we were dating, and newly married, and being a caretaker really is a drag on that. Occasionally, I'll have her give me a massage, particularly in my hand because that's my greatest complaint. I've not tried acupuncture. I would welcome the occasion to do so, and once a couple times a year, I'll get a massage from a professional masseuse.

I have all my sensation. I'm pretty good about noticing, and acting on any potential skin breakdown. When I know that I'm going on a trip, or when I'm going snow skiing for a week, I'll use a wound dressing which is a kind of a gel foam thing, it's not very thick, to put on those areas where you're going to have a lot of friction. Two things that does [help]: First of all, it keeps the area extremely clean. You wash the area thoroughly. When you apply this adhesive, it keeps it very clean, so you don't have any bacteria, and all that crap growing under there, and secondly, it does provide a little bit of cushion because of the gel effect of this. Once a year, maybe not that often, I'll have a problem with my arm prosthesis. Years ago, I decided that I did not want to wear a stump sock because one, they're stinky, and two, I just don't want to have to do it. What the hell, I don't wear underwear either....So, I just started, you know, I toughened up to where my arm feels quite natural in the prosthesis that I wear most of the time. I do have a prosthesis with a sleeve liner, a rubber sleeve liner, that I use when I'm not having any strenuous activity—lounging around the house and stuff like that. But any skin problem that I've had, I anticipate where it's going and treat it appropriately.

I have about four [prosthetics], you never throw one away. A veteran, unless they steal it from him, he will never give up a prosthesis. So I have the primary prosthesis, I wear about 80% of the time. I put it on as soon as I get out of bed in the morning, and I take it off when it's time to bathe, or swim, or something of that nature. It's with me my waking hours. The other one is used, again, part of the time. Like, if I go bike riding, I'll come in, and take a bath, and I'll put on this sleeve liner as opposed to the heavy duty prosthesis. And I have a back up at each of my two locations. They're old prostheses. They're not as comfortable. I would not use them all the time, but they're good for a day while I take the harness apart to put it through the washing machine, to clean it up, and get all the body oils, and this sort of thing out of it. Put it back together, and I'm good to go.

[I don't use a prosthetic device for either of my lower limbs]. I haven't been in those in 25 years. I've still got them, but they're a museum piece. Primarily, the reason I didn't use them, was playing golf wasn't as much fun, and I can go to church without the prosthesis. And that was the two principle reasons I use them. On occasion, you know, I'd go back to my campus, and go to the military ball, or something like that in full uniform, but that was years ago. I couldn't get in them now probably. [So when I stopped using them, I went to] a chair [which] was always my principle means of moving around and ambulation. Even when I had my prostheses, it probably did not represent 1% of the time that I was up and out. [And my wheel chair is mechanical] it's a one-arm drive chair, and it's still used for probably 70% of my activity. I do have the power chair, and when I know I've got a big day, and I've got to make several stops in and out, and that sort of thing, or go a considerable distance, or I've got to go over soft terrain—I'm going to be going to a park, or something like that—I will definitely take the power chair because I just won't put myself to it, if I can help it. Because the amount of effort it requires to move a one-arm drive wheelchair is considerably more than a person that has both upper extremities [should exert].

I've got some of those little things, or I don't know where it is which you grab up to reach something off the top shelf, but I'm agile enough, if something's on the top of the shelf, I'll just jump up on the counter, and reach up, and get it.

I've been skiing since 1985. The people I ski with, [those that] ski around me, and all the disabled people I ski with, with few exceptions, still marvel at how a 65 year old can get it done, but it's the only thing I've ever had in my life where gravity worked for me instead of against me, so I like to use it.

You know, what I utilize today, and what I utilized 40 years ago is almost identical. The prosthesis that I've got on my arm right now that I'm looking at, is not one dang bit different than the prosthesis that I had 40 years ago. The wheelchair is certainly an improved technology. However, this particular design, of this particular wheelchair, has probably been in existence 20 years. It's still the best thing out there for me right now. I just cannot imagine ever going, full-time, to a power chair, simply because of the health concerns at becoming a little bit more sedentary. So, once I get to where my hand is in such deplorable condition it will not allow me to squeeze both those rims that's on the right side of a chair, and propel the chair, I'll probably go to a lever action chair which two levers that come out of the hub. Then you push it forward, like rowing a boat almost. I would probably go to something like that, and stay out of a power chair until it was absolutely essential...I go to Walter Reed and I look at the guys in those wards. Almost all of them that are a bio-lateral amputee [and they a lot of them] have an electric wheelchair device of some kind, and I'm thinking wow, it took me 38 years to get one. Not that I couldn't have had one earlier, but the first thing they want to do is put them in all the toys, and I'm afraid some of those guys are going to develop sedentary lives because they've never really got themselves in good physical shape. Hey, that's just me....[because] it's absolutely essential, it's more essential than it's ever been in my life, to make a determined effort to do exercises, even when I don't necessarily want to. Now you see for the first 35 years of my injury, I didn't have to ever worry about that. I was active enough I didn't have to do it. Now, when I get ready to go skiing in the winter, I would do a lot of stair climbing, and that sort of stuff; just running up the steps on my stumps because that was a great aerobic exercise. Got my heart and lung function up. So I used to do that, but now I have to do more floor exercises and that sort of thing because I fall off quickly. If I don't use it, I start losing it. And I have to be a little bit more regular or faithful in doing that, otherwise first thing you know, I'm getting tired during the day when I shouldn't be, or it's too much effort to do some of these things that I've got to do. I realize, I've just not been exercising to the degree that I should. And you know it's me. I've got to make the decision to do it, and I get all the rewards when I do.

You know, I'm a pretty positive guy, and I have not had self image problems as a disabled person at all. One is because I can do so much, and two is I'm perceived as an able person who is in a wheelchair not somebody that needs to be assisted or helped...hell, two weeks ago my alma mater named an award to be given away every year to a current student or alumni, and it's named after me. It's called the Willy Wilson Spirit of South College award.

[The environmental accommodations that have been made since I was injured have changed a lot]. It's so much different. I can't describe what it was like. Forty years ago, when I started driving, the only way to me to make sure I didn't get blocked in was park next to a curb. There were no handicapped parking places. There were no curb cuts. I'll say that. I'm being facetious. You'd check into a hotel because it was advertised as having handicap accessibility, and come to find out what they meant was that you could get from your room to the dining room without having to go outside, but the bathroom door was 18 inches wide. All that kind of crap is gone. I don't ever have to worry about making a reservation, and people understanding completely what I need when I need a room that's accessible, so I don't have to get out of my chair to go into the bathroom. But that was quite common 35, 40 years ago. The attitudes of people are much better. In fact, [it used to be that] the only way to get into a building was through the kitchen, and I have to go to the dining room. That used to be really quite common even at some really fancy places. So the effects of the Americans with Disabilities Act are in full blossom, and I enjoy every one of them. [And] people are much more receptive of [individuals with disabilities]. I mean, it's not that big a deal. You see more people out now that you would not have seen out in public, as a general rule, 30, 40 years ago. You see disabled people with profound cognitive or intellectual disabilities, enjoying the attractions that

normal people go to, without people hardly giving it a second thought, and that of course makes me feel good that society's come to that point, but makes me particularly feel good for those individuals who are able to get out, instead of being left at home. Adults [also] recognize that it's a teaching opportunity for their children. Thirty years ago, if a child pointed at me and said look that guy doesn't have any legs, his momma more than likely was to grab him by the hand, and shush him, and take him around, and give him a talking to that he shouldn't point in public, and this sort of thing. Nowadays, the parents are much more likely to say, "Well, why don't you go ask him what happened to him?" So it's usually a teaching opportunity, and everyone wins for it. The parents win, the child wins, and I win simply because we're all curious.

Hell, I look at disabled people and say, "Good gosh, would you look at that guy."

I was at the winter ski clinic about a month ago, and there was a quad amputee, and I went up to him—he had a big old smile on his face—and I said, "You are the gimpiest damn fellow I've ever seen in all my life. I don't appreciate it. I'm used to being the gimpiest one around and here. You've stole all my thunder. Who the hell are you?" But I could tell by his attitude that he was not going to be offended by anything like that. He laughed, and we exchanged cards. So we now email each other, and it's just a lot more common, and the societal attitudes have changed and are much more supportive.

[What it will take for me to maintain my mobility], primarily, is being mature enough to recognize that I need to curtail to a degree, some of the things that I have done in the past, without even any second thought. Everyone, as you age, begins to have to make some sort of concessions to your age. Now, you can ignore them, but that's usually to your detriment. Well, I've done that most of my life, just flat out ignored it. But I'm getting to the point where I'm going to have to start making concessions, and do things a little smarter, and not be in as big a hurry, or be willing to ask for, and/or accept assistance, which has been a bane for most of my life. Anything I could do myself, I wanted to do myself, and early on, I'd fight people for it. I'd see them heading to a door to let me in, and I'd beat them to it. But I don't have to do that anymore.

[I've never felt as though I have suffered from PTSD]. No, and again, everything that I know about PTSD is what I've read, or what I've heard from others. I never had any survivor's remorse. I never had a flashback. I never had a nightmare one. I do not, and did not allow this thing that happened to me in one brief moment to be such a downer that it defined, who I was. I refused to allow that to happen. I don't know why. I'm just hardwired that way. It wasn't a damn thing that I conjured up, this protocol to make this work for me. It's just the way it happened. So in those terms, I did not think that PTDS was something that had manifested itself in me. I have had people on occasion tell me that I didn't ever go through the grieving process. [And they say,] you know, you probably need to grieve. Well, that always bristles me the wrong way, but maybe there is something to it. When I laid in the hole that this 105 millimeter howitzer round made, my first reaction was, I was angry. I was a company commander. I was in charge of 135 men out there, and I'm the one that stepped on this damn booby trap. My second reaction was I wanted to die. I wanted to die because I had been married but six weeks when I left for Vietnam, and my third reaction was that I wanted to live. I wanted to live so badly, that whatever consequences were necessary for me to live and exist in this life, I was going to accept. I mean that was my grieving process. I did that before the first person ever laid a hand on me. They say you can't do it that way. Well, I'm sorry... You know, I went to a psychologist, who was a pastor of a church, and I had met him elsewhere, and he's just a real easy person to talk to, and I just laid out to him what I was feeling. [I] Said, man something is happening. I don't know what it is, and described it, and he asked me about PTSD.

[He] Said, "Has anyone ever talked to you about PTSD?" I said, "Well, they talked to me about it, but not really." And he said, "Have you ever had periods where you were blue or anything like that?" And I said, "Well, a couple of days I've done that, but it's usually related to something specifically I've done, or I failed to do that was just dumb, or inappropriate, or wrong. He said, "Well, what you've just described is a classic, absolutely classic, description of depression." I said, "Whoa!" All I knew, was I was willing to try anything to kind of get me out of that, and we went to a couple different medications before we found one that seemed to have no other side effects, and enabled me to engage in life again.

My wife has been, inordinately, a tolerant person. I went through a period of extreme use of alcohol back during the eighties, and finally, in 1988, realized that the best way for me to deal with alcohol is not deal with alcohol. I was a very difficult person, self-centered, and manifested all the characteristics of someone enthralled in an addiction. And she tolerated me during that period, and since that time I have [become] a much better person than I've been. Heretofore, I don't want to hear about it. I want it my way. I don't want any discussion. Just go along with me, and everything's great. And I really wasn't concerned that much about the collateral damage that I was creating around me. Since that time, our marriage has had a framework in which we can discuss, vent, plan for, and apologize, and deal with life in a much more rational and appropriate way. I'm quite certain that if I had not stopped drinking that I would not be married today...I didn't turn into Caspar Milquetoast, but we have a really good working relationship. I'm very fortunate to have someone in my life like that.

My drinking began probably [as] a self-medication, dealing with phantom pains that just seemed to trouble me at evening, probably within the second year after my injury, and became an ever-present thing until '88, when I finally quit drinking, and of course, it escalated. [It] used to [be] the only drinking, I did, was at bedtime, and then you start adding in all the other occasions, and first thing you know, you have a dependency that you never intended to have. That's where I ended up.

I have good relations with both my kids. It was extremely difficult [at one point because] the period of time that I was drinking coincided with their early teen years, and they had become somewhat aloof by the time I stopped drinking, and were not overly trusting of me, and weren't for a number of years later, until I, kind of, won back their trust. Now, they're both willing to share with me. There was [a] time when they had a tendency to talk to me [only] if I called them, the first six or eight years of my sobriety. That's not the case now. I afforded them many opportunities which they readily appreciate. They have a tendency not to talk about the difficulties that I created in their lives at the latter part of my drinking.

I've got three grandsons... I have a wonderful time with those grandkids. They love me. Of course, they've never seen any other side of me, other than the positive side. They don't consider me disabled. You know, they grew up with it. It's just like my kids. It's just the non-event. They know that I won't chase after the balls, if they throw them by me, but they find me a lot of fun. We love to swim, and bounce on the trampoline where they abuse me regularly.

I have three hobbies. One of them is growing culinary herbs, and I do that because I love to cook. I'm not an everyday kind of cook as my wife says, unfortunately. I hesitate to say gourmet type cooking, but it's certainly company coming to dinner kind of cooking. I can spend three or four hours on a meal where I've got company coming over, and enjoy every minute of it. And my third hobby is, I own and fly an airplane, and that takes a lot of resources, [and] a lot of determination, but it is so much damn fun.



I'm actively involved in church. I always have been...I was a Bible study teacher for probably 20 years. I am a mentor in our school system, and Tuesday, I'm going back to address three different classes of seventh and eighth graders. I just got a relationship with a middle school, and they have me come at different times to speak on different kinds of things. Of course, that's rewarding. And again it's another thing. It's such a learning opportunity for these kids to know that stuff happens to people, and life's not over because it does.

First and foremost, my wife [would be the most helpful in maintaining my quality of life]. She is the person that has enabled me to devote either time, or resources, or whatever, to attempting some things that I could not do without her concurrence. I'm not saying it couldn't be done, but I'm saying it would be very, very difficult. Most of the time, when people look at me, and they see all the things that I do, they don't realize that she has carried my water, toted, and fetch, and enabled, and covered for me when I was doing certain things and had other obligations. So, the biggest contributor to my quality of life is my wife. That even supersedes anything to do with the VA, or the health care wise, or compensation, or anything like that. Money, while it's important, it was not a deciding factor on my quality of life. The VA compensation was not the deciding factor. My wife was the deciding factor, and second to that, would be the considerable amount of family support I had in anything I wanted to do that was even halfway reasonable. And thirdly, I have a spiritual connection because I certainly understand, fully appreciate that by all intents and purposes I should have been dead 41 years 9 months and [a few] days ago. I recognize that, and it sure makes you take a different outlook in life.

There's not anything I really worry about. In 2005, when they thought I had liver cancer, I was worried about that, not because of me, but because of how it was going to impact the folks around me. I was lamenting the fact that my two grandsons weren't going to remember a lot of their granddad. I wasn't going to have the opportunity to teach them, like my grandfathers taught me, and be with them, and experience those sorts of things. I worried about my wife having been so much a part of my life, and all of a sudden, [I would] not be there. At that time, both my parents were living, so I also was concerned about them. Once that was proven not to be a significant issue, then those kinds of worries are just not there. Financially, my wife is secure, and I'm not estranged from any of my relations, so I don't have to worry about that. I'm a person of faith, so I don't worry about eternity or anything like that. Now, I'm aggravated about the state of our government, our economy, and the burden that they're placing on my grandkids, but I really can't say that I allow myself to worry about that because there's a certain amount that I can do, and the rest of it's out of my hands.

[Concerning how the government can maximize positive life outcomes for returning veterans today,] let me answer it this way. What did I [say] was the most important factor to my quality of life? [My wife]. I didn't say my rehab. I didn't say my toys. I didn't say my military experience, or Walter Reed, or the equivalent, or anything like that. I think that our DOD and the VA is totally, totally overlooking the fact, and the reason I say that is, when I talk to these young men, generally once they've gotten through their initial periods of rehab, and are waiting for a medical board, or this sort of thing, and I ask them, I say, tell me about your life. They say, well, you know, it's really a burden. My wife's in Any City, and two kids in school, and I'm up here, and she's pissed, and I'm pissed, and in my opinion, they are not doing a sufficient amount of marital counseling with amputees or any disabled veteran for that regard. I had a young man tell me within the last two years that his marriage was on the ropes, and he was having to hire a private family therapist to counsel, he and his wife. Is that crazy? They'll do anything the guy wants, possibly, for his physical rehabilitation, but they are ignoring what I think, based on 42 years almost of experience, the greatest single asset, he's got, is

being overlooked. Let me tell you, a certain amount of these women are going to say, at some point, is this as good as it gets, and once they arrive at that point, they say, I'm out of here—kids or no kids. So it's my strong recommendation that the best single thing that you can do, the VA, DOD, or anyone can do, to ensure long-term quality of life is [to] do couple counseling, and counseling directed at the time, when a young man will be into the dating field again, and or be looking to get married. The reason, I say that, is I think the biggest difficulty my wife and I had, the one thing that was huge, and we almost never overcome was not my physical disability, not the fact I was injured or any of that crap, it was the fact that I had no idea of the boy and girl issues, the Mars/Venus things...She was a physical therapist. But...I wanted an intimate relationship. I was so afraid I was going to lose that by being a patient. She was going to be a caregiver, and where's the good intimacy in that? No one ever told me that we would have those feelings. No one ever told [my wife] that she could say that's a bunch of crap. I'm not putting up with that shit. I mean she was so afraid that I was going to do [something] radical, freaky, or [fall] into a depression or PTSD. So all I'm saying is, the best thing you can do to ensure a quality life of an amputee or other significant veteran is get counseling, specifically, dealing with the Mars/Venus; boy/girl issues whether they're married or not because as complicated as my injury is, as much difficulty as that is, it pales, in my opinion, in comparison to what it takes to have a dynamic, healthy, married relationship. And they ain't getting that right now.

[So my wife] was the most critical factor [in my successful recovery]. Secondly, I think that an individual has got to decide he's just going to get on with life. Now, there are some guys who will never want to work in their life again. Hey, that's okay. Find something fun to do. Volunteer. Whatever it is, I don't care. Just engage in life. Be engaged in life. Do not find yourself sitting in front of a television watching all the crap that's on the cable. That is as poor an outcome for someone as I can possibly imagine. Secondly, be willing to interact with other people. I can't tell you how much I, how much success, notoriety, advancement, recognition, I've gotten from the fact that I just didn't allow myself to meet a stranger. I fully engaged. I looked at myself as a whole person who just happened to be in a wheelchair. I did not look at myself as needy, of being at the head of the line, but by the same token, I wasn't going to write off anything. Don't tell me I couldn't do anything. You might tell me I shouldn't do anything. It's not lawful to do something, but don't tell me I can't do anything because it will kill me to prove you're wrong. I think volunteering and being around people who are needy in other ways is a very, very healthy thing. That's one of the things I enjoy most about this assisted living thing that I do. I mean it's a lot tougher for a lot of folks out there than certainly I'm going through, and it gives me such pleasure to buoy their spirits if even for a little while. I think it's also a great idea if you are able to have a mentor, and eventually be willing to be a mentor to others. Doesn't have to be necessarily military people, or someone necessarily that has an injury, but we need somebody other than family that we can look to and use their wisdom without having to ride through every pothole before we learn to steer around them.

I just would encourage anyone that has an injury to cut as big a slice of life as you possibly could. If you're going to make an error, let it be because you tried too much, not because you were afraid to try something for fear you would fail...Life is great when you get out there and get with it.

**Profile of Mr. Gary Thomas (Double Below the Knee)**  
(Original Interview Transcript 26 Pages)

*Mr. Gary Thomas lives in the Midwest and was born March 26<sup>th</sup>, 1949. He was drafted into the United States Army July 1<sup>st</sup>, 1969 and was wounded in Vietnam, 1970. He is a double below the knee amputee and does not currently use a prosthetic device. He is divorced and has two children. He reports that his general health is very good. He reports smoking, arthritis, stump pain, phantom pain and other unspecified pain. The interview was completed May 2<sup>nd</sup>, 2010.*  
*This is Gary's story.*

I'm retired [and] divorced [but] I was married twice. I have two daughters, five grandchildren and one great-grand child.

I have TRICARE for Life...and [I use] Medicare. I just started using the VA last week. (laughter) [Before that] I just used TRICARE. I've had my own doctor for the last 40 years and then he retired [and] I wasn't happy with the doctor that replaced him so I went to the clinic [near my town]. I'm just trying it for a short time till I find another doctor probably [because] I've used the VA in the past but I've had bad luck so I've not been happy. [I had a bad experience with] an ear doctor. I had water on my ear and I went to the VA to see if I could get something done about [it and] the guy gave me Dimetapp for about a year and a half and then I started getting dizzy. So I started going to another ear specialist [who told me] Dimetapp was my problem [because] it was taking the water off my inner ear. [Generally speaking though] for the most part I feel pretty good about [the care I received over the past 40 years]. I had really good health care with the military doctors and because of that it's hard to find somebody that can match what the military doctors' quality was [the year or two after I was wounded]. A friend of mine was an orthopedic surgeon that was ex-military. So I went to him for a lot of my orthopedic problems and then [I went to] my regular doctor for colds and all the other kind of stuff.

I had post traumatic stress and did a lot of stuff for post traumatic stress [in terms of getting treatment]. [I sought treatment from a] private provider who happened to be a medic that went to school to become a psychologist. He had a round table thing in [the city] with several Vietnam vets and we worked on post traumatic stress there. [Although my physical health has] gotten better [over the past couple of decades I did suffer from PTSD]. I used to have a lot of dreams. I mean I got blown up and I used to have dreams and at the end of the dream I got blown up. So I would blow up and I'd wake up and then I had guard duty syndrome where you have to get up. You automatically wake up in the middle of the night and you walk around the house and check the doors and do all that kind of stuff. And I've pretty much gotten away from that. I feel more secure within myself I guess. [My emotional health is] fine [though]. I keep myself busy with a lot of different things so it's not like I sit around the house and get depressed. I'm always on the move. So I'm always doing stuff. Right now I'm the President and CEO of a non-profit corporation.

[The care I received for my limb loss] was good. I really never had any real problems other than certain times of the year when I'd get phantom pains. I would go and the doc [who was a private physician] would give me some muscle relaxers and that seemed to help.

Right now my physical health is pretty good. The only thing that's wrong with my physical health is I've got arthritis and it's eating my shoulders up pretty bad. [And that's probably from my overuse of my arms to compensate for my legs]. I never was one to sit around. I always kept on the move

and that's part of my problem with my shoulders. [And] I quit smoking...about a year ago...and then I started gaining a lot of weight. [But right now I have problems with] just my shoulders. What I'm working on through the VA right now is to see if I can't get some of this pain out of them to get a little more motion out of them.

[There have been health related changes in my life due to my limb loss like] my back because I'm a high amputee. I've three inches on one side and I think it's nine inches on the other side so you have to hold your balance and because of the aging process your muscles get weaker and so I kind of feel it in my back more. But it's not serious right now. My thumbs have arthritis in the main joint or the joint attached to the hand itself. [I just recently visited the VA because] I blew out both ear drums and in my right ear I had [a] tympanoplasty where they take skin off the back of my neck and make a new eardrum. [But my hearing is] better than a lot of guys that I'm around...I make fun of them because I'm the one that stepped on the land mine and I'm the one that can hear and they can't. (laughing).

[I have phantom pain in both legs and] I'm fighting that right now because of this weather [because it's humid and rainy]. What I've found is when you go from cold weather to hot, like when you go from winter to spring or summer to winter, those are the times where my phantom pains come around. Other than that I really don't have them. Right now [the phantom pain] seems to be more numerous. I mean when I did get phantom pains they were always bad but they seem to be more numerous now.

[As far as other pain, I] just [have pain in] my shoulders. When I get back pain I've usually created it. I play wheelchair basketball still and I had a bout of that this year but that's because somebody sat me flat on my back...(laughing).

[I have tried alternative forms of pain management]. The one thing I found is [a] massage will sometimes work and will stimulate the legs into making the nerves go crazy. If they work on my lower back for some reason that's where it's at and usually when I go to a masseuse I tell them not to worry about my lower back because I know what it will do. But other than that it works. It feels great on the arms and shoulders and my back side.

[I haven't had any problems with the skin on my stumps in the last decade or so because] they're pretty well calloused up. I've not had any breakage or any things like that. I don't wear prosthetics because the prosthetics when [I was initially wounded] weighed more than I did at the time. And I [just] learned how to get around faster in a wheelchair than [with prosthetics]. [But I went through rehabilitation to learn to walk on a prosthesis]. I had a set of legs and they sat in the closet forever just because they were too dag-gone heavy to wear.

[I don't currently receive any rehabilitative care associated with my limb loss]. [The last time I sought such care was] probably 1974. It's been awhile. I mean you've got to understand [that] I was probably one of the top 100 people in the United States as far as speed in a wheelchair. I used to race but that was back in the early eighties when chairs weren't like they are now. [Now] I got a really fancy lightweight chair and I'm still just as fat.

[Originally I also] had a set of stubbies because back when I started there were a lot of places that were not handicap accessible so I used my stubbies for places like that. Stubbies are half legs [but] there's no bend in them. [So] they're a prosthesis [for] your bottom half [and] they go to where your knees are and then they have tire tread on the bottom. [But today I use] a Quickie. It's a Quickie 2 I

believe...It's a fold up...[and] it's powered by me. [I don't have a powered chair because] to me they're too heavy. I would have to get a special lift to get it in and out of my truck and [so the Quickie] is just more convenient [for me].

[I don't have anything that I built myself to help me get around]. I got a grabby thing but I didn't make it, I bought it...[And] basically that's probably it. I [also] use a block of wood because my shoulders are bothering me. [The block] sits four inches and helps me get back in my chair when I'm working on the floor.

[The assistive devices have changed since I first was injured]. The grip of the wheelchair as far as the tires go [is better because] we went from solid chair to tire chairs to air tires, pneumatic. Just like they used to have the little tiny skinny pneumatic tires and now they got the fat ones that I can put on the front of my chair to get around out in the yard because I've got three acres of land here. And I like working out in the yard. [But those changes in the chair design have definitely improved my quality of life].

[My physical condition has changed over the past few decades because] I'm just not as spry as I used to be. I used to be pretty nimble and I'm not as nimble as I used to be and it's just age catching up with me. [But I think] it's a combination [of both my injuries and old age]. I think its age and then like [the changes in] my shoulders and my thumbs, that part of it is actually [probably from] using the wheelchair over and over again. One of the therapists explained to me [that] because I push forward all the time it has changed my muscles to where I can reach forward fine but I can't reach behind me because the muscles have atrophied to where they're in racing form. [If I had to give advice to somebody who suddenly found themselves in a chair due to limb loss I would say] do a lot of exercises that counterbalance what you're doing pushing forward.

[I don't race anymore though]. I mean I already used my shoulders up so I don't race that much. Although I still play basketball and they use me for my speed. But after that I usually do long pushes that are at a walking pace.

[The most frustrating thing about being in a wheel chair after my injury was that] I was going to a restaurant and having to go to the restroom and having to fight my way through the tables and chairs to go to the restroom and then to find out I couldn't use the restroom. [But it's different now]. I mean you can pretty much get around anywhere. [The physical accommodations have changed] greatly [over the years]. It used to be [when] you [would] go downtown you'd have to jump the curbs to get to the next sidewalk and now they all have curb cuts which are wonderful. It's amazing how many handicap accessible hotels are around. I mean it's not a perfect system but it's 100% better than it used to be.

I have [also seen a change in social attitudes towards individuals who are disabled]. I mean I went for a job interview at [one company] and got discriminated against big time. That was back in the seventies.

I don't think [my self image has] really changed that much [over the years]. I've always been cocky and I'm still cocky. I think that what got me by is my cockiness. And I've learned that if you look at somebody straight in the eye and say hello, especially when they're staring they're either going to have to say something or they're going to walk away. And kids, I just have a ball with them because they don't understand but it makes the parents nervous. I've taken a negative and made it a positive because I found out that just being in a chair makes people nervous. And, if they screw up you can do things that are funny that makes them even more nervous and they'll help you even more.

[It's important for wounded veterans to stay active and engaged]. If you're not working you need to do something. I'm working more now than I did when I worked. [But in order to maintain my mobility over the next several years] I'll probably have to get a different truck with a lift eventually because my shoulders are going to totally give out one of these days. [I may need] a truck with a lift [and] probably a chair with a battery in the next 10 years. [And I made the decision to use a chair as opposed to a prosthesis] because the prosthesis at that time was made out of balsa wood. Plus you had all that metal in there. This is back before they started using Titanium and they were so heavy that it took three times the energy to walk in them than what it [takes] in a chair.

[I have received treatment for depression and PTSD]. I knew I had a problem [because] I wasn't sleeping and I was having dreams and I was argumentative partly because [I was] tired and [also because I] knew I had to try to get this stuff out of my system. So a bunch of us got together with the psychologist and we had a round table where we all talked [about] all our different experiences. That seemed to really help. And then a friend of mine who was a school teacher hooked me up with the Daughters of American Revolution and made me go around and talk about Vietnam to all these little old ladies. It really got all my frustrations out. [So it was kind of therapeutic to talk about it]. It really was. I mean the first four of five times I did it I would have tears coming out of my eyes. And the more you expressed yourself and the more you talked about it and got it out of your system the better you felt. I know [my first divorce was related to PTSD]. We got married too young to begin with and she was ready to go out and have some fun instead of taking care of kids. That was part of it. But I also didn't help any because I would come home and just sit kind of blank after I got off work. I [think it was related to] PTSD.

[I never self-medicated to deal with the PTSD]...but one of the problems that I did have when I came home was that I was addicted to Demerol. [And] being an Indian I used Paoti. (laughter) [because of] the fact that Paoti leaves your system. Within hours it's out of your system. [I did that for about] six months.

I have a lot of Vietnam vet friends. I have a lot of lady friends but after my second divorce I just kind of said I don't want to be married anymore. (laughing) [So I] primarily do a lot of vet reunions. I have a resource fair in September coming up at [a local college and] this month I will be a speaker in Kentucky and then a speaker in West Virginia at schools. Part of it's through Task Force Omega and I worked with Task Force Omega with the POW/MIA issue and that's how they know me.

[The thing that was probably the most helpful over the past several decades in my quality of life is] probably the camaraderie I got from other vets. I mean we talk to each other and we open up to each other more than we would open up to anybody that was a civilian because we know what each other's been through. [And] I volunteer at the [state] Veterans Homes so I talk to a lot of World War II and Korean vets.

I was [also] the State Commander for [our state's purple heart organization] and I never thought that I would achieve anything like that so I guess I'm a little more positive and a little more self assured than I've ever been. [Today] I'm still a commander with the Purple Heart and I still work with other VSOs or Veterans Service Organizations. I work with the DAV and Forty and Eight [which] is an elite branch of the American Legion.

I worry about where I'm going to be 10 years from now as far as how my shoulders and my body's going to react to old age. I mean they say it's the golden years but what I've seen of it it's not so golden (laughing)...and that's probably why I work hard at being able to be mobile [but] I don't have

any concerns about my imposing on family or friends because I don't think I do that]. No, actually it seems like I end up doing more help for family and friends than imposing...A lot of times they seek me out because I guess they look at me as being a strong one I guess.

[As far as what can be done in general by the Department of Defense to help veterans]...I know that they've been bringing a lot of them into the different VAs and they keep them separated in some of these different areas. When they come back they need to be in a ward where there's nothing but amputees where everybody leans on everybody else....[That was] the biggest help [for me]. I survive[d] all these years because I'm still in touch with guys that I was in the hospital with. There were 104 of us and there was only like three or four double amputees but we all stayed fairly close. And then [another] thing is exercise and getting into sports. That's key right there because once you get into sports you're around other amputees and handicapped people and that's a big plus.

[I think part of the treatment the current day vets should get is relationship counseling]. If they're already married they need counseling.... [because] if they come back they're probably going to have some form of PTSD and they're going to need the counseling. Plus they need to have the wives in there so that the wives understand why they jump when they get touched to be woken up in the morning [or] why they swing and maybe want to knock them out. There needs to be some kind of counseling on that order because I've not seen it. I have a lot of wives that talk to me because I do resource fairs through the Purple Heart and I've had wives talk to me about some of the stuff that their husbands are going through. There needs to be some sort of counseling so that the wives understand why the men are acting the way they act. They're not crazy. They've just been through a war. [So care providers and the government could help by providing counseling]. I would say the counseling [is something that they could do to help veterans]. The big thing is just getting the stuff out of your system in counseling [by] talking.

[Veterans could maximize positive outcomes and minimize negative life outcomes by] talk[ing] more about their experiences and shar[ing] it with their wives. [And in the same light when it concerns friends and what they can do to help veterans...] friends just need to be friends. What I saw when I was in the hospital was they would send us out on leave and you'd go home for a week and these guys would come back and explain that all their friends [would be] tapping them on their back saying you poor thing or [their friends were] trying to bend over backwards to help them and it turns into an awkward situation. [So the vets were] glad to get back to the hospital. We used to call it the poor boy syndrome.

[The single most important factor in my success since being injured has been] the biggest change in my life [which] was when I started talking and getting what had been repressed in the back of my mind out....[Also] just traveling to me was important. I'd never been out of the state and to travel from other states and talk to other people in other states became a big thing to me too. [So I focus on telling my story because]...if you hold something back or suppress bad feelings it makes you a different person.

[A big part of veterans being able to adjust to their injuries is just their] getting confidence within themselves. All you have to do is think about it and you can do anything you want to do.

My limb loss has been a curse and a blessing but there's been more blessings than curse[s] actually. I've got to do more things than I probably ever would have done if I hadn't lost my legs. I've been around the world a couple different times and been to different places. I guess in some ways losing the legs motivated me to a higher standard. That's about all I got.

**Profile of Mr. Ian Moore (Double Below the Knee)**  
(Original Interview Transcript 13 pages)

*Mr. Ian Moore lives in the Midwest, was born November 26, 1946. He was drafted into the United States Army May 13<sup>th</sup>, 1968. He was injured April 30, 1969 near Chu Lai in Vietnam. He is a double below the knee amputee and currently uses a prosthetic device. He is married with three children. Mr. Moore reports his general health as very good. He also reports stump pain, phantom pain and sensation pain. The interview was completed on May 1, 2010.*  
*This is Ian's story.*

I have Aetna through my former employer [and] the only time I visit the VA is when I need new prosthetics. I deal with the Veterans Administration as least as I can. I do not go there for any health care at all. I get prosthetics about every five years, and getting in for an appointment is just a nightmare. Those people couldn't care less what you tell them. They make no effort at all to get someone in for a service connected disability. The last time I called there, the person I talked to said it would be three months before they could get me in to see me, and when I said that's not satisfactory, I want to get in sooner. She said, "Do you want the appointment or not?" I said, "No, I do not. I want in within the next week or two"...and she got pretty smart with me and hung up. As usual, the only thing that gets those people's attention is when they get a phone call from your congressman, and that's what happened. Amazingly, after I contacted my congressman, within a week, they were able to get me in, and that pretty much sums up my experience with the Veterans Administration. You can see why I do not go there for any health care.

[I am happy with the care I receive through my private physician though]. I'm just very fortunate that I have health care through my former employer, and it's excellent health care. When he examines me, he always says well, you're good for another year because that's about how often I see him is for my annual physical. There was a period of time we lived fairly close to Scott Air Force Base, and since I'm actually retired from the military because of a disability I can go for medical care at the military base, and I did do that. I felt more comfortable with the Air Force doctors than I did with the VA....[because] these were younger doctors [that] had enlisted into the Air Force, and [they] saw younger patients whereas I feel at the VA, you have older doctors, who are sort of over the hill—my opinion anyhow—and the people they are dealing with may be amputees, but [they're there] because of diabetes rather than service-connected disability.

[My doctor] tells me [my health is] excellent, [but] he always tells me to watch my weight, and that's an ongoing battle...that is the biggest problem I have. And I think a lot of amputees have this problem, you're just not able to exercise as the normal person. So it's an ongoing problem, watching my weight

[I feel pain in my injury sites]. That is one of the things I've noticed in the last couple of years. I'm just not able to walk as much as I used to or for long periods of time. Particularly, if I'm out in the yard doing some work, I sort of, pace myself, and I have to sit down about every 10 or 15 minutes. I sort of, get a numbness in the stump area. [And] I can really tell when I overdo it as I will get a blister at the bottom of my stump. [That often happens when I am using a ladder, and] every time I'm on the ladder I think [of the prosthetic] well with prosthetics you'll have a fairly normal life, but you won't be able to do things like climb ladders.



I do [have phantom pain and sensation]. I get that quite often. One of the things I noticed in the last six months is numbness when I'm sitting for a long period of time, mainly like in the evening, numbness in the side of my thigh area, and I think it's the way I'm sitting because when I change positions then it'll be okay. [I have never sought any alternative treatment for the pain]. But it's something that I'm used to, and if I massage the stump that is giving me the phantom pain, it will go away shortly.

The old type [of prosthesis that] I had was sort of a leather boot that you slipped into the prosthetic [and] the suction was held on by your two side patella bones, and you can imagine wearing that type all the time. You would get a lot of, right behind your knee or just above where the prosthetic ended, all the blood would sort of compile there. Whereas the new type, which I've had for I'd say about 15 years now, is sort like a rubber sleeve that's got a pin on the bottom. The big advantage was while I was working, even now and especially if I'm riding in a car for a long distance, [is that] there's a button you can push on your prosthetic, and the pin will pop loose. You still had the prosthetic on, but it's taking that pull off of it, so it's much more comfortable, and you just don't get that pulling on you all the time. The only disadvantage to this prosthetic is that as you can imagine in the summer and sort of on a day like we have here today which is very humid, you really perspire, and I have to be careful with that. In the summer months, I will put on a medicated sort of like a baby powder, medicated powder, and rub it on the stump before I put the boot on, and that will control the perspiration....yesterday, I was out doing a lot of yard work, and I had it on from about 10 in the morning until about six o'clock last night. When I worked, I had it on about seven in the morning until seven at night. Now, if I'm able to, during the day, I maybe will have it on for three or four hours and take it off for a couple hours if I'm sitting reading or doing something like that. So on an average, I would say anywhere from six to eight hours a day.

[I use a wheelchair when I am not using a prosthesis]...[but] that's all I use. [The technology is much different than it was in the previous decades]. One of the other things that is different and I forgot about or a couple of different things is that the foot itself has more spring to it now which gives you a more natural feel like when you take your step, and you hit it with your heel it sort of springs you forward. Whereas before when I first started wearing prosthetics the foot was pretty much, had no action at all to it. Also the new prosthetics I have a rubber ball that's inflatable. It's probably about the size of a golf ball and on the prosthetic, it has a spot where you can put in a little pump, and you make that ball as stiff as you want which helps with the cushioning when you're walking.

[In the last 20 years] the only thing I [have] notice[d] [concerning changes in my physical condition] and I'm probably paying for early in life, I seem to get more back problems now, and it could be because when you're an amputee, you can't lift properly because you can't flex your knees. I notice I really have to watch it now, or I'll get some back pain. [But it is] temporary. It's nothing that I've ever had to have any treatment for.

There is a big change in [the affect the ADA has had on disable accessibility]. I had mentioned in my previous interview [that] people with handicaps were discriminated against. My auto insurance was canceled as soon as my insurance company found out I was driving with hand controls, and that doesn't happen anymore. And, you know, it is much more accessible now. When I was first dealing with my handicap, there was no handicapped parking at all. When I got out of the military, I went back and finished college, and there was like six handicapped parking spots for the whole campus. I go back to the campus now, and there's handicapped parking all over. There are elevators that weren't there before, so yes, [the accommodations have] improved tremendously. [And right now]

from my standpoint, [there are] no [things that need improvement]. If I was in a wheelchair, I would probably be more aware of what the limitations are. I'm pretty fortunate. I'm not in a wheelchair when I'm out and about.

I've thought about [what it will take for me to maintain my mobility] as I've gotten older [and] that's probably one of the things I dread the most—getting older—and in my condition because I just feel that as time goes on I'm going to be able to use my prosthetics less and less. I will more be confined to a wheelchair, and I think the big reason is that because you do have to have pretty strong leg muscles, and that's something that does wear down as you age. I'm fortunate I have my disabilities both below the knee, so I do have my knees, but as you can imagine I put a lot of strain and pressure on my thigh muscles. I guess to summarize the question is that I just feel that in the future I'll be more confined to a wheelchair.

I have not received any [mental health care]. I have never felt the need for it. I seem to have adapted pretty well. I actually went back to work in about six months after my injury on a part time basis. I also got married around that time, and both those factors really kept my mind off my disability.

I feel [my quality of life has] been pretty good. Have three wonderful children, and now I'm getting grandchildren. I worked pretty much a full career, and there have been times, I've been frustrated. There are things I'm not able to do that I would have liked to have done such as water skiing and that type of thing. I was pretty active in sports, especially baseball, and I would have probably have liked to in my twenties, I wish I could have still been playing softball and that type of thing, and I wasn't able to do so. So from that standpoint it's more I've been a spectator rather than a doer...I used to golf...I guess my biggest hobby is spectator sports and just doing things around the house, keeping the house maintained.

I've got family who lives here, and we're not too far away from our previous friends, and so that's mainly who we socialize with...[And] we go to church on a regular basis. Am I involved in the church as far as being an official or anything? No. But yes, we are regular members of the church.

[My marriage has changed overtime] for the better, yes...My wife and I we were engaged prior to me going to Vietnam, and when [I] got back, even though I had a disability, we got married. She has been the greatest support for me and probably put up with a lot of impatience on my part, and has always stuck with me over the years. I feel we have a very strong marriage. Now that I'm retired, we're able to do more things and enjoy each other more than we did earlier in our marriage. When I was dealing with a disability, she was pretty much hovering over me. You know, she was the one taking me for therapy when I was an outpatient and probably had to do a lot more than the normal wife would. She was pretty much my legs....[And my injury didn't change my sex life]. It's always been good.

My wife and my children [have been the most helpful to me in my recovery]. I have two daughters and a son, and I think my daughters especially are very protective of me, and I think they're all proud of me. [And I'm not worried about imposing on people].

I guess the biggest thing [that] I worry about as I age is what am I going to be able to do for myself? Am I going to be totally dependent on someone? [I consider using a wheelchair as being dependent on someone because] I feel that if I am not able to get out and do what I want to do, what I see needs to be done around the house, I'm going to be dependent on someone else. If I was not able to drive, that would really be bad.

[Some things could be done to improve the long term quality of life for veterans with service-related limb loss from the current wars]. I think keep improving the prosthetics that are being used, and I guess by that I mean making them more comfortable to wear.

[As far as advice for family or friends] I guess two things. One, be very supportive of the individual, but do not overdo it. Let them do as much as they feel they are able to do, and that's the way it's been with me. I know myself sometimes I will get frustrated with my wife if she's trying to do too much....I guess a big thing I'm thinking of, let's say it's during the winter—snowy, icy—she's sort of always grabbing my hand trying to support me, and I almost feel like that's hindering me. There are times I need help, but other times just let me do my thing.

The biggest thing I would want to tell [veterans of the current wars] is don't feel sorry for yourself. There is always someone in worse shape than you are, and you'll make it as bad for yourself as your mind will let you. I never let it bother me that much. Yes, I do have pride in that there are people I will not let see me in a wheelchair. My friends and certain family members if they're coming over, I will have my prosthetics on. But that's the big thing I would say, is just don't feel sorry for yourself.

My wife [has been the single most important factor in my successful recovery]. I would not have had someone so understanding, and willing to help me with everything, and to listen to my complaints, and really never, never complained about me having a disability. That's probably been the biggest factor. The second biggest factor probably was me going back and finishing my college education. If I had not been injured, I don't know if I would have gone back to college. But because of my injury, I felt that I had to get a college education and be able to get a desk job, and I was able to do so.

[And having a jobs has] definitely [been important for me throughout my life]. Like I said I was still going to outpatient physical therapy when I started back to work, and I was able to work two or three days a week, and it just got me back into the swing of things. Once I finished my physical therapy, I went back to work full time, and then I took a leave of absence and finished my college education, and then as soon as I got out of college, I worked until I was 55. So I had a 30 year working career, and I feel it's a real accomplishment to be able to retire from a company when I could have just done nothing and drew my veterans' disability pension.

I don't know if other Vietnam veterans feel this way—I'm sort of bitter about the whole thing that I don't get the credit that I think I deserve as far as being a disabled veteran and of the Vietnam era, compared to what I see in the present time with the present disabled veterans. I guess that's more sour grapes than anything, but that's my problem... You know, Vietnam veterans coming back we were pretty much ignored or looked at like we were idiots for going to Vietnam. Whereas now, it's a real honor to have been in the military... Yeah I was drafted. A lot of people were drafted, but we did what we had to do. If anything, we should have got more credit because we didn't volunteer to go. We did what we had to do. I got drafted, and I went, and I paid for it dearly. As time goes on, I sort of look at it and [think] why did I do that? Because the people in Vietnam, they sure didn't care if we were there and their life, the way they are living now, it doesn't matter if we were there or not. Maybe the people in Iraq will have a better life based on what we did, but it sure didn't affect the people in Vietnam.

**Profile of Mr. Bob Taylor (Above the Knee)**  
(Original Interview Transcript 28 Pages)

*Mr. Bob Taylor lives in the East and was born July 22<sup>nd</sup>, 1946. He was drafted into the United States Army in 1966 and was wounded near Dau Tieng, Vietnam, November 30<sup>th</sup>, 1967. He is a right leg above the knee amputee and currently uses a prosthesis. He is married with two children. Mr. Taylor reports his general health to be good and also reports using drugs and/or alcohol, cancer, diabetes, being overweight, back pain and arthritis in addition to phantom pain, other pain and experiencing PTSD. The interview was completed on May 12<sup>th</sup>, 2010.*  
*This is Bob's story.*

I have a small business I run. It's a sharpening business and cabinetry. [I have been married] thirty six years. [I have] two daughters [ages] 34 and 33.

I stepped on a land mine and I lost my right leg above the knee about mid-thigh and lost most of the calf and part of the bone out of my left lower leg. And [I have] other injuries to my lower extremities. I still have tinnitus.

I have insurance through my wife's policy through her work and I'm covered by the VA and by TRICARE. [When I need health care I usually go] to the Veterans Administration hospital here in Altoona, Pennsylvania. [But] when I have something serious I use my wife's insurance.

[If I have something serious and use my wife's insurance it is usually a matter of quality of care and not costs]. I had cancer and I certainly wouldn't go to the VA to be treated for that. I know other people that have and I thought that I'd get better treatment in a private hospital. I had a knee replacement surgery which I had done by a private physician or surgeon and shoulder surgery, same thing by a private surgeon. My knee just blew out. All the meniscus was torn and everything. I had to have a total knee replacement because the tibia bone was broken. Well, there's six centimeters taken out of it and it caused a lot of stress on my knee. And my shoulder surgery was because of walking on crutches for all those years.

[I] just occasionally [use crutches] now. I have an electric cart that I move around in the house with.

Other than all my injuries, I'm pretty healthy. [I generally go to the VA for general health care and I'm generally satisfied with the care I get there].

[I] usually [go] to the VA [for any healthcare that is related to my limb loss and the care I receive for that is] excellent. [If I needed mental health care I would also go] to the VA. They wanted me to go in for PTSD but I said I don't need the meetings. So I don't go in for the meetings.

[Generally my physical health is] very good. [I exercise] three days a week. I go to a fitness center and weight resistance exercises. I've been doing this for two years now. [I started exercising] because I was starting to get pretty weak. I'm getting old, becoming an old man. [I am] sixty-three and found out that I was not being able to do a lot of the things I used to do. So I decided to go to a fitness center and see what I could do about it and it certainly has helped.

[My emotional health is] good. I think it's probably better [than it was a few years ago and I would attribute that to just] living life.

[I don't have any concerns related to my emotional or physical health]. No, nothing in particular. [But I have put on weight]. Although since I've been watching what I eat and exercising three days a week I've lost 40 pounds. Now that's been over a period of four years. [But I am] still overweight.

My wife tells me I suffer from PTSD but I don't [because] they give me medication for it. I take the medication and I'm happy with that. [I take] Trazodone at night for sleeping and bupropion.

[I experience phantom pain]. Sometimes it gets very, very bad. I think it's better now [than it was several years ago though]. It's not as severe and it doesn't last as long.

I got lower back pain, I have pain in my legs, and every day I have pain. [This pain is probably related to my compensating for my injuries]. I have [torn] rotator cuffs. I had the one repaired but the other one they say is torn so bad it can't be repaired. And they said just live with it until it completely fails and then they'll give me an artificial shoulder. [And sometimes because of my stump I get] sores. Occasionally I get blisters and sores on it.

I get a lot of abrasions and blisters on my stump from the prosthesis. [But I don't seek professional help]. I take care of [the sores and blisters] myself. I usually put ointment on, antibacterial ointment or at times I use Bag Balm.

[I don't] receive any kind of rehabilitative care associated with the loss of my leg [but I did] while I was still in the military at Valley Forge General Hospital.

I was wounded November 30, 1967 [and I was at Valley Forge] for a little over a year. [So that's where I received my first rehabilitation services] and my first prosthesis.

I had my shoulder operated on and my knee operated on [and] I had to go in for rehabilitation for that but nothing directly related to the loss of my leg.

[Today] I have a C-leg. The C-leg is a hydraulic knee joint that operates off a computer inside. It's battery operated and opens and closes valves after it determines what you're doing with the leg, whether you're in a stance position or it's in a swing mode or whatever and it controls your gait. [I have had it] about four years. [Before] I had what was called a Hydracadence knee and I liked it much better than the C-leg. It did a lot of the things that the C-leg can't do. I mean it has dorsal flexion in the foot and when you're standing on uneven ground the foot will actually level out on the ground with the C-leg toes sticking up all the time. So you're just standing on your heel most of the time when you're on rough terrain. [I switched to the C-leg though] because they quit making the Hydracadence. [Before the Hydracadence] I had just a Bock safety knee. Back then I had a total contact suction socket. It was a hard socket. Now with the new Hydracadence the socket is a soft socket. It has a latex cover that comes up over the stump with a pin at the end and the suspension is through the pin into the bottom of the socket, the hard socket of the prosthesis.

[But I had to change because the kind that I had and liked was basically discontinued].

[I also use a] cane. If I'm walking more than just around the house I need the cane. If I'm out somewhere and I know I'm going to have to do a lot of walking then I make sure I have the cane with me just to help out. If I'm on vacation and I don't have my electric cart with me I use my crutches.

[I didn't use the wheelchair when I was first injured and I didn't start to use the electric cart until] about three years ago. [I use] the brand Golden Champion. It works fine. Normally I wear my leg almost all day long. Then when I get home after work and I know I'm not going out anywhere I take my leg off and use my cart around the house.

[I also use] a long-handled shoe horn [that I made myself]. [The devices that I use now are very different than they were when I first was wounded]. The prosthetics have come a long way. They're much more comfortable to wear. I don't get as many sores on my stump as I did back then. I used to get some really bad sores with the total contact suction sockets. Now with the new type suspension system that they have it's a lot more comfortable and [it causes] fewer sores.

[My physical condition in the last 30 years has been] deteriorating. I'm getting old. I have less stamina and all that. [But] I don't believe [my self image has changed].

I think I'm outgoing. I'm a volunteer. I volunteer at a lot of places. Belong to different organizations and am active. I'm doing okay.

I don't think a lot of [my roles as a husband or father have] changed [over the past 30 years]. My attitude towards all of that is about the same.

I have three [grandchildren]. I have Karen. She's four and a half years old. [She belongs] to my oldest daughter and then my youngest daughter has two children-Debbie who is just two and a half years old and a new baby, Scott, who was born just before Christmas. They live away from here. My youngest daughter lives [out West] and my other daughter lives in [Lewisburg] but we get together four or five times a year. We just got back from Disney World two weeks ago with grandchildren and Fourth of July weekend we're all going to be together up in the Smokie Mountains. We have a camp up there.

There's been a lot of changes because of the Americans with Disabilities Act which I think [has it's] 20<sup>th</sup> year anniversary coming up. And so that did a great deal of help for all persons with disabilities. I know I belong to an organization called Center for Independent Living which I've been a board member [of] for years. Now I'm the president of the board and we advocated with our city council and the city planners to make sure that the curb cuts were being put in. They worked well with us and we worked with them and got it all taken care of.

[And those changes improved circumstances for me personally]. Curb cuts [especially] make it a lot easier to cross streets. [And up until a few years ago] I was living in a home that was a three-story house and four years ago I decided that we needed to get out of there because it was getting more difficult [to go] up and down stairs. So I searched for a house that was accessible or near accessible anyway and I found a current home which is all one floor [with] wide doors, wide hallways and it fits me perfect.

I think [people's attitudes towards individuals with disabilities] has improved greatly [over the last 30 years]. I mean it's been a complete turnaround I think. Although there are still people out there that don't understand it and won't accept [that] people with disabilities have a value in life and they can be an asset to businesses and as employees and what have you.

[The most significant change that I've noticed is] I think locally [there is] probably more of the acceptance of city officials, county officials, and public officials in general. They're more understanding now than they were in the past. I know [in] my one organization we have a "Walk a Mile in My Shoes" event once a year which gets the public out and shows them what it's like to maybe be blind or fixed in a wheelchair. [It gives] them that experience and this has helped them to understand more what difficulties people with disabilities have, especially [with] transportation and getting around in the community. [I also drive]. I have a left-footed throttle.

I belong to an organization [called Fire Base Eagle and] we go out to high schools and tell them the experiences that we've had in Vietnam and what have you. In fact, just last week we were at a high school in southern Pennsylvania speaking at a military history class. We tell them what it was like and we try to give them some understanding on the politics that was going on at the time and our reactions to protesters and what have you and how it affected us when we were coming back from Vietnam.

If I could only [regain my strength] like I was back in my thirties. But I know that's not going to happen and so I take it as it comes and I adapt to whatever I need to adapt.

[I have received treatment for PTSD]. Oh, I guess it was about 10 years ago at the VA hospital [that] they had me see a psychologist and we talked about this, that, and the other thing and Vietnam. They sent me to a psychiatrist that prescribed the Trazodone and the Wellbutrin. And I take 100 milligrams three times a day of Wellbutrin and a 50 milligram tablet of Trazodone at night when I go to bed. [I went to get help because] my wife kept telling me I was doing strange things and that maybe I should go see and talk to somebody about it and so I did. And they come up with a medication and I've been taking the medication since then. Now when I go into the VA my current doctors are always saying, you sure you don't want to go over to behavioral health for a consult. I always say no, I don't need it.

I don't believe there was [any counseling available when I came home from Vietnam]. None that I know of.

I [was] tossing and turning at night, nighttime outbursts, and night sweats, and I used to wake up in bed and the whole bed would be soaking wet from sweating and I didn't realize what it was or why. I just thought it was hot and that's when we discussed it, [my wife and] I, and she said maybe you ought to talk to somebody at the VA hospital about it. I did and I think it's helped. The medication has [also] helped a great deal. [Before I went to the VA for help I was probably self-medicating]. I drank an awful lot of alcohol in my younger days. About 1987 or so I just one day up and quit and didn't drink until about the year 2002 and now I can have a few beers and not go crazy with it. I don't drink every day. I might have maybe one or two beers a week at the most. [I decided to quit in 1987 because] I knew I was getting out of control. I was drunk all the time and I just decided that wasn't a very good life. [I had kids at that time] and they were getting up to the age where, you know, I should be giving a little bit better example of what [they] should be doing as adults. That was part of why I quit. I don't know [if I was drinking because of the PTSD or not]. Alcohol runs in my family. My father was an alcoholic. My older brother's an alcoholic. My uncles were alcoholics. So, I don't know. [My drinking] might have something to do with that. Runs in the family.

[But I am happy with the medication that they are giving me]. I don't have the night sweats like I used to and all that and I'm sleeping better.

I think [my life in general is] pretty good. [What makes it good is working and] being involved in the community. I golf a lot, get out with friends and interact with people. I think I interact pretty well with them. [My marriage has a very positive impact on my life]. If it wasn't for [my wife] I probably wouldn't be around here. She's been a great help pointing out my little bit of inequities. (laughter) [I met her about five or six years after I was wounded in Vietnam].

[I think the relationship that I have with my friends and family has a] good impact [on my quality of life]. I mean I get along with my brothers and sisters. We get out [and] we do things together. In fact, my youngest brother and I golf a lot together and we have family get-togethers five [or] six times a year. We all get together.

[So family has been very important in my quality of life and] I've had a lot of support from friends.

I love it [being a grandparent]. I just don't get to see them often enough. But my wife is going to be retiring year after next and I'm going to retire and we're going to be traveling and spending more time with the grandkids and seeing America.

I worked for AT&T Long Lines...in the office [before retiring]. [Now I do woodwork and] I sell what I make. I usually do it on consignment or under contract. [I make] furniture, cabinets, all that kind of thing, displays.

[I also] golf. I used to do a lot of bowling but I sort of just got out of that for some reason. Now I'm more interested in golf. So I play golf three days a week. I play Friday, Saturday, Sunday usually. [I didn't start playing golf until about 1988 or so]. [I said to an] older friend of mine oh, golf, I said that's bullshit. I'm not going to go out there and whack a ball and chase it all over a field. He says oh, come on down with me, he says ride in the cart with me. We'll get a six-pack of beer. You drink a beer and I'll play golf. Finally [he asked] hey you want to hit one and I tried hitting it, didn't do so well and I tried again. I finally hit the ball. Well, there's something to this and I just fell in love with the sport then.

[I'm also engaged with community activities such as] the VFW. I'm now the Commander of the local VFW and I've been Quarter Master there for seven years or so. And in theater I help out at theater building sets and stuff like that and [I am] involved in Open Doors for the Handicapped which is another advocacy group. I started, with another guy, an amputee support group which is sort of faltering now but I still go visit people when they ask. Social workers usually give me a call and say hey, I have this guy here or this woman that would like to talk to somebody who is an amputee. They might be facing amputation or they've just had an amputation. So I still do all of that and of course [I do] the activities with Fire Base Eagle with going to schools and speaking to classes and all that. And part of the other thing at Fire Base Eagle was promoting. We're trying to create a Vietnam War History Center here in Blair County which is a rather large project and we're working with Pennsylvania Military Affairs group to get some land at the veterans' home here and put our Fire Base in there. [And these activities play an important part in helping me maintain a good quality of life].

I [also] pray every day. I don't go to church but I believe in a god. I'm just not happy with organized religion. I'll pray to my god and you guys do whatever you want, you know. I look at



religion as in present day, you know, the Muslims are hating the Christians, the Christians hate the Jews, everybody hates everybody and everybody wants to go to war over it and I think that's ridiculous. It's ludicrous. And that's why I don't belong to any churches.

My health care's good. I have no problems. Like I said I'm covered pretty well with insurances.

I believe my wife [has been the most helpful in making my present quality of life good]. [I say that because of] the amount of support she gives me. I mean we do a lot of things together and it's good.

I worry about this current war and I'm worried that it's going to last for years and years and years. I worry about this big oil spill in the Gulf and how it's going to affect the quality of life for everybody in the United States. I think it's going to be a very, very great setback to the economy and [it will] therefore [hurt] the quality of life of most people, especially in the southern states.

I don't want to impose on people and I don't think I do. I don't very often ask for help. I do it on my own if I can.

Our veterans today I think are getting a lot better care as far as amputees and the medical care but I don't believe that they are getting enough psychological help. Right now the suicide rate of these new veterans coming back is epidemic, damn near. I see that in the news and our local people. Some of the local veterans have committed suicide and I think that they need a lot more debriefing before they [come] back into civilian life.

[I didn't see that when I first returned from Vietnam, and I'm not sure why it has changed]. Boy, what has changed? I don't know. Just could be the general society, how changes have come about through society and today's beliefs by people. It's just changing and I don't think that our medical professions are changing fast enough to keep up with these guys [to give them] the proper care they need. [So counseling is important. Families or spouses] should be included in it [because] they need to know what's going on. They have to understand and [be] given a clue of the effects [of] the traumatic things that happened to people, you know, how it affects them. [For example,] PTSD. They called it all kinds of other things. Now we've got the PTSD tag to put on all of this here but it covers such a broad range of traumatic events in everyday life. I think that the professional community is starting to understand that this can happen to just about anybody that goes through some sort of trauma.

I can't think of anything that a veteran could do for himself [to minimize negative life outcomes due to his war experiences] other than put it in the past. You know, when I went to war I survived and I was damn glad I did survive and the veterans coming back today, they have to understand that hey, they're survivors. But not everybody's in combat. You know, there's only one-tenth of one percent of military that actually see actual combat. So there's not that many but still the guys that are in support areas that are supporting the infantry and what have you, they see what's happening out there and they can be traumatized by seeing what effects it's having on fellow soldiers. Our government and the health profession [have] to take more steps toward solving the problem of the Post Traumatic Stress along with that of suicide.

[Family and friends could help create a positive life for the veterans if the veteran's talked to them]. I'd talk to them. Talk to them. Have them open up. [But] I think it is [hard to do that]. I never talked about what I did in Vietnam until recently. When I say recently, in the past 15, 20 years. Of course when we come back from Vietnam you didn't want anybody to know you were a Vietnam

vet. I mean when I went out in public areas you didn't say I'm a veteran. You sort of just played that all down because we weren't very well liked.

[The single most important factor of my success since being injured is] acceptance. Acceptance of what I had to deal with and adapting. I just accepted that this happened and I have to deal with it and move on with life and adapt to whatever physical things I had to do. You know, I made adaptations just to get done what needed to be done in my life [because it was important to stay active]...An idle mind is the devil's workshop. If you're not active in things you start getting bad thoughts in your head. You start worrying too much, and you just start burying yourself into a shell and festering all these thoughts that come through your head, good or bad. You have to get out and be active and interactive with other people in the community.

[It was important for me to talk to other veterans when I returned from Vietnam]. When I come back we all hung out together. We sort of debriefed each other, you know, talking about our experiences and it was always over a beer. So I think that helped a lot because you knew you weren't the only one that was going through a lot of that stuff, a lot of the thoughts and everything.

[I would tell a veteran who is just returning from war] that you have to step up to the bat and take it and take the hits where you have to and just move on with life. Don't let all those little bumps and bruises linger. Just get over them.

I think maybe the main thing is staying involved. You have to be involved with something and all through your life. You can't sit still. You got to keep moving.

**Profile of Mr. Shawn Jackson (Below the Knee)**  
(Original Interview Transcript 26 pages)

*Mr. Shawn Jackson lives in an Eastern state and was born September of 1948. He enlisted in the United States Air Force in 1965 and was injured in Vietnam September 26, 1967 in the Central Highlands. He is a left leg below the knee amputee and he currently uses a prosthetic device. He is married with three children. He reports his general health to be very good. He also reports back pain, stump pain, and PTSD. The interview was completed on May 2<sup>nd</sup>, 2010.*

*This is Shawn's story.*

I'm retired. [And I'm married with three children]. I have one that's 40, one [is] 35, and one [is] 30. I have CHAMPUS. [I receive my healthcare] at the VA. [The majority of my health care is through the VA] except recently, I'm getting it through my wife, where she works, but that's coming to an end too because all the doctors left. So I'll be back with the VA.

[The] majority of it's been good until I got to [one particular VA]. I wasn't impressed at all [because] the place was filthy. The people were there so long, you know, [some had] been there for 20 years. They just weren't happy in their job, and it showed, you know. They didn't care. They just, it was a job to them, and they treated it as such. We were the ones keeping them working, and they were just disgusted with it....[So] I won't go back to the [that] one. I had a very, very bad incident the last time they did surgery on me, so I won't go back. It was a teaching hospital, and one of the young doctors didn't do the job right, and I almost bled to death. [And that operation] was on my leg. I had 13 surgeries, since I've been wounded, on the leg.

I didn't use [the VA] for [general health care]. I wouldn't do that...unless I'm really sick. . [But] I have what they call Barrett's Syndrome [and] that's where the esophagus is pre-cancerous, and I had that taken care of in a civilian hospital...[And the care I received there was] 100% better, 100% better.

[The] mental health care [that I received] was pretty decent. It took about 12 years before things really started turning around. I started, you know, getting myself back together. I was totally out of it, you know, alcohol, drugs, the whole thing. [When I was wounded, they didn't provide mental health care, but then eventually] my wife had given me an ultimatum. Go get yourself straightened out, or we're done. So I said, "Okay, I'll straighten myself out."

[I would say the care I got from the VA] was okay until I got to [that one VA]. I've been to [it] several times, and each time I went there, it just wasn't right. The care just wasn't there. I took a group of guys, actually when it started out, there was about five of us that were amputees. We were discussing the conditions that were at [the VA], and I said, "Well, let's go down and complain to the administrator." I was the only one that wound up with the administrator, and there was some changes. They came in, they cleaned up, they painted, but the damage was done already. Let me put it that way, you know, with the infections and things like that. The OR room was dirty, recovery was dirty, the wards were dirty. The damage was already done with the infections and things...but then it changed. But still I won't go back. I won't give them another shot.

[My physical health now] is good...I feel good. I have problems with my leg, but otherwise I feel good. I'm not a sickly type guy. I'm not a weakling. It's just good...[And my emotional health is] strong. [My emotional health has improved] tremendously, from previous years.

[The only thing that concerns me now is] just [that] my physical limitations are increasing against the limitations. I'm getting older, and it's [my physical limitations have] caught up to me.

With the amputation, there's still a lot of pain and suffering with it. It won't go away. It hasn't gone away...[And] it's not phantom pain. It's pain. You know when you walk on something that hurts, you aggravate it. It increases the pain, and it just increases it, so it's constantly there. [It's] at the bottom of my stump. It's not my toe, it's not my ankle, it's the bottom of the stump. It hurts. I get neuromas, I get scar tissue, you know, all that stuff, and then you walk on it, and you're actually abusing yourself by walking on it. You know, bang, bang. It hurts. [Neuromas is when] the nerve still grows. They cut it, and then it grows, and it forms a ball at the end of the nerve, and they're really painful. [I also experience pain in] my back. It's the combination from the injury and some of the damage from the land mine.

[Some of the pain is from my overcompensating] most definitely. Yeah, it's just like your one leg is shorter than the other, and you're going to have a problem. [I] sometimes [use a wheelchair]. If I'm going somewhere with the family, and stuff, and walking a lot, I won't walk. I'll take my chair.

I'm medicated [because of the pain], and a lot of it I just put up with it. I take Percocet. I take it three times a day and Morphine twice a day. It's a small pill. I take one in the morning and one at night, and Percocet is one in the morning, one in the afternoon, and one at night. Every day. It helps. It doesn't eliminate it, but it helps.

I have [tried alternative forms of pain management]. I've been through a lot of different things too. I've tried acupuncture, I had the series of shots, I've had the steroid shots. I've been through like three or four series of them. It's just, you know, now at 62, the damage is done, it's not going to get better. So the one doctor wanted me to go see a pain specialist. They won't do it because he can't write a prescription for it, and you know, I'm not going to go through the series of shots again because it don't last. At one time, I thought [the acupuncture was working. I thought] it eliminated some of the headaches. I thought that might have been helpful, but there again, it was just a short term thing. Like, he hit it, and I said that's it, and then it was gone. They couldn't find the spot again.

[Besides the issue with the nerves on my stump I don't have any other problems with it]. It doesn't break down. It's pretty healthy because basically because I'm not diabetic. The skin is intact, and it's fairly healthy. But it's the internal parts that bother me the most. The nerves, the muscle, stuff like that. [But I don't seek professional help for the skin problems]. I got a cream. We found this cream, and we used it on my father-in-law for a rash, and stuff like that. It works tremendously. You put it on, and it goes away, you know, it's quite a good stuff. They call it Lanoseptic. It protect the skin, and it just does great.

[I don't receive rehabilitative care for my limb loss anymore]. It's been a long time [since I received care for it]...[But] now I get prostheses. I'm in a new one now, that's about two years old. Every summer, I go back, and will get a new prosthesis because [of atrophy].

We've come a long way, I mean, from what we had, but it's still got the pipe and joint. I forget the name of this new foot, but it's got more spring to it. Then there's a plastic cover that the pipe goes into, and your stump goes in. And then there's two sleeves, that I wear, that holds the leg on.

I'm what they call [a] fire police officer, I'm a captain. It's a retired firefighter that was sworn in by the municipality. They give me police powers in a time of emergency—any type of emergency—to where I can stop people in traffic, or do seating control, stuff like that.

[So I have always used a prosthetic device, and I also use a wheelchair, both of which I get through the VA]. I'm proficient [with the wheelchair, but] I don't use it all the time. Like I said, it's only, like, if I'm going somewhere with the family and there's a lot of walking, I will use the chair because I would never get to see anything because the limitations in my walking now.

[I don't use any homemade devices to help myself get around the house or reach things]. Because even if I'm in a chair, I can stand up.

[My physical condition in the past few decades has] been good. It's been no changes basically. I'm still in good shape.

I'm in fairly good shape except for the amputation and the back pain, and I was able to [work as a firefighter]. So I've never really had too many problems until I started getting older, and it was bothering me more, and I just made the decision not to do it, so I wouldn't hurt nobody else. I just had to stop doing certain things, so I would not hurt anybody else because I got weaker, so I stopped [working].

They made some of the access easier [for the disabled over the past few decades]....The best thing that happened to me, was getting the handicapped sticker, and being able to park in a front door because of that. I don't have to walk that far [because] if I got to walk real far, I won't do it. I'll come back later. I just can't do, walking a great distance anymore.

The way I see what's happening now with the new guys coming in, there is no changes. It's still terrible. You got to fight for everything. I feel sorry for these guys because I've talked to a couple of them that have come back from Iraq, and they're handicapped—you know, loss of limbs and stuff—and the stuff they got to go through. The biggest thing, I can tell them, is just not give up. You know, get somebody, one of your organizations—the DAV, the VFW, any one of them—[to] get behind you, and not give up [on] getting your benefits. They just don't want to do it. They don't want to support the soldier. It's terrible....I mean they're there for us, but their hands are still tied. They're cutting back the budgets. They have such an abundance of veterans, they can't handle it.

I have one [grandchild]. She's seven, and we get along great. I mean, she's a good friend. We get along great. Me and her spent a lot of time with just the two of us because her parents work, and I'll be the one to watch her because my wife works. We do things together. It's pretty neat.

It took an eye opening experience [for me to realize I suffer from PTSD]. I almost bled to death from drinking, and I literally bled everywhere. I was bleeding from everywhere, and they told me. [I suffered from PTSD] Hey, I have a brother that's a veteran too from Vietnam, and we both knew something was wrong, but we couldn't pinpoint it....[One symptom was] the anger, and there was a lot of nightmares, you couldn't sleep. Things just weren't right. It's very hard to explain. And everything became a fog because of the alcohol. I was drinking a fifth of whiskey a day. [And it affected the people around me]. Yeah, this is my second marriage. The first marriage only lasted five years. [And when I finally sought treatment,] I wouldn't talk to the psychiatrist for a year, and then one day, I opened up, and I haven't shut up since. [So it helped to talk]. Sure it did. Oh sure, yeah, because then you realize that, you know, it wasn't wrong. You're feelings weren't wrong. It

was real, everything became real. It was okay, yes I did this, yes I did that, and how it came to a point. We say, well now, we got to deal with it, and go with it instead of trying to hide it and mask it.

[My physical and emotional well being is now] a lot better because I've learned to cope with a lot of different things. So everything actually became better. I mean, you can't continually dwell on the past, and say hey, you know, I'm this, I'm that. You've got to give that all up, and then go on. You've got to become something else. And hope that you make the right decisions in your life. And I think I've done that. I've got a relationship with my granddaughter, my kids, my wife. Not bad. [I had to work hard at that though] because [through] a lot of it, you didn't know, you didn't understand, you know, why you were feeling certain feelings. You just didn't know.

My wife [and I] have a working relationship. You know, in the beginning, it was pretty tough. We used to argue and fight, and now it's a working relationship. I can sit and listen to her problems, and we work them out and the same with mine, you know, it's oh, well, okay. We're looking forward to retirement. In fact, we bought a retirement home already.

[But my relationships with other people have] improved tremendously. [I don't have a lot of friends], but the ones I have are true. Like I said I can call, and if I've got a problem or I need something, they'll be right there for me.

I'm life members of the VFW and DAV. [I used to go to meetings, and] at one time, I was very involved with it. At the time, it was good, but then a lot of it, was the drinking aspect of it. You know, you get a hold of these veterans, and you sit there, and you talk about your sorrows, you know, behind a bottle of beer.

[Parenting] was tough during the beginning. I wasn't physical, but I was vocal, loud. I would just have to say something, and there was fear. They feared me where I didn't realize it, until later, you know, going through therapy and stuff that there was a fear, more than there was love. [But today my relationship with my granddaughter is] is great. It's great. Like I said, "We get along great." It's almost like giving me a second chance to take care of a kid again.

My hobby is the fire department. [I used to be a volunteer, but now] I'm the treasurer and stuff like that. I set up a ballgame. We're going to a ballgame. We do fishing. I set that stuff up. I'm the treasurer. I take care of things.

I would say my wife [has been the most helpful to me throughout my life]. [Because] I mean [we've been together for] 35 years. That's a long time.

[Concerning the returning current veterans] you just got to believe in yourself, you know, [believe] that you can do [it]. No matter what it is, you can do it. I mean it takes determination and drive to overcome your loss. You know, you got to do more, and just don't ever give up.

[The government and VA can help]. Don't make it so hard. I mean give us what we're entitled to. Don't deny us what we're entitled to, and that would make things easier. I spent the first, I'd say, 15 years just applying to VA to get things that I needed, you know. Give us what we're entitled to. We're not asking because we have, I mean because we really want, it's because we have to ask for certain things. We have to ask for a shower stool. We have to ask for bars, you know, so you can get in and out of a tub, or get off the toilet. You know, you fight for years [to get things like that].

[There was no psychological help when I returned from the war]. You would ask, you know, why do I feel like this [?], but a lot of it, you didn't know. So it wasn't a big issue. Like today, they're fighting 15 months; we were fighting for a year. We fought a different war, you know, we weren't fighting improvise like devices, IEDs, and we had a different type. So their stress level is higher than ours was. [So I think psychological counseling would] most definitely [be useful for returning veterans] because like I said, the stress level is a lot higher in today's war, because they won't stand there and fight you. In Vietnam, they stood and fought us. Afghanistan and anything else, they'll use something in a road. They won't fight you because you know we'll kick their butts, and we're good. I mean we have one of...the best fire power, so they won't fight us. They have to fight a different type of war.

[Family and friends could help veterans by] just listen[ing] to [them]. Let him get it off his chest. Let him talk about it, and if he needs help, help him. If he don't want it, try to help anyway because a lot of you say oh, I can do it without [anyone], but you need help. You can't do it by yourself.

[Veterans can] help each other, talk to each other, understand each other. I have a lot of guys that we just talk. I'll call them, [and say] hey, you know, and we talk about [things and] just get it off [our chests], and you start feeling better.

[The single most important thing that] I would say benefited me, the most, was when I got into counseling with the one psychiatrist. She was the biggest help that turned me around...She didn't give up on me. Because it was a hard thing to admit that you killed somebody. It was a hard thing to admit that you had this guilt over it. You know, you can't go through life feeling guilty. [And I would tell veterans] don't be afraid to get the help. You're going to need it.

[Other things are critical to helping current veterans adapt to limb loss]. [It's important that] if they know another one, [they] find one and talk to him. Find out how he deals with it, and then you can help each other. Because basically, when it comes down to it, you're all feeling the same thing. I went through a group [class] of amputee veterans, and that really helped them to say: well I experienced that, I experienced this, and then he'll have the same thing. You're all going to go through the same thing, and the sooner you learn it, the better off you'll be. Find someone that you can talk to, another veteran. You'll say, well I'm experiencing that too because I do that at reunions. I'll go to another vet, I'll ask another amputee, hey, do you get these? Oh, yeah, you know, and the next thing you know you're realizing, well, it's for real. [So] I think [going to reunions is] an important aspect. My wife, my family's been to them. These other veterans, my buddies, they know my children, I know their children. It's just fantastic to keep that relationship and understanding, that hey, yeah it was real. [It's an important element for me] to see my friends. Some I haven't seen in 40 years, and it helped [to see them]. It put a lot of things to rest. You find [out] what happened this day, or what happened there, what did you do, what are you doing and the whole thing. And you'd be surprised. Everybody has the same struggles.

**Profile of Mr. Chris Walker (Below the Knee)**  
(Original Interview Transcript 32 Pages)

*Mr. Chris Walker was born on October 12<sup>th</sup>, 1941 and lives in a southern state. He enlisted in the United States Marine Corps in 1959. He was wounded January 30<sup>th</sup>, 1966 in Vietnam and is a left leg below-the-knee amputee. He is divorced and has two children. Currently his overall health is fair. He reports heart disease, arthritis, stump pain, phantom pain, depression, and PTSD. The interview was completed on May 15, 2010. This is Chris' story.*

[My current health care is] Medicare, TRICARE. [I receive most of my health care] at the VA system. [The care that I receive there is] generally good. I have some areas that I'm not pleased with but generally I'd say [the care there is] good. [What I am not pleased with], for example, [is that] just recently at the VA hospital nearest me they've eliminated some of the surgeries because of some problems they were having. So I'm reluctant to get some surgery that I need done there until they re-approve those surgeries. I have a [hernia] procedure that needs to be done that I can't get done at that hospital now. [And this is the] VA hospital.

I've been fortunate in [the] respect [of mental health care] because they do that outpatient. I go to a local civilian psychiatrist and he's super... [I also receive care for my limb loss] and I've been happy with that of recent years. I go to a civilian vendor and talk to him. He comes to my house and does the fitting and then I have to go to the VA for approval for the initial fitting and then back for the approval of the final leg. And I don't have a problem with it. So I'm satisfied with that end of it. But I have not [had] any inpatient mental care with the VA, very little over the years. I've done most of that outpatient. And of course the VA picks up the tab for that and then of course I think I'm on Medicare/TRICARE with the psychiatrist now. So they pay him properly and I get good treatment from him. Right now the hernia is a problem and that's caused by this amputation, frankly...because of the imbalance of my hips. As I've gotten older I've had more difficulty with my back and my right leg. I've got a gunshot through the right hip area. I've got nerve destruction and all on that leg and so my so-called good leg is giving me a fit which means I bear on the bad leg and that gives me a fit when I do that so I'm between a rock and a hard place. And so I've got to look into that. I've got to do something about that because it's affecting my back and the disc in my back. Kind of messy right now, frankly....These things affect my emotional health because for these 45 years I've done well and gone hard charging but [now] age is a factor. These other wounds are impairing other parts of my body which make it a little bit tough and so I'm not real happy about it. I have this fear of this other leg going away on me. You know what I mean. I worry about losing the other leg possibly. That's what bothers me about it and so I do get a little emotional and distressed about that. But I've not been a habitual grumbler or a biter all these years. Things have changed. You know, you get older and these adverse wounds and other parts of your body affect the amputation and vice versa.

I don't walk as well as I used to. I have to use a cane and I have a lot of trouble getting in and out of the shower. It's dangerous and that worries me. My sons have noticed it. My family and some friends have noticed it but most of the friends are reluctant to say anything about it. Family let's me know that I'm not walking as well as I should be because of the injuries to the other leg, the so-called good leg.

The pain is severe in my right foot, in my right knee, and my right hip. But I got a gunshot wound in that right hip and as I said earlier I had major nerve destruction in that leg and with time and age it's just getting worse. Because [of] the pain, sometimes I can't get out of bed in the morning at a normal



rate of speed. I'm slow and getting in the shower's a problem because of the danger of falling and breaking something.

[But] I have not been [to an acupuncturist]. I haven't even been to the VA about it yet [either]. And I have good marks for the VA except that one thing that I mentioned about the surgery. I have a reluctance to go because there are always a million people there and you have to wait and wait and wait and I've borne with that over the years because usually I've never been [there] except for the leg and a couple other things. I just don't want to get in the habit of being a constant patient now. I want to get something done and get the heck out of there. But I don't know what they can do about this knee. I don't want any surgery on that. I don't want to risk surgery on my leg. I don't even know whether I need it or not but if they suggest it then I would try to say no because I can't risk losing that good limb so to speak. So those are the things that I agonize over. I should go but I don't do it. But I've kind of made up my mind [that] I've got to do it before something really goes wrong.

[And I have phantom pain], big time. Yeah, I've had phantom pain from day one and it comes and goes and when it does come it puts you out of commission because it's so severe. But I may go 30 days and not have it and then I may go four [or] five days in a row and it eats me up. And then I may go two weeks or another month even and not have it. Then again sometimes I can be sitting in the chair or in bed and it's like somebody jabbed a heated sword into the leg which doesn't exist. It hurts as bad as if it were real but it's not real. I mean it's real but it isn't real. The leg is gone but that's where the pain is. Just below the knee is where my stump is off and when that phantom pain hits it, man, that's just like the real McCoy. Anybody that says there's no such thing as phantom pain is somebody that's not an amputee because it is real and it's severe.

I [get blisters where my stump and prosthesis meet]. I have blisters because I'm active. I'm as active as I can possibly be under the circumstances and even now at 68 years old I still am active. I've always got something going wrong with that stump. I overdo it and take the skin off it, get it raw so to speak and then I get little infections in the thing and they're a problem sometimes. But I'm not a grumbler. But yes I do have problems with the skin, yes....[But] finally I'll get off of it and soak the thing or get in the tub and soak. Then I clean the stump with PhisoHex or a medicinal soap and try to stay off the leg but I don't like to stay off the leg. I don't like to go out in public on crutches. I don't do it. And once in awhile I'll use a cane but other than that I just have to stay off it until it heals or gets better. I don't like that. I don't like being broken down in here for several days at a time but sometimes I have no choice because I just can't go on it. And that coupled with the other leg giving me a fit ties me up bad for longer periods of time.

[I don't take any over the counter medication for pain]. I get medication pain from my doctor but I have to take a cocktail of stuff for Post Traumatic Stress Disorder so I try to stay away from the pain medication. They give me whatever I want of it but I don't like to overdo it. When I get to hurting enough I'll jump on it without any reservations but I don't like a steady diet of it. I don't think it's good for you. Plus I've got so many other medications I take for PTSD [that] I don't want them to counteract. Because the PTS stuff, if I take it like I'm supposed to I keep a pretty good attitude and a pretty good mood. So I don't jump on a lot of the pain medicine because I don't want to mess that up. So I'm between a rock and a hard place...[but] I go once a month to the psychiatrist and he's got me in pretty good shape. But all that jumps back on me when I get ill about not being able to ambulate because of the damage in the right real leg and the damage from the stump you know. That just brings all that old junk up and I get a little bit bitter. I've never been really bitter. I've always been open-minded and been fairly successful with life but I guess my youth is leaving and I just can't rebound like I once could. You know, like the healing of the stump when I mess it up and then this

knee and foot on the good leg, they're giving out on me more quickly and that kind of thing.

[I haven't made any homemade devices to get around with. The cane and the crutches have been pretty good]. Yeah, they work well when I use them...as far as walking, the crutches get the job done. Except for example if the stump's broke down and the good leg is giving me a lot of pain. [Then] I can't do much with the crutches. Once in awhile I resort to the wheelchair and I hate that. [The wheelchair isn't something that I go out in public with]. I don't go out in public with the crutches either unless it's some kind of emergency or something. I don't parade around in public on crutches or even like to use the stick in public.

[I've been using a cane for] 40 years but back when I was young I could use it for a day or so and I'd heal up but you don't heal up as quick at my age. But I have tried to avoid using that in public as much as possible. So I basically just suffer which is not the thing to do but that's just the way I was and all... [It's] probably some ignorant sense of pride or something because the first 35 years I walked just like a normal person. I mean I had a gait [and] most people never knew I had a limb off. That's how well I walked. So I took a lot of pride in it and I don't like to be falling apart. Too much pride I suppose is what you'd call it.

[The technology of the prosthesis has changed from when I was first injured]. They've offered some new things and I've tried them. [I had] a Seattle foot and that worked better for me than the initial hard rubber foot on the BK prosthesis. But they've got some great things now and it just takes 40 or 50 years to get anything done that works for people. If I were 23 years old again and had those things that the guys now have, shoot, I'd [be] busier than I was but unfortunately they're slow with the development of these things. And the government blows their money on things other than the warriors that go over there and get zapped. That's how simple it is. I'm not bitter about it but there's so many things that they do in my opinion that are a waste of resources when they ought to be taking care of these guys. We're doing better on these young guys and I'm an advocate for them but by golly it shouldn't take 30 [or] 40 years to get something improved. By then the young guy's an old guy and some of those things don't work for him. He doesn't have the energy for it. So research and development and getting it out to the wounded and the amputee in particular is too slow. They'll speed up during the war and then after that tones down a little bit then they stop the research, stop the funding and that sort of thing which is a crime. And I get the feeling every now and then, to be frank with you, that they might as well kill you if they're not going to have the research to keep up with what's going on about your aging and processes and your quality of life and that sort of thing. Do I sound bitter? I'm not. I'm just saying (laughing) I do have that grumble because I advocate for these younger veterans. I'm involved in the Wounded Warrior Program here at Camp Lejeune and I've been a Veterans' Service Officer for 40 years. I always try to be the tough guy and tell them you can do this, that and the other. That was up until a few years ago. Now that I've gotten older and these things are affecting me more adversely I can't put on as good a show as I used to...And that's why I take all that medication, I may get a little ill about the whole system because they just don't do enough things for the aging veteran. And these guys that are coming out of there today, they're going to run into the same thing if this country doesn't pay more attention to that fact.

I need to get a new [prosthesis]. And I can but I procrastinate. For years I had to travel all over the state to find one and to get one that would fit like it oughta and this guy's been good for the last two or three legs I've had because he comes right to my home, fits me up right, helps me with it [and then] I meet him down at the VA and if there's anything wrong with it he adjusts it. He's good and of course you know he is a private vendor but he's accredited with the VA to make limbs. So I don't have a problem there.

When I was medically retired from the Marine Corps I was diagnosed with what they call anxiety reaction and I think they gave me 10% for that. I had [the] same stigma that these young troops have today. And back in my day it was probably even worse. If you went to the psych ward everybody figured you were a nut and your career was ended. I was [a] career-oriented Marine and didn't want anything bad on my record. But the system is trying to change that now thanks to veterans' advocates—I'll pat myself on the back for that. They've got to be more open with it. A couple of years ago some general admitted that he had PTSD and so that kind of opened the doors. The rule now I believe with DOD is to train officers and senior NCOs to be darn sure that there's no stigma attached to a person that goes in about a mental problem.

[My quality of life now is] not so good and it's because of most of what I've already said about the good leg getting bad on me. I just can't get up and hard charge like I usually do and that's been going on for some years. I mentioned earlier that has a correlation to the mental health problem. You know, you get aggravated about that and aggravated about the situation that brought it on and that sort of thing. All it does is just bring all that junk back and you try to be thankful and say well I could have got one between the eyes and been KIA instead of whatever. So I'm thankful for my life having been extended this long but I don't know. Maybe it's just old age. I don't know. I'm not sure really how to define that. But I would say compared to a lot of other veterans I know it's probably good. But you see I need things done in this house that would give me better access to the shower and that kind of thing and I can't afford it on what I collect from the VA. I need a shower that I can get in without the risk of breaking my neck or something and I'm not eligible [because] you have to be a double amputee in order to get the housing grant. And I think they should do more for the older guys, anything that goes wrong with you. For example, if you tore the cartilage in your knee playing basketball or soccer or whatever, you get a little surgery or whatever and it's okay but then when you get 20 years older that thing's going to eat you up again. And they don't realize that a single amputee, who also has gunshot wounds in the good leg...that leg can't hold up like a normal good leg. And they've got me rated for all sorts of things for that gunshot wound in the hip but the money doesn't do you any good. I don't get any more money for that other leg giving me a fit [so I can] try to build those things that I need in the house—to make the bathroom access safer and the doors a little wider when I have to use the chair and all that sort of thing.

I love genealogy and history and I enjoy helping veterans for the most part except I've cut back on that because it kind of overwhelms me now. But I enjoy the research and history, historical research and family research, genealogy. And I like working outside. I've got a golf cart that I get around on outside and supervise my workers and that kind of thing and I like that. But I can't walk. I used to walk but now I can't walk. I live on a hundred and some acre place and I've got a lot of ground to cover. [With] the old golf cart which of course I bought I'm able to get out and do things that I enjoy getting done and proving.

I'm a spiritual person. I'm not your perfect type dude now but I believe in God, the Father Almighty and his son Jesus Christ flat out....[And] I've got two grandchildren, a grandson and a granddaughter...I enjoy spending time with them and particularly my grandchildren but my son and his wife both work and he's a moody little rascal, my son, and so I don't see as much of them as I would like to but I really enjoy being with them. One's six and one's a year and a half...They're lovely little kids. I did some work down at his house back in the early spring. For about three weeks we were down there and I got to see them almost daily and we had a ball.

I worry about some things and I make lists [but] I can't get everything on my list done in a day. That bugs me. And I worry about my mother and I know she's elderly and has lived a long life. But I love her so much. I know she's going to leave me and that concerns me. But I know it's the ordinary thing of life, you know. [But] my mother is [the most helpful to me]. Isn't that something? My mother's most helpful to me and she's bedridden and can only use an electric wheelchair and she's losing her vision and that's terrible. But I can talk to her and I've got my youngest son who is 30. He's had some trouble and all but he's over that and now he's back out here helping me. I find a lot of joy in that because he's got a good personality and I like to think he's like me. And so I'm enjoying that but he went through some difficult times and that worried me and so forth. But he's overcome it and doing well.

[I don't have any worries about imposing on family or friends]. I haven't gotten to that yet. I don't bother them unless something really critical comes up. I'll tell my mother things and I tell my younger son things. [But with] the rest of them I don't share anything, [like] things I've shared with you on this recording. Most [things] I don't talk about to [anyone] other than my mother or my youngest son. He's old enough now that he might be able to understand. He's 30 so I have talked with him more in the last year or so. But before that I was bawling and trying to help him get through some difficult times...[So what we have has] become a special bond and he's a special guy because his brother, my older son whom I love dearly is...too grumpy. He's always bitching and the young one doesn't do much grumbling so I like that. And my mother, God bless her, she doesn't grumble and she's over there in more pain than I can imagine with one thing or another. She's diabetic and almost blind and still's got that gumption to get up and go. I think I inherited that. [I'm] not bragging or anything but I've got her spunk and drive. We can sit and talk for hours about things and it's calming, you know.

[There are things that could be done to improve the long term quality of care for veterans who suffer from limb loss]... [Such as] outreach from the VA. You know, you have to call them and go through that bureaucracy to get an answer or to get a number of things. I think they should contact the amputee once in awhile. They ought to have an office set up for that purpose. At every regional office they should have an office to call that guy and say listen we're looking at your file here and we see you haven't had a leg in five years. Don't you think we ought to get together on that? Something like that. That might encourage a guy to go and get his limb addressed and updated and that kind of thing. And that just doesn't happen. I believe that would be particularly good for the young veterans and it would be great for the older veterans. Just to call once in awhile like how are things going and we're looking at your file and you haven't been to see us. [And the veterans themselves can] stay on the politicians constantly about their genuine concern for these people that are getting blown away at 17, 18, 20, whatever years of age and not forget them [because] it's got to be a lifelong thing. This country's not broke. We're the wealthiest nation on earth and [we've] got the resources to do it. We just can't elect the right people up there. The people we elect are all up there for grandstanding and to pick up the money and that kind of thing. Most of those that do that give a darn are usually wounded combat veterans themselves. We need to put more of those people up there because not only would they care for the veteran[s], they care more for their country and the welfare of all people in the country. That sounds like a sermon but that's one thing I think that would be important that could be done. There's a litany of things and I just can't think of them all right now. We've got so many phony people up there and we've been through that as all citizens in this country have in the last two or three years with this economy. We get out and blow billions of dollars on this [or] that but you can't take care of a guy that's got traumatic brain injury or quadruple amputee?

[When it comes to what] family and friends [can do to help I'll just say that] nobody's looking for sympathy [but] they ought to realize that just because I'm dressed and look like I got two legs and do pretty good on them most of the time that I'm in pain a lot of times when I'm smiling. They should realize those things I think and I'm not just talking about myself. I'm talking about for this new crop of veterans that we've got that are so maimed. [But] I go beyond what I'm really capable of doing. That's just the way I've always been. I mean I don't know when to stop sometimes. That's what I like about this younger son. He'll say Dad, it's about time for you to get in the cart and go to the house for awhile and he says it in a way that it doesn't offend me. So that's good to hear. When I know I should [help] myself but I'm too stubborn to do it. That kind of thing I think would help all these guys but like I say I've run around for years and years and some guys I've known for 40 years didn't even know I was an amputee. But I put on a good show, you know, which now in older age with these other things attacking me I'm not so good at anymore.

[I would advise current amputee veterans] to take better care of themselves and try not to do more than they are really capable of doing. You know, know when to sit down, know when to take the leg off, make sure they get the proper amount of sleep, and try to stay as healthy as possible because we're automatically prone to heart attack, diabetes, all those sorts of things [because we're amputees and less mobile]. So I would recommend [that they] keep their spirit up and their chin up and do what they can do but not to overextend [themselves] because it just stretches them and that'll come back on them when they get older.

I think [the single most important factor to my long term success has been] self-determination. You read about it all the time. These young guys coming back now are jogging and running track and in sports and all and with the newer limbs they're able to do that at a young age. A lot of them are being able to return to active duty and they're given different jobs that don't require quite as much physical duress. But self determination and a will to do well, to succeed, and do good for your fellow man, particularly your fellow veterans, and to be a good citizen, a good patriot, all of those things [matter]. And that's the way I've been. I'm active in politics. I'm active in community service, used to be really active in the church, [although I am] not quite as active as I once was. Just live life like you didn't have the limb off. And that's what I tried to do but of course I knew in my heart that I had the limitations. But I would just fight the old dog anyway so to speak. You know, to make it through with PTSD and amputations and other gunshot wounds you've got to have some inner determination.

I didn't see much of [traumatic brain injury] in Vietnam. But these recent wars in Afghanistan and Iraq have created a tremendous amount of traumatic brain injury because [of] those roadside bombs and so forth. They rattle them around in those darn tanks and weapons carriers and that kind of thing and you lose your brain. So in a way an amputee is lucky [if] he didn't get the TBI and the guy that's got both [a traumatic amputation and a TBI, well] I just don't know what in the world to say to those guys. Then of course on the other hand I'm thankful that I've had these 40-odd years since combat and I've gotten along pretty good. I've had ups and downs and whatever, but I really worry about those guys with the brain injuries that also are amputees and I worry about those with major Post Traumatic Stress Disorder. I've got 100% for that whatever that means. But I still manage to cope with the medication. You know, that's helped me for the PTSD. And you've got to go [get help]. You can't put that off. I did for years and years and had some bad situations because of that. I should have been getting constant treatment all along and I didn't. So I made some bad mistakes and errors in judgment and whatever. So I would say whatever's there go for it and get what's available [but] there isn't enough available [to] help us as veterans. You know, we're in some war all the time and each war has its different little unique ways of destroying people so that's why this TBI is so

bad...and that worries me for these guys and when they get that brain injury and then they've got a couple of limbs off or one or whatever it may be, that just compounds it. I don't know how in the world they'll ever rehabilitate them. It's tough. It's heartbreaking. The solution to it all would be a peaceful world and a peaceful co-existence.

**Profile of Mr. Jason Clark (Double Below the Knee)**  
(Originally Interview Transcript 25 pages)

*Mr. Jason Clark lives in a Northern state of the Midwest and was born November 6<sup>th</sup>, 1947. He was commissioned in the United States Army after graduating from West Point in 1970 and was injured in Vietnam, June 2<sup>nd</sup>, 1971. He is a double below the knee amputee and currently uses a prosthesis. (Note: Mr. Clark is only missing part of his foot on one leg). He is married with three children. Mr. Clark reports his general health to be excellent. He also reports being overweight and experiencing stump pain, phantom pain and phantom sensation. The interview was completed on May 11<sup>th</sup>, 2010. This is Jason's story.*

[I am 62 years old]. I am retired [and married with] three [adult] sons. We just had our first [grandchild] on April 7<sup>th</sup>. [Prior to retiring] I worked for the Veterans' Administration for 23 ½ years.

I use TRICARE, CHAMPUS [for health insurance]. [I don't use Medicaid at all]. I used to [have private insurance]. I was on my wife's insurance. She works for the school district here in town but she forgot to sign me up. (laughing) [So my health insurance] has been a combination of private and VA up until this last school year when my wife checked off the wrong box. I do some private stuff because I'm a pilot and I go to a local guy that does flight physicals for me. In fact that's what I'm doing for a living at the moment. [I have] a part-time business [as a pilot].

[The private insurance was] a matter of convenience. It only costs an extra 60 bucks a month to put me on the policy. So it wasn't a big expense...and there were some things that were easier to go through the private sector than [with] through the VA. A little bit more flexibility is basically the reason that I did it. [But the care I received at the VA was] excellent. Absolutely excellent. [And for care related to my limb loss] initially I was [in] the private sector up until I went to work for the VA. I went to work for the VA in September of '85 and since then basically all of my care related to my injuries has been with the VA. [I also] currently [receive care for general health problems] at the VA. [But] to be honest with you I've never had any health problems at all except those related to my legs up until this past October when I had a...mild... heart attack. So the whole time that I worked at the VA, although I was an in-patient three or four times, I never really did have a primary care provider [while] I was there because I was really blessed with having very good health. [And although] I've never needed [mental health care,] if I did need it I would go to the VA. I've been very impressed with what we do here.

[Today my physical health is] excellent. I work out three to four times a week. I'm limited on the equipment that I [can] use because of my legs but I found a place here in town [that] has an exercise center [with] some good equipment that I can use [even with the] limited range of motion on my legs and stuff like that. [I didn't start exercising until after my heart attack and] I considered myself in excellent health until I had the heart attack. [Over the past few years] since you've got to include the heart attack I guess [I would consider my health to] have gotten worse. [My weight was also an issue]. When I was in my twenties I was 145 to 150 pounds. In [the] late seventies I ballooned up to as high as 220-225 pounds [but] over the last two years I've gone down [an now] I'm currently at 185.

I really don't [have any particular health concerns]. From a family history standpoint [we've] never had any heart problems. We've never had any cancer problems. [So] in family related type stuff

we've been a very healthy family. My mom and dad are still alive. My dad will be 92 in June and my mom turned 90 this past December.

[I didn't get hepatitis from any blood transfusions]. I will say that I used to be a very constant blood donor up until about eight or 10 years ago when something weird showed up in my blood [so] I can't donate any more [although] I have never been able to get anybody to give me a good explanation of what [was wrong with my blood].

[My current emotional health is] excellent to good. I usually have a good disposition. I have a great family and great family support and so it's been really very good.

[I do experience phantom pain but] it's not that often. I can bring on phantom feelings all the time. If I concentrate I can still wiggle [the] toes of both feet. But as far as phantom pain is concerned maybe every two or three months I'll get a good shock. [I] Usually [feel it] in my right leg and usually down in-between my big toe and first toe (laughing) [and] it used to be quite frequent up until maybe 25 years ago but [now] it's very rare, like I say three or four times a year I'll get a shot.

[I experience actual physical pain too]. I'm pretty much in pain all the time just because I walk so much. I have a certain amount of mileage every day that I can go and then after that it gets to be a burden or a problem. I have to compensate for it. The pain would basically [be] at the end of ...both of my....stumps and then also [in] my left knee. My left knee was quite disrupted from the injury and so there's quite a bit of arthritis in it and that's been a lot worse here the last four or five years....I had no problems with my back up until I started exercising after my heart attack. (laughter)

I've got a real strong upper body because I was on crutches for 13 or 14 years after I got hurt. [But I only] use them occasionally now when I have to be off my leg if I get a breakdown or [if] they're working on my leg or something like that then I'll go back on the crutches...[and sometimes] I might get stiff or sore if I have to use the crutches for three or four days.

[I've never used alternative forms of pain management]. [I just use] Advil [for the pain].

On occasion [I experience skin problems on my stump]. I'll get an ingrown hair every now and then. [With] my right leg the end of the stump is not completely closed. They tried the old traction method where they glue a sock to your leg and then hang weights off the end of the bed to try to pull the skin down around the stump and it worked except it left about a three inch circular open space on the end of my stump. And they covered that with a split thickness skin graft and that breaks down occasionally and then my fibular head is very short. Basically the head of the fibula sticks out the side of my stump and gets banged. [So] if I do a lot of walking it can get banged up and it'll develop a callous and then the callous will break off and I'll have a sore for a few days. [With] my left leg my tibia was exposed after the blast for like six or eight inches between my foot and my knee and all the muscles were blown off the anterior of the front part of my leg and they covered that all up with split thickness skin graft. And it's held up pretty well but it's not regular skin so I bump it and bang it all the time. So I'm getting break downs on that although all that does is bleed. It doesn't really affect my walking like the breakdown on my right stump [does]. [I don't get professional help for my skin breakdowns]. I just handle them myself. I know more about it than those guys do. (laughing) [It] used to be [that] there were a lot of doctors that had a lot of experience with military injuries but there aren't very many [any] more. [Although] there are more now because of Iraq and Afghanistan, but for a long time from the mid-eighties up until 2002-2003, combat surgeons or people that had seen combat injuries were far and few between. So I usually just handled it myself.



[I don't receive any kind of rehabilitative care associated with my limb loss].

[I do use prosthetic devices]. I use the right below knee prosthesis, that's a PTB [Patellar Tendon Bearing?], with a suction suspension and a gel socket and it's an endoskeletal design. The left leg I've got would probably be called a polypropylene AFO [Ankle Foot Orthosis] but it's a really beefed up one and it's got a foot on it and stuff like that that I use for my left foot. It's a plastic and when I was in the hospital at Fitzsimons we had a heck of a time deciding what was going to work for my left leg. One day I saw in a book a picture of an AFO and I thought can we try [that] and they said sure. So we started from that and then I've gone through many iterations of design on that. In fact the one I'm wearing now I've had since '94—and that finally has done the trick. I've gone through several feet on it but the basic socket itself or the basic AFO has not changed except [it has] gotten beefed up. Initially there was a lot of flexion at the ankle which we couldn't have and it was breaking down so we reinforced that with carbon fiber and webbing and all that kind of stuff so it's kind of bulky... My right leg was fine. Up until then I really didn't have a good one for my left foot and so that was what would be my limiting factor as far as distance and speed was concerned. For short distances around the office [or] around [the] home I wouldn't use them but once I got outside if I had to go anywhere in the building I would use crutches to get around because I could go faster and go longer.

[I also used a wheelchair]. While I was in the hospital at Fitzsimons [I used a wheelchair] but since then I've used it [because] I've had three in hospital stays due to my leg. I had an operation in January of '71 to take out my left patella, and that site got infected and so I had that infection in my left knee. So I've been in a wheelchair for that but other than that no, I haven't used one. I don't own one. I could get one [though because] I've got the VA here in town. I used to be Chief of Prosthetics so I could go and get one whenever I needed one but I don't have one here at the house.

[I don't use any homemade devices to help me reach things or get around the house]. I can't stand up on my toes [but] if there's something high I've got a stool there that I can stand on. As far as any specialty type items I don't use anything.

[My use of my prosthetics has changed over the years]. I can't run as fast and I can't go as long as I used to but I've adapted to that. I mean my first son when he first started walking he could walk faster than I could. So if he started running I couldn't keep up with him. [Even] with two good legs they're hard to catch sometimes...but despite that I coached all three of my sons' baseballs teams [and] I coached football [and] hockey. So it really didn't limit me except that I just couldn't keep up with the kids when I wanted to show them something. You know, I couldn't run a base or slide or something like that. I had to have somebody else demonstrate that kind of stuff.

[My physical condition has changed in the last few decades]. I've gained a lot of weight. I'm not nearly [in] as good a shape as I was when I was in the service. I mean stamina is not there but from a medical standpoint I really haven't had any problems related to my physical condition except that I was obese and I still am somewhat obese. At least I'm not morbidly obese now. I'm just regular obese according to the body mass index. I started losing weight about two and a half years ago. Two and a half years ago in October I was 221 pounds and [now] I'm down to 185.

[There have also been changes in technology that affect my lifestyle.] [For] my right BK leg I had a thigh lacer on it. Like I say I've got a very short stump and the legs that I initially had didn't have a thigh lacer. I had a really hard time finding a good fitting right BK prosthesis until I saw a guy at the

hospital walking with a couple of them that had thigh lacerations and so I asked [to] try a thigh laceration. That really made a lot of difference to me because the thigh laceration took up about 30% of the weight and it also gave me some really good stability because it got metal bars running up each side of [the] leg. So I mean I'd go camping. We could break kindling over my leg because it [had] nice metal bars that wasn't going to hurt anything. I had hand controls on my vehicles for the first two or three years but after I got the thigh laceration I could drive without hand controls because I had really good stability to move between the brake and the accelerator. In fact, [I] even got to the point where I could drive a four-speed and I drove a four-speed up until my wife put her foot down because every time I had to be off my leg I had to use her car and she's not very good at driving a four-speed (laughing) or shift[ing] a standard transmission. So she said the next car will have an automatic transmission so that if you have to be off your legs I can keep my car. But I actually was kind of proud of the fact that even though I was a double amputee I could still drive a standard shift. [But] to continue on the right leg. I got rid of the thigh laceration hereabout three or four years ago. But like you say the left foot was really a problem for 20 years from '71 until '94 because it was really hard to find a good foot to put on that thing.

I don't wear shorts. (laughing) [But I used to wear shorts]. I was like any other kid, swim suits, shorts, all that kind of stuff. [But not] since I've gotten hurt. Well I guess I shouldn't say I've never worn shorts but I could probably count on one hand the number of times I've worn shorts and it's mostly because of my left leg because it's one great big scar tissue up to about two inches above my knee. Then I've got this big bulky prosthesis that I wear on the bottom part of it. But other than that I have tried very hard to walk and talk and act just like anybody else.

[The changes made after the Americans with Disabilities Act was passed haven't] affected me. Since I don't use a wheelchair it doesn't affect me. Of course I use a handicap sticker which is really nice. It cuts down on the walking, you know, being able to park fairly close. I will say that going to amusement parks is great because if you're on crutches or in a wheelchair or have a disability they'll let you [go] to the front of the line. (laughter)

[I have noticed changes in social attitudes towards people with disabilities] especially with kids. When my kids were in school, and I still do occasionally [still do this, I would] go and talk to elementary kids and show them my legs and stuff like that. But it seems to be a lot better now than it was. I think the Americans with Disability Act was one of the best things this country has ever done.

[When it comes to maintaining my mobility as I age] I'm a firm believer in use it or lose it. So although I'm retired I'm as active now or more active than I was when I was working. And one of the nice things is I've got something to fall back on [because] the VA is there and it's also here in town. I know most of the people out there so if I need some piece of equipment I know [it] won't [be] too big of a hassle to get it whether it be a manual wheelchair or an electric scooter or probably eventually an electric wheelchair. We did take advantage of the Specially Adapted Housing grant back in '86 when we built the house that we're in now and so it's totally wheelchair accessible, at least the first floor is. I will say that I'm very appreciative of having that cushion behind me, you know, in case I need something I know it's there...with the VA. At the time it was a \$26,000 grant to help you modify [an] existing [house] or build a new home to make it wheelchair accessible. Now it's up to 50 grand or something like that.

[I have never received any care for PTSD]. I don't really know [if I ever experienced PTSD though]. I don't think [I have]. I mean I've read a lot of claim files for guys rated for PTSD and to be honest with you I'm not a big fan of that diagnosis. But I'm also thoroughly convinced that traumatic

situations affect people differently and not everybody reacts the same way to situations. Some people may be more traumatized than others. The only thing that might even come remotely close to being PTSD is [that] I'm pretty much a loner. I don't have a lot of friends. I'm not a great team participant. (laughing) I mean give me a task and I'll do it but I don't work well in teams unless I can kind of go off and do my thing as part of the team. [My wife] and I are not big socializers. We don't go to a lot of parties. We don't go out a lot and stuff like that. I know withdrawal or isolation is one of the symptoms of PTSD and maybe in that [sense] I'm affected by it. But [when it comes to] nightmares and that kind of stuff I've never had any problems.

[I never self medicated either]. I don't drink and I don't smoke. Life is great without that stuff so I don't see how it could make it any better in all the years. Maybe you get a temporary high but the coming down and the long term effects are devastating in a lot of cases. So the logic of using that stuff is absolutely beyond me.

[I feel] very good [about my life in general]. [I feel] excellent. I've had no problems with it. I will say that one of the main reasons that I feel that way is that I get disability [benefits] from the VA [so] I've never had to worry about having a job. I've worked all my life but I've always known that if there was something that I didn't like about [my] job I wouldn't have any problem leaving it and going someplace else [because] having to worry about providing for my family in the interim [would not be an issue since I get benefits]. So actually I feel blessed in a little bit of a way because there are very few people that have that cushion they can rely on.

I was [also] very fortunate in finding a young lady who would put up with me [and] was [also] very understanding of my physical situation...I've been very lucky to have her. Without [my wife] I would have a hard time. I was very lucky to find her and like I say we've been together for 33 years and we still put up with each other. [But] like I mentioned before I don't have a lot of friends. But those that I have are good ones. I get along with people really well... And as far as family's concerned that was the bedrock upon which all of the rest of it has been built. They've all been very, very supportive...and when we got married I wanted six kids but [my wife] cut it off at three. (laughter) [And grand parenting has] been exciting so far. Like I say I've got three brothers and between the four of us we've had 13 kids and this is the first great-grandchild that's been born. [This winter] the whole family was down [South] for [my mother's] 90<sup>th</sup> birthday and everybody was there except for one of my brother-in-laws. [So my family is] the rock on which everything else has been built.

I worry about my kids. My middle son that just had our new grandson asked me "Do you ever stop worrying".... after a couple of days of [my calling him]. (laughing) And I said, well no [I] don't. You're 28 years old and I still worry about you. I just worry about something different than I did when you were two weeks old. So I worry about my kids. I guess I worry about my health a little bit. The heart attack was kind of a wake-up call. I was told a long time ago that heart disease or a heart condition is a by-product of bi-lateral amputees so if I died of a heart attack it would be considered service-connected. Like I say we have absolutely no family history of heart problems but our family does now. I don't know if it was really [directly related to my injury but] it was a blocked artery [that caused the heart attack].

[I do have concerns about imposing on my family or friends]. All the time. I mean cleaning off the beach out at the lake you have to rake up all the weeds and stuff like that that come in, [and you have to] mow [the] grass, the stuff that I normally [would] have to do if I had legs [but] either I [only] do some of [it and] somebody has to finish or somebody just has to do it.

[In order to maximize the positive life outcomes for veterans returning from the current wars the government should] support the families to the max. [That] would really be the big thing. My hospital stay at Fitzsimons was fantastic [because] there was a lot of support there and all the guys that have major limb loss will spend some time at Walter Reed or wherever and they should take advantage of that but the big thing after you're out on your own [is that your] support group is your family. My wife [has been the single most important factor in my successful recovery] without a question. I think finding somebody as a life partner is mostly a matter of luck so all you can do is get out so that you can give yourself as many chances as possible to be lucky and of course that involves feeling good about yourself. Like I say I was really lucky enough to be able to get myself flying and that [is] something that I could do and get involved with.

Finding something that is physically challenging [is also] important. You'[ve] got to push yourself. Like I say use it or lose it. I'm a firm believer in that and if you sit around doing nothing, what you'll end up doing is nothing. (laughing) And perseverance counts a lot. If at first you don't succeed find another way to do it. You don't have to do it that way. Find some way to accommodate it. Skiing. I tried skiing when I was at Fitzsimons...I think it was in '93 [when] I tried a Sit Ski. It worked great and it worked so well that I bought myself one and after that I skied probably up until just four or five years ago. So I skied for almost 10 or 11 years. My ski is still sitting out in the garage and maybe I'll get another chance to try it.

When I was [working] at the VA and [people] found out I was missing my legs and I was drawing 100% disability [they] looked at me kind of weird like why are you working and my answer was cause I can. I mean why shouldn't I be working. So the kids that come back with whatever injury should make every effort to get out and try things, do things. But here again they need the support group, you know, a family or another bunch of people that are similar [which] was probably one of the advantages of [my] being at Fitzsimons for two and a half years...But getting out and doing stuff [is important]. If you find something that you need to accommodate for then find a way to do it and don't rely on other people to do it. I mean I went out and bought [a] stool for swimming. I went out and bought [a] chair that I use for track...So I don't really look for a lot of people to do other things for me. I mean admittedly people do things for me which I appreciate but if they can't or won't then I'll just go ahead and do it for myself and...if I want to do something I'll usually try and find a way to do it and I think that's a pretty healthy attitude.

**Profile of Mr. Troy Baker (Above Knee)**  
(Original Interview Transcript 10 pages)

*Mr. Troy Baker lives in the Midwest and was born November 4<sup>th</sup>, 1947. He enlisted in the US Army in 1966 and was wounded near Saigon in July of 1968. He is a left leg above the knee amputee. He currently uses a prosthetic device. He is divorced with three children. Mr. Baker reports his general health as very good. He also reports phantom sensation. The interview was completed April 25<sup>th</sup>, 2010. This is Troy's story.*

[I don't have health insurance. I just use the VA]. I haven't went anywhere else in quite awhile. [But I saw the chiropractor because] I got a back problem. Lower back has been bothering me. It's better today for the first time. Now, whether it's the chiropractor, the Ibuprofen, or what's doing it I haven't got a clue...[it's] healing on its own maybe.

[The health care I receive at the VA] has been really improved, I'd say in the last five to eight years or something. There were times in the past where I threatened or I was going to buy my own health insurance instead of go there. There's still things that could be better I guess. I had recent carpal tunnel surgery, and for the pre-op, they actually tell you, you could be here from eight till four in the afternoon. Now that seems kind of ridiculous to me. They'll ask a few questions, and take a few minor tests, and you should be happy spending the day with them? I don't think so. That's one thing that came up recently, and awhile back, it took me three hours to get through an eye doctor too. I wrote my senator about that, and I actually got a call back from him. I said why don't you keep my travel pay which amounted to peanuts—seven dollars for a trip—and all the overhead or whatever it costs to run that program, keep that money and put on another eye doctor.

[My health now is good to excellent]. [My only concern at the moment is] just this back deal is all. That's it. [My emotional health] is pretty good [too] I guess. I take medication for anxiety which I have a problem with, you know, tight spaces or claustrophobia—church pews, dentist chairs, barber chairs. Any time that I'm closed in [I panic], and that medication helps immensely. You know you always are somewhat embarrassed about the whole thing, and that you can't even go in a church pew unless you're on the end or something. You know, you don't broadcast it or anything.

I still have the phantom pain, but it's minor. [I haven't sought alternative forms of pain management, other than seeing the chiropractor]. [But acupuncture has] crossed my mind, yeah. You know, it's an expense again to get started in with. They've got to do this, do that, or sign you up, and there are fees to get going on it. I guess, I'm too used to having a VA and no cost.

I get blisters [where my stump meets my prosthesis], but they generally heal almost overnight. I never gave that a thought, but I had a prosthesis that I had a lot of trouble with. I haven't had much trouble recently because I dug an old prosthesis out of the closet, and I'm using that one. [So the new one was giving me trouble]. [And I have thought about going back to see the prosthesis]. In fact, I got an email this morning that I have a new one made, and I'm supposed to go up and perhaps get it this week, I guess.

[Getting a prosthesis that works well is frustrating]. It's hard to get a new one to fit right, and I get used to it and start all over. Actually up at the VA, they wanted to try some different stuff with me to see if I can get rid of some of my limp and walk a little better. That got to be a long, drawn-out process, and we never really gained anything, I guess. I have a very short residual limb, so they tried

hip disarticulation which will be a double joint with a knee and a joint at the hip and with kind of a bucket that surrounds your waist and stuff. I didn't care for that at all. And then, you know, they're trying to find a way to fasten it to my residual leg, you know, [make it] sturdier. I'm actually just kind of sitting on, like, a table is all it amounts to, it's so short. So they're trying to attach it, and give me a little more control which, you know, hasn't worked out, I guess, but it amounted to a lot of trips and a lot of time spent running back and forth. It got a little disappointing in the end, I guess. I haven't really gained anything [with the technology changes over the last few decades]. Not in the 40 years, I really haven't, because of the short, residual stump.

I have a cane, but I don't use it unless I know I'm going to walk for quite a distance. I generally just forget to take it, I guess, is what happens. But no, I don't use anything else [as far as assistive devices go].

The biggest problem [I have now] is packing more weight, and, you know, it's harder to get up and down and off with just the one leg, and I'm really pretty active. I'm not sedentary at all. You know, when you get older and your muscles ain't quite the same plus the extra weight, makes it harder.

[I've thought about what it will take for me to be able to maintain my mobility]. You know you think about them [assistive devices] every now and then, you know, walkers or whatever. Probably walker is the thing, I'd be looking at, at some point or a wheelchair, I suppose, but I don't have any mobility problems right now at all. It's all yet to be seen, I guess.

I [was] treated for alcohol. I haven't had anything to drink since last August now I guess. They gave me a medication that's supposed to help with the craving, but I don't know if it really does. [But my quality of life is] pretty good I guess. I got a newer home. I like where I'm living. I've got a lawn mowing business that gives me something to do. I've got a woodworking shop. I spend my time there in the wintertime and get out and about cutting grass in the summertime now, and I got time. If I want to go travel somewhere, I can usually get away and do as I, pretty much, please.

I have a lady friend who lives about 50 miles away, and that's a good thing right now. She likes the same things [I do]. We like to go do different things, and [we] both like the same things, so it's working out well. [But I'm] not real active [in the community]. My kids all live within three miles, and grandkids are all here. I belong to VFW Legion. Have a good group of buddies through them.

My kids and my lady friend, I guess [are the most helpful to me]. My mother is still living and is a source, you know, I visit her pretty regular. In fact, she called me this morning to see how my back was doing. But my kids are all, like I say, close by, and if I need anything, they're right there to help if they can. [But I do worry about imposing on family and friends]. I don't want to wear out my welcome [if] I keep telling them.

[Quality of life could be improved for current veterans through] counseling maybe. See, we just got sent home pretty much, and I wish I would have had somebody lead me a little bit, I guess, into college possibly. [And] of course, we had this thing hanging over us too, you know, Vietnam vet, baby killers, and all that; and college demonstrations or whatever in 1968-69, so all I wanted to do was go hide. So I'd say for these guys that are getting a little credit for what they've done, you know, maybe they don't need the coaching that I needed back then to go to college or [to] do something that I can enjoy in life. I guess I've been a frustrated jobseeker most of my life here. I farmed for 11 years, and of course, that got to be a real chore, so I got out of it. That's basically what I am, and then when you lose a leg like that, you know, the VA actually told me, "Well, you're going

to have to have a desk job.” So that’s what they’re going to send me to school for. I went back to school when I was 33, I think, but there are actually a lot of jobs out there that don’t necessarily mean you have to sit behind the desk, which is what I hated and don’t like to do. They didn’t give me a lot of choices, I guess. But that was years later though, too.

[Family and friends can help veterans cope with limb loss by] support[ing] them, I guess. My family was good when I got out. That’s why I went in[to] farming because my dad says well there’s an adjacent farm that was empty or opening up, and three months after I got out of the hospital he says, “Why don’t you go over there and start farming.” And I did. [So] he gave me the support, and [I] worked with him or used his equipment and stuff. Of course, that don’t always work, a lot of times the parent can’t do that, or the family can’t help. What would have applied to another veteran and what his family could do [to help], would be basically moral support, I suppose. [Support that is] more than physical or financial.

[As far as what the government can do,] that’s what I said that counseling is the main thing, I think. Just don’t abandon them. Like I say, they just sent us home, and that’s the last you heard of the VA unless you went looking for them. There’s no follow up. I was 20 years old when I lost my leg. I was 21 when I got out of the hospital, but you need somebody to kind of lead you a little bit I guess. You’re completely [lost], when you go in as a physical laborer, and you come out, and you can’t do that well. You got a lot of changes to make, and I think, you know, counseling [or something] along that line [would help].

[The single most important factor to my success since being injured was] probably my dad saying, “Why don’t you go farm?” You know, [he] gave me confidence that I could do it, and I did it for 11 years. I guess it gave me the idea that there’s probably nothing I can’t do. The only thing that holds you back is people that think you can’t do it. So, I mean, they don’t hire you that is what happens I guess.

[I would advise the current veterans of war to] stick your neck [out] and go for it. Don’t be afraid to try something. I held back all these years a little bit, I think, and I got to the point [that] I kind of regret that I should have did some other things. Should have stuck my neck out and bought a farm or whatever. So, that’s my biggest thing to tell them, is go for it. You can probably do anything, if you put your mind to it, because I kind of proved it for myself with a high AK amputation, you know, there should have been a lot of things I couldn’t do, but I can.

**Profile of Mr. David Anderson (Double Above the Knee)**  
(Original Interview Transcript 15 pages)

*Mr. David Anderson lives on the Northeast coast and was born February 22, 1950. He enlisted in the U. S. Marines, February 1968 and was wounded in Vietnam on June 28, 1969. He is a double-above-the-knee amputee, and he does not currently use a prosthesis. He is married with one step-child. Mr. Anderson reports his general health status as very good. He also reports stump pain, phantom pain, other pain, and other unspecified mental health problems. The interview was completed on May 12, 2010. This is David's story.*

[I use the] VA [for healthcare]. [And] I like it quite well. If I need to use it for anything, it's no problem. [My health right now is] good. [I am] a little overweight for my height, but I do alright. I'm fine. When you're only three feet, it's hard to adjust your weight. I go into the VA once a year or every eight months, and get checked, and everything comes out fine. I work out every day too.

I got aches and pains because that's just part of aging and using your upper body for everything you do. I get twitches every now and then, and they hurt like hell. [I have] shoulder pain almost every day [because you use] your upper body for everything you do. You've got to take your arms and use them as legs, so you use them 24 hours a day. I already had two rotator cuff surgeries and everything else. They can't do any more except repair them again but hopefully that won't happen. [So I] went through therapy and brought the range of motion back, and that took about six to eight weeks or so and gradually got it back, so [I] could use it every day. And when I couldn't really use it at all I had [my wife] here, and I stayed home a lot until the motion came back. The soreness went away, and I started using it normally. Then I had double carpal tunnel surgery, too. The carpal tunnel was done in 2000 on both wrists at the same time. Then the shoulder surgeries were done about five years ago. I went through therapy and brought the range of motion back, and that took about six to eight weeks or so, and [I] gradually got it back so I could use it every day. The shoulder surgeries were done in about five years ago. [The carpal tunnel was due to] using the wheelchair for all those years, and it's the same repetitive motion. According to what the doctor said, the carpal tunnel was there because of that. I [also] ended up having a trigger finger they had to fix, and that was two years ago. [That came from] gripping your hand the same way around the rim of the wheelchair, and it locked, the tip of the finger locked, and it wouldn't pop back. So they had to cut the tendon hole a little bigger, so it wouldn't rub on the hand. After about a 10 minute surgery, it was done. Two weeks later the soreness went away and the finger went back to normal, so it worked out fine. I had quadruple bypass myself when I was 47. [And] at the time they didn't say it was a direct result of the amputation, but I have heard from other people saying that heart problems are one of the problems that amputees have because walking on a prosthesis you use more energy to walk across the room because your heart is working harder. Plus I smoked way too much back in those days too. So that was another thing. But they fixed it, and it's been fine. [I] haven't had any trouble with it since.

[I've never used alternative forms of pain management]. [In the future, I may think about it, but] it depends on how bad they get. If I work out and keep the muscles strong, they're fine. It just depends on what I do and what I can't do. It's just your ability to override it... You just take a couple of the Advil or whatever, and it reduces the pain, and you go on. You can't stop.

[I use a chair rather than a prosthetic most of the time]. I quit wearing prostheses back in '85.

[When I did wear a prosthesis, I had trouble with the skin blistering]. Every now and then it would get red, rub a lot and cause irritations, especially if you sweated a lot.



[Even though I don't currently use a prosthesis] I have [thought about trying them again because of the newer technology]. I went down and had some stump covers made, so I could walk out on the grass when I work on my yard work and stuff. They [the stump covers] worked fine, but the VA...said we really don't want to put you back in any [prosthetic] because of my age. So I [got] the chair [working] just as good as I could walking on prostheses. And I don't want to go through all the rehab to learn how to do all that again. That's for the younger kids. I could do it, but I'm comfortable where I'm at. [But] they're great. I've seen them work. They're a fantastic set of legs that they've got for the younger people, but I'm happy where I'm at [with my chair]. The wheelchair is a lot easier than trying to walk on prostheses, especially the old type that I had. It's just a standard friction knee and a two-way ankle. I walked without crutches, so I walked kicking your hips out and locking your knees down. It's not a normal walk like they can do today with the new computer controlled stuff. But I learned to do that, and that's the way I accepted myself. People wanted to know why I walked funny, and I'd tell them, and it eased their mind, and I was fine. So no problem.

[I've noticed changes in some buildings as they have become more accessible to the disabled]. [And] I wish they would go [and convert] more of these older buildings, make them all wheelchair accessible because there's some places you still can't get in. When I travel to different cities and places, there's some places that the wife and I can't get into, or curbs are too high, and she has to pull me up them or whatever. But all in all, the modernization since the seventies when the ADA came out is fine. I have no problem getting around. Just depends on how old the buildings are.

[Today my physical condition] is better than when I was younger because I started out at 43, I went to a gym, and been there ever since. So when it's stronger, your body will hold up more, and you take better care of yourself. [But in order to maintain mobility I will have to] keep moving. When you eat a good diet, get up, and exercise every day, keep that momentum and flexibility in your system, you'll be able to go on. Because you've got to be able to move and you got to be able to lose weight, because if you don't you're going to get obese, because you're not moving, and you got no legs to help you move. So you got to learn certain activities to help you burn that fat, so you can stay healthy. And this is what I tell the young kids that [are] coming back from Iraq today. Don't just sit. Get up, and get motivated to get into a sport or any activity that you use your body to control your weight, and have fun at it.

I go bowling at least a couple times a week. I've got a hand-powered hand cycle I use every day when I'm down in Arizona, and I got what they call a marathon chair, it's a rim chair three wheelers for a marathon or track. I did that for three marathons. So I did three of those starting out at 49 until I was 51. That's when I popped my shoulders. So I said, I've got to get something different. So when I moved to Arizona, I transferred to the VA down there, and put in to get a hand cycle. Now, I've got a quickie shark hand cycle that I go out and use on the road track. Hopefully, I'll get into the competitiveness of this, as soon as I find out how you do that....I like it because it's easier on your shoulders.

[My quality of life] could be better if you had legs, but you got to learn to adjust if you don't so you have to make it better yourself. You find activities and things to do that you're comfortable doing in a wheelchair.

I think [my wife] and I have been married for six years. She's about 18 years younger than I am, and we get along great. [We're social too]. We've got [some] couples that we go bowling with and out to dinner with. And neighbors come over and stuff like that. Most of [the people] that I really

associate with are veterans of some type of military service. I belong to the First Marine Division Association. I was Deputy Vice President of the Western Region. I still do business and contact those veterans every day on certain issues that concern the association, and what's going on, and where the help [is] needed at certain times and stuff like that.

I've got one [grandchild]. She's almost 21 and she's going to [a] Community College. I talk to her every day. And she's my step-granddaughter. I never had any children. My wife [is the most helpful to me] right now. We're together 24 hours a day, and we depend on each other for different things. We go and travel, and have fun. Need to talk to somebody, I can talk to her. So it works out well. [I have concerns about imposing on family and friends]. I love to be independent and do it myself so I don't ask. That's just me. [So] I just don't ask. Because I know I'd rather do it myself. I know it's the way I'd prefer it to be done. What I need, I can get it done with myself.

[In order to improve the quality of life for veterans who suffered a limb loss,] they got to be able to keep moving, keep exercising, and keep stretching, so you have the momentum and your body strength to wear prostheses if you choose to wear them. If not, if you're in a wheelchair, you've got to be able to push that thing with your own body weight. Then if you're strong enough by working out and eating right, you can do it for years down the road. So it's all psychological, a lot of it, and a lot of it is more ability to be stronger.

[Family and friends could just] be there for support, and tell these people that you know if you're overweight, you've got to lose weight, so you don't have heart problems. Get into a hobby with your chair, or something that you can do to be active. And you have to be active to continue, and don't be stressed. You can't change the past, so you've got to go on. It's time to move. [You] can't change it.

I had a support. When I got hurt at 19, I came home, and I had my mom and dad with me. I lived with them actually up until I was 28, going through jobs, getting into a good job, staying there for 10 years or more. Then I moved out and bought my own house. I had them there with me. My dad was an amputee. He had one arm missing. So I grew up with that in my family. So I had the support from him. Knowing what he did, I could do too because he's already proved it to me. So it was a good emotional aspect of my life, working with him all my life and seeing what he could do and then after I got hurt, well he could do it with one arm, I can do stuff with no legs, and move on that way. I've proved that I can, so that helps.

[The government and care providers should also] be there for [veterans], especially these young kids because they're going to go through an adjustment period in their life to a point that they have to accept what happened to them early, so they can move on. You can't let it get to you to a point that you can't accept your disability. You're going to live with it, you got to accept it, and as soon as you do that your whole life will change because you're not feeling sorry for yourself. I made [that transition] as soon as I realized what happened. I knew that my life would be different because I grew up with it. So when I got home I took the year off, I finally got a job, went to work. I went out, and had fun, and did things, and moved on. You have to. You can't let it stop you. That's what I feel anyway. I mean, I don't know how other people adjusted, but that's how I adjusted.

[The advice I would give to the amputee veterans of the current wars is to] accept that you're different. You have a disability, [and] that will never change, and do what you can do within your limitation, and then try to exceed that. Because the more you can do physically, you're going to be better off mentally because it ain't going to hold you back and stop you from doing anything you want to do. This is what they have to learn, and they will learn that as they get older, but they're 19,

20, 23 year old kids. When they get my age, at 60, you can do anything you want, you'll slow down, but in the meantime, you'll have a good time, a good life. Your quality of life is what you make it, living with a disability. And a lot of it is the people you are with, and who you are married to, and your friends.

[The single most important factor to my success has been] the ability to do what I want to do with a mindset that I can accomplish anything I want. And I have proved that. I've gone out, and done things, and talked to people, worked with the 1<sup>st</sup> Marine Division Association, and things that I never thought I would do, when I was a younger man. But it comes to a time in your life that you realize well to do this you have to be a positive and influencing person, and lead from the front. This is what I've done. Any amputee, you've got to look at yourself and realize this is gone, I can still have a quality life by doing what I want to do, and proving to myself and others, I can still function as a normal person. And when they learn that, they will function as a normal person. That's the only way they can do it, and be the influence to other people. If they see you doing it, they're going to do it. Be an inspiration and inspire one person, if you only just inspire this one person in your life, you've done a good job.

I'm a director of the 1<sup>st</sup> Marine Division Scholarship fund right now. I just got done for 12 years, started out as a local chapter representative, worked my way up to chapter president, and then I went into the national level, worked my way up to Deputy Vice President of the West, ran for president, and got voted out. I didn't win it, and now I went to help the scholarship side of it. We meet once or twice a year. We're going to meet here again in August at the reunion, and discuss business. See how we can change things, or make it better for our kids that we award scholarships to. I haven't been to one of the company reunions. but they're having one I think in July, but I won't be going to that. I will be at the division reunion. I've been going to theirs for about 13 or 14 years now. And that's another good contact too, to keep you motivated, and involved with something you like. If you are coming out of the military, you're still connected to it, even with your disability, with people that have been through the same experience that you have.

[So the key is to just keep connected]. I don't know about other people, but I think it is. You're involved with something...[and] it makes you feel whole again because you're with people that understand where you've been, and what you've done, and what you've gone through. I got hurt at 19. I just turned 60. It's had its up and downs, but the majority of it is just a learning process. As you age, you learn, and you mature, and you go on with life. It's just something that everybody that's an amputee, from any type of war, will end up going through. And learn to take care of your bodies because the body you have left is going to end up wearing out sooner because you use it for everyday activities when you don't need to... If not, you ain't going to be able to do nothing, and I've had doctors that say put yourself into an electric wheelchair or get this or get that. I go [said] why would I want to do that and not use [my] muscles because if you don't use them, they're going to deteriorate, and I don't want to be that weak, [and have to] depend on somebody for everything I need. And this is why I work out, and do what I want to keep my health better, and keep [myself] involved with some activity. That's the way I look at it, and [that's] what I tell the young kids when I meet them.

**Profile of Mr. Owen Miller (Below Knee and Above the Knee)**  
(Original Interview Transcript 12 Pages)

Mr. Owen Miller was born November 10<sup>th</sup>, 1949 and currently resides in the Southwest region of the US. He enlisted in the US Marine Corps on December 10<sup>th</sup> of 1966 and was injured on April 16<sup>th</sup>, 1968. He is a right leg above the knee and a left leg below the knee amputee. He currently uses a prosthetic device. He is married with two children and reports his general health as being fair. He reports heart disease, being overweight, experiencing back pain, stump pain, phantom pain, and phantom sensation. The interview was completed on May 4<sup>th</sup>, 2010.

This is Owen's story.

[For my health needs] I deal exclusively with the Veterans Administration, and we have TRICARE for my wife. [The care that I receive at the VA has] always been outstanding, as far as I'm concerned.

I've got some problems [concerning my current health]. Apart from my physical problems with my back and my legs and my hearing, I've just been diagnosed with diabetes, and about 10 years ago I was diagnosed with arterial sclerotic heart disease. Both [diabetes and heart disease] run in my family. However, I am rated service-connected for my heart condition as secondary to my bi-lateral BK amputations, and although I have not claimed it, I would be service-connected rating for my diabetes secondary to my Agent Orange exposure when I was in Vietnam. [Because] about three or four years ago the Department of Veterans Affairs, through the CDC in Atlanta, decided that there was [a] very good probability that veterans, who were exposed to Agent Orange in Vietnam, would acquire diabetes. [I have never received treatment for PTSD].

[My health] certainly hasn't improved [in the last year]. My heart condition has pretty much been static for the last 10 years, and my diabetes has been steady and is being regulated by medication, insulin.

[I deal with physical pain every day]. [I have it in] my legs. If I walk too far my calves cramp up real bad, and by too far, I mean a block or two. So I always experience some sort of discomfort or pain to varying degrees pretty much every day. Probably, at least once or twice a week, my back hurts. My tinnitus, the ringing in my ears and my hearing, has always [been] bad to this day. I mean, I have constant ringing in my ears. It's not painful, but it's certainly always been distracting; more like a royal pain in the butt. I [also] get blisters periodically [on my stump]. Usually, it's on my right leg, just below the knee, and there's a spot there that off and on for the last 20 years. I've had problems arise with it, and basically, what I do when the sore appears, I just kind of saturate it with AD ointment because I put AD ointment on my legs every morning before I put my prosthesis on. What I do is, I put an extra dose on that particular spot, and probably the first 15, 20 minutes, it bothers me quite a bit, but then as the day wears on, the sore subsides and is not as troublesome as it is the first thing in the morning...In fact, I've got it on my leg right now. I've had it probably for a couple of weeks, but it doesn't stop me from walking. It doesn't stop me from doing anything. Periodically, over the last several weeks, it was real sore, and I ended up limping a little bit but nothing significant.

I still [experience phantom pain]. It used to be like almost constant, and then over the years, it has subsided. Right now, I would probably say the phantom pains that I do get are probably every two or three weeks. I'll get a little jolt. It feels like like an electrical shock going up my stumps from down

at the bottom of the stump, but as far as the sensation, as far as feeling the phantom sensation of feeling like you still have feet and all that, I still get those, but it's not painful. It's not annoying, it's not painful, it just ooh, a little tingling, and it, normally, goes away right away. What I call the phantom pain's is that shooting sensation that feels like an electric shock at the bottom of my stumps, [and it] shoots up my legs. And I get those probably every couple of weeks or so, and sometimes, they'll last for seconds, and sometimes, they'll last for a couple hours.

[I have never sought alternative treatment to help manage my pain]. I get a massage every once in awhile, but it's not for therapeutic purposes. It's [just because it] feels good. I've never gone to a chiropractor. I've never gone to an acupuncturist or anything like that. I've always just kind of gritted my teeth and whatever happens, happens. [When I have back pain] basically all I do, is soak in my hot tub or in my bathtub with water at about 108 or 109 degrees, and my wife will put some sort of Ben Gay type of stuff on it.

The prostheses, I have on now, are at least 12 years old. I am in the process right now—in fact, I have an appointment at the end of next week for another fitting—they are making me a new set of prostheses that are called vacuum moderated or something like that. They're a vacuum leg that is firmer fitting, a tighter fit and less slippage. They have assured me that that sore that I've gotten off and on for years I will probably never get again, but I won't have those, I probably won't be using them full time, probably, until the end of May...I'm not real big on trying new technology or anything like this, but I started off wearing one stump, one five-ply wool stump sock on each leg. I am now up to four five-ply stump socks on each leg. So obviously, my stump has shrunk, and the prosthesis doesn't fit like it used to, and the more stump socks I use, the more uncomfortable I get.

[I have never received rehabilitative care surrounding my limb loss]. [I don't use any homemade devices]. I haven't used a cane since I was in the hospital after my original amputations. Periodically, if my legs are so bad that I can't stand up on them, I'll use crutches. This has happened about four [or] five times. Most times, it will last four or five weeks, and that's when I just absolutely, cannot stand up and walk on the prosthesis that I'll use crutches. Like I said, out of the last 40 years that's probably happened a total of maybe six months over that 40 year period.

I used the canes and crutches at the very beginning just until I got acclimated with my prostheses. My use of canes and crutches is very limited. My use of a wheelchair, for the last 10 years, is much more pronounced. I do quite a bit of traveling, and I cannot walk through an airport without having some significant pain and discomfort. So I just jump in my wheelchair. If I know I'm going to the mall, if I'm going to the state fair, if I'm going through an airport and doing any traveling, I just jump in my wheelchair. Probably for the last 10 years, I've been doing that. Whereas when I was 30, I wouldn't even think about getting in a wheelchair.

[Using a wheel chair doesn't bother me]. I reached a point; in fact I can almost remember it as if it was yesterday. My daughter was flying in with some friends,, and I went to the airport, walked out to the gate, and everything was fine, walked her back to the car, I [felt a] little discomfort, a little cramping here and there. Three or four days later, I did it again to take her friends back to the airport, walked them to the gate, and by the time I got halfway there, I could not stand up. From that point on I thought well this is stupid, I'm putting myself through this for what? Because I'm concerned that people are going to see me in a wheelchair? And my attitude went the heck with them. If they have a problem with it, then they have a problem with it, and from that point on, it didn't bother me at all, you know, sitting in a wheelchair and going where I had to go. Before that time, I would do everything in my power not to sit in a wheelchair. But by the time I was 48 or 49

years old, I said hey you know what this is stupid. I'm not going to put myself through this because I'm concerned that somebody might look at me and say ooh, look at the little crippled guy, you know.

I'm satisfied with my life. Certainly, as I look back I wish I hadn't got blown up, but I did, and I think I adjusted to it relatively well after the first four or five years. But I'm happily married, just celebrated my 35<sup>th</sup> wedding anniversary. I've got two wonderful kids that are doing well in life. I got a decent job, in fact I just celebrated my 30<sup>th</sup> anniversary with this organization. I have a nice home. I have two cars sitting in the driveway. I have a dog. I mean, you know, I'm satisfied with my life and happy with my life. But I would say my quality of life is pretty decent. There's little things that bother me like when my wife has to go up to climb to the top of the ladder to clean out the gutters. I should be able to do that, but I wouldn't dare climb a ladder. Twenty-five years ago, I would have, but the last 10 or 15, I wouldn't even think about it. So small things. I want to go to mow the lawn, and it takes me two hours because I have to stop every 10 or 15 minutes to sit rest. If my wife did it, she could do it in 20 minutes. But I'm not sure if those are quality of life issues as much as nuisance issues.

We do a lot of travel. I do a lot of reading. I play some poker every once in awhile. I play some cribbage. I do some volunteer work down at the Boys and Girls Clubs. Things of this category. I do some genealogy stuff that I'm relatively heavily involved in. I'm in the process of writing a family history book, not for publication; strictly, if my great-grandson cares, at some point, for my viewpoints on life.

I belong to pretty much every veteran's organization there is, but I really don't participate. I figure, I spend my day, and my career helping veterans and dealing with veterans. When I get home, I don't want to extend that any more than I do. I certainly do some volunteer work for my organization and the outside world as far as going out to the VA hospital, and helping out with the bingo and stuff like that periodically. But besides the Boys and Girls Clubs, I don't participate too much in the outside world.

Probably the one that I depend on the most, the one that helps me in my life and in guiding my life the most, is my wife. The one that has helped me the most throughout the last 35 years has been my wife.

I don't know if I have any concerns about imposing on my [family and friends]. I've never been in a position where I had to impose on my brothers or my sisters or anything like that. I was raised to be independent, you know, take the bull by the horns type of situation. Live with it. Pull yourself up by your bootstraps, and I don't necessarily believe in that attitude as a whole, but for myself, I would never go to my sisters or my brother and moan and groan about anything in my life. I will go to my wife and moan and groan, but I would never go to any one of my other family members. Not because they wouldn't listen or they wouldn't be sympathetic, it's just like this is my problem, I'll handle it.

[There isn't anything that I worry] too much [about]. I've had the attitude that there's really no sense in worrying about too many things that you can't control, and since I can't control hardly anything, you know, the things that I can control as far as with my wife, with my kids, my household, things like this [I worry about]. I'm not even sure if I worry about, you know, I don't worry about the house burning down. I don't worry about things that happen until they happen, and then I don't worry about them, then I have to react to it...Drives my wife crazy, you know, she's the type that [worries] well what if this happens, what if that happens, and my attitude [is] well what if it does. Then we'll

address that issue, and we'll go on, and we'll do what we have to do. But until that point, you know, what if a plane crashes on the house and kills us? I mean things do happen, things can happen, but there's no sense in worrying about them until they do, and there's certainly no sense in worrying about things that we can't control.

[The veterans of current wars could be helped by] monetary benefits, that may help them get through these trying times, [and] education, I think vocational rehabilitation and other programs is probably one of the most important benefits they can have outside of the medical aspect of it. If we can get these veterans back and get them stabilized and get them, I'm not even going to say healthy, but if we can get them stabilized, where they can go out and they can become productive members of society, the vast majority of them, the only way they're going to do that is with education. And certainly, and I'll use myself as an example. One of the big regrets in my life is not going to college, and when I did, I played around and didn't focus, and I ended up dropping out after a year. That's one of my big disappointments in life. The money that they gave me was nice. It helped me live. It helped me survive. It helped me until I was able to adjust to my disabilities and get into the job market, but in hindsight the educational aspect of it, I feel that the young men and women that are coming back today, one of the things that they definitely want to take advantage of is the educational aspects of their VA benefits and, of course, the medical aspects. The VA and the government has to take care of these people as far as their medical care and prostheses and wheelchairs, and whatever it is that is needed to make their adjustment in their new life as easy as possible. But from the veteran himself or herself, I do believe that the most important benefit that they are going to get is the possibility and the ability to be able to go to school, and [have] somebody pay for it for them.

I think family and friends can just, you know, try to be understanding, and I personally did not come from a very understanding family. My family was very oh, well, shit happens, grit your teeth, do what you got to do. But I think a veteran with a family that is supportive, that is understanding of him or her, and at least tries to realize what they are going through on an everyday basis, as far as how they physically and mentally have to adjust to their new world. And certainly it's very difficult, I think, for an awful lot of people to realize what the veteran is going through because they've never gone through it themselves, and it's easy to say well, I understand what you're going through. Well, no, you don't understand what I'm going through. You may try to understand. You may listen to me, and you may sympathize with me and try to help me, but you don't know what I'm going through any more than I know what you're going through in any traumatic period in your life. But [people should] try and be understanding of the veteran and the individual that has come back with no arm or no leg or come back paralyzed or whatever, and give him or her the time to adjust to their new life.

[The advice that I would give to the veterans of the current wars would be that] if an individual decides he or she needs or should get counseling, then they should go get it. They shouldn't be ashamed to go and talk to a psychiatrist or a psychologist or somebody at the VA hospital or even in the civilian world to help them adjust. I think one of the things that they have to realize that this is not automatic. [It] is not [like] you're going to wake up the next day [and] get out of the hospital and everything is going to be peachy cool keen-o from there because you're able to put on a pair of prostheses and walk on them. There is going to be adjustments, and there's going to be difficulties and problems that you are going to experience for the rest of your life, and how you adjust to those things is going to dictate how your life is going to be, and whether you are going to be content with your life 30 years from now or 40 years from now. But I think you also have to give yourself the time to adjust. You can't say oh, I've been an amputee for a year, I should be...no, no, no. Each individual is different. I look at my life, and it took me about 10 years to start saying hey, wait a

minute. I've got to straighten up, I've got to adjust my attitude, I have to do whatever it is that I do to take a different road because the road I'm going down is not a good one. Now, I had my wife to help me with that. I was injured for about seven years when I got married. And the first three or four years of our marriage, my wife had to do some adjusting, and she had to be a little tolerant and understanding. I, on the other hand, had to pick up the knowledge and the idea that the path I'm taking, is probably not the right path to take, listen to your wife, pay attention, and adjust accordingly. But I had to give myself that time to do it. Does that make sense?

[So the single most important factor to my success]...I would have to say in my particular case, although I've never considered my family very supportive, and they weren't the huggy, cuddly type, and they weren't the oh poor Owen type, I think that attitude, because I had somewhat of the same attitude, particularly towards myself, I think that attitude helped me do what I had to do in order to have the life that I have. When I sat back and I said hey, wait a minute, you're drinking way too much here. It was that cocky, arrogant attitude that I thought I always had, and I know my family had always had, that pull yourself up by your bootstraps type of attitude that said okay, you have identified what you think is a problem now what are you going to do about it. You can't depend on other people to do it for you. You have to do it, and I think that attitude that I grew up with that, oh, quit crying, what are you crying for? That only hurts a little bit. Fluff it off. This type of attitude I think ultimately helped me overcome my disabilities, and helped me adjust, to accept my disabilities and do what I had to do to become a relatively good member of society.

I think with the new folks coming back, the new veterans that are coming back from Iraq and Afghanistan, one of the advantages that they have compared to the Vietnam veteran that came back, is that the American public loves them. They go out of their way to support them, and they try to be the cheerleaders in their lives. Okay, yes, you've got some difficulties, and you've got some problems, but we as a society, we are behind you. We are backing you, and we are hoping that you are successful, and we are hoping that you able to adjust to your new life, and that any help that we can give you, please let us know. The Vietnam veteran didn't have that, and I think this is a good thing. This is something that the Vietnam veteran fought for for years and years and years, and it looks like with the new veterans, coming back from Iraq and Afghanistan, are experiencing some of the 'we've got your back attitude' that the American people are giving them nowadays, and to me that's a good thing.



**Profile of Mr. Greg Brock (Above the Knee)**  
(Original Interview Transcript 12 pages)

*Mr. Greg Brock was born January 27<sup>th</sup>, 1946 and currently lives in the Western region of the US. He enlisted in the United States Marine Corps in 1965 and was injured in Vietnam in April of 1969. He is a right above the knee amputee and does not currently use a prosthesis device. He is married and has two children and two step-children. Mr. Brock reports his current health as good but does report some health issues. He reports being overweight, experiencing back pain, arthritis, stump pain, phantom pain, other pain, depression, PTSD, and other unspecified mental health problems. The interview was completed on June 21<sup>st</sup>, 2010. This is Greg's story.*

I lost my right leg above the knee. I have injuries to my left knee and leg, and I have serious injuries to my right hand that I had to have major surgeries on years ago [in order] to keep it.

[For insurance] I have the VA, but I [also] have Kaiser Permanente through my work. It's my primary insurance now. [And] I use only my primary insurance except for my prosthesis. Other than that, Kaiser has been very good. They look at any of my injuries without any problem, and I only go to the VA when they want to review how I'm doing, how my ambulatory skills are and so forth, and that's just every three [or] four years or so.

My health is good. [If not] for my military injuries, I would be in great shape. I have some cholesterol issues. But [it's] not that high, just a little above normal. But I am getting medication from Kaiser which brings it down to like 140 or so. So other than that, my health overall is good. I am overweight, and I blame that on my lack of exercise. Because of my injuries, I don't get as much exercise as I would like. But other than that, my health is good.

[My emotional health] is good also. I would like to be able to sprint, but other than that, my emotional health is good.

I don't walk as well now that I'm older. My ambulatory skills are not as good as they were, but I'm still mobile. I still get around, but there's more wear and tear on my left leg—my left leg is the non-artificial leg—and so there is some issues there of my knee, and also again as I get older, I'm not quite as skillful as I used to be.

The primary pain experience, I have right now, is primarily my left knee—the knee that I still have. I have some pain there occasionally. I've got to be careful with it and wearing the prosthesis itself. I tend to have some skin breakdown on the inside of my artificial stump if I wear it too long, now more than I used to. So there is some pain associated with that, so I can't wear it as long as I used to, and there's more discomfort now than I used to [feel]. Years ago, I could wear it continuously without feeling anything. There's always been discomfort, but I could deal with it, and now it's getting more difficult to deal with.

[I don't have phantom pain] very often. I've been fortunate. Occasionally, I feel something, but it goes away, and it's not continuous. Periodically, I feel something, but it's not to a point where it's debilitating.

So far, I haven't sought medical treatment directly [related to the breakdown of the skin around the area where my prosthesis meets my stump]. If it's associated with wear on the socket itself, I'll go

back to my prosthesis which is covered. It's a private prosthesis but paid for by the VA prosthetic clinic. [So] if it has to do with the socket, I would go there. But if the socket seems fine, then I just stop wearing my leg for awhile, and put some medication on it, and wait for a day or two for it to feel better. [Aside from my prosthesis, I don't use any other assistive devices].

[My physical condition has changed since I was younger]. [It has changed] quite a bit. Again, as far as overall health, when I do my annual physicals and so forth, my health for my age is still good like it was when I was younger, but I have put on weight, and that's my biggest issue now is battling weight. Also, when I lost my right leg, I was still able to function fine, but now actually it bothers me some, and just being 63 versus 22 makes a difference. The big thing is probably, I'm always battling weight, and within the prosthesis there's not much margin for weight. So any weight gain is an issue. You can put up with a certain amount, but I guess battling the weight is probably the biggest issue that I deal with constantly.

[There isn't that much of a change in my use of my leg now that I'm retired]. I've been retired for a year and a half, but when I was working, I had to get up and go to work regardless [of how my leg felt]. Now [today], if my leg is not feeling that well, then I'll say well, I just won't wear it today, or I won't wear it as long today. Of course, when I was working full time, that wasn't an option.

[The biggest thing, I'll have to do, in order to maintain my mobility, is to] just keep doing it. The big thing is just to keep doing it. I don't know what would help. The prostheses have improved, and the VA was very good about [giving] me the latest one that was available, and I need to do more exercises. I've looked at joining a gym, [but] I haven't done that yet because it's sort of awkward to go in and do that sort of thing. But other than that the biggest thing I have [to deal with is] weight, and my left knee holding up.

I used to hop [to get into the shower], but I learned my lesson too late. That wasn't good for my left knee. Because I was always athletic and stuff, for years, I just hopped anywhere I wanted to go. Get out of bed, [I] just hop[ped] without bothering [to use] my crutches. It would have been wiser to use the crutches from day one regardless because [hoping around was] not good on my left knee. But I don't hop anymore. It's just my knees started to wear down. I always use my crutches. I sort of wish that someone would have said to me years ago, "Use your crutches. Don't hop. No matter how youthful you are, and how good you're feeling, use the crutches because there will be a price to pay for that, years later." I had the folks at Kaiser look at it. They said there's not a whole lot they can do, so just don't do anything that would injure it, be careful with it, and so forth. And it's not like it's a constant issue. As long as I don't put much pressure on it, don't do too much stair climbing and so forth, then it doesn't cause me major problems. [But] if I put any kind of pressure on it, or if I step [the] wrong [way], then it will feel sore.

I think my quality of life has been good. I'm able to do anything I want to do. I travel and have friends and family and so forth. Had a great job, a great career over the years, [and I was] able to retire from a good job. I worked at State University, and I have a nice home in a nice area of the suburbs. I just had a grandchild born in April. I have two great kids, and I have eight brothers and sisters, so my quality of life has been good from that perspective. Before I was injured, I was always an athlete, and...I would see myself today as being a whole different person physically, if I had not gotten the injury because I was always a stickler for being in physical shape.

I'm a photographer. I've been doing photography for years. I go out and take pictures, and I do some traveling.

I'm not [involved with the community at all]. [But] I do a lot of gardening. I have my own garden here at home, so one of the big exercises I do is I grow vegetables and flowers and roses and things along those lines. I do my own minor landscaping and so forth. But since I retired, I haven't done anything in the community directly. I [just] spend time with my family and things along those lines.

I've been married since 1976, and my marriage is good. My wife and I are about the same age, and of course, I met her years after my injury. We have two daughters, and so my marriage is good.

My family, my wife, and my daughters [have been the most helpful to me], and then I have a strong family [that] is very helpful. Also, having the hobbies that I enjoy like gardening and photography, and being able to retire with a comfortable life [helps me]. I've put my money away and invested wisely, so financially I'm in good shape. So from that perspective, I don't have any major issues family-wise or financial that I have to deal with, and I've got things I like to do. So those are the things are helpful to me as far as moving forward.

I don't like to impose on people, but that was before I was injured. I go out of my way not to impose on people. I go out of my way to help other folks, but I try to do everything independently, by myself.

[There are some things that can be done to improve the positive outcomes for veterans]. [At the time I got out of the service] there was not a lot of focus on preparing us for moving forward. I got excellent treatment in the naval hospital. While I was there, I think the treatment was good as far as the medical care and so forth, but I think the preparation for living life afterwards [could probably be enhanced]. [Things like] the guidelines on what to do moving forward, expectations, things along those lines would have been good [to know about]. I think those are the major things, and I would [also say they should] help build some kind of sense of community. So I think things along those lines as far as activities, and just letting folks know what to expect. Things like: not hopping on your leg when you go to the shower. Just basic stuff along those lines, and also a strategy for exercise, and keeping your weight down, and potential exercise processes. Maybe the VA should have some kind of exercise program for disabled veterans. Maybe...[they could] have exercise programs with a pool and gymnasium and so forth.

[And the veterans themselves] ultimately have to take responsibility for their life. It's happened, and as young people, you expect it to never happen. If you didn't think that way, you'd never make it into combat. But once it happens, [you have to] take charge. So part of the process is that taking charge yourself because ultimately it is your responsibility. There are things that other people can do, and [that] the military and the VA can do, but ultimately, it is the individual's responsibility. So I think part of the process is to find out what works for you and also to develop a career or community activities. We talked about that before, but what I had, going for me, was an excellent work career after I was injured. I never stopped working, and I continued to move up in the field that I chose. That kept me very busy and very active over the years. That kept me mentally sharp, and kept me interacting with people on a regular basis. So I think from that perspective, veterans just have to know that, ultimately, it's their responsibility, and they've got to figure out what works for them and move forward.

[Family and friends can] be supportive. I think that I was fortunate enough to have a family that was supportive, but they never needed to do a lot for me. I was always independent, and once I got out of the military, I started going to school and working and everything on my own. [I] used money [that]

I had saved when I was in the military, plus what I was able to get from the educational benefits from the military, and also the disability dollars I was getting, to take care of myself. But part of the process [for the family should be] to be there and be supportive, and fortunately I was from a large family that was there [for me]. Once I got married, I had my family of my own.

[I don't worry about any other things in growing older. At least] not to the extreme. Of course, I would know that I may not be able to grow old as gracefully as I would have without the injuries. I do think about that, and periodically over my life, I've thought about what will happen when I get older. Of course, when I was younger, I thought 50 was older. I figured by the time I get 50, I wouldn't be able to move, and now it's probably 75. But part of the thing, I worry about, is when I get to the point where I'm not independent. [The point] that I can't go where I want to go and do what I want to do. And that's the only thing that concerns me would be that, and it probably concerns everybody, but there's more of a chance of me not being able to be active as I get older than a lot of other people.

[I would advise veterans who have suffered limb loss to] gather as much information about it as possible. So maybe the study that you guys are doing here, ideally, will be very helpful to [current veterans returning from war]. Ideally, the VA would provide more, and the military will provide more information than they provided for us when we came through. But they [the veterans] need to have a focus. [Before getting wounded] they [probably had] families and goals and things they wanted to accomplish. They still need to have that focus because that's what drives you. It's taking ownership of your own future, and they need to still have that [after their injury]. They may have to make some adjustments now, but that's very important and very critical. So I would think that is the major deal is to keep moving forward, and see this as another challenge and obstacle to overcome, but it's totally, ultimately, up to them that no one else can do it for them. They have to plan and continue to move forward. I know that you hear about veterans [who are] living on the streets and have not made it through some of these challenges and so forth. Fortunately, that has not been the case for me. I was always able to keep moving forward, and look at it as another challenge, and I think that's what the veterans, who receive these kind of injuries, need to do. So I think that's the main advice, I would give them, is to take ownership [over their lives]. The world has not come to an end although it may seem that way sometimes. They need to take ownership [of their lives], and set their goals, and make the adjustments [they need], and continue to move forward.

[The most important factor, I attribute, to my success after being injured] was the desire to keep moving forward. [I thought,] what do I need to do to sustain myself, and to take responsibility and ownership [over] the situation that I'm in. So I think that's [the] thing that helped me the most. [It helped me to be] working towards a very good career, and getting married, and having a family. I think that's been very important. I think the need for a veteran [to] mov[e] forward once they receive injuries is no different than it would have been before. They've just got some unique challenges they got to deal with, but the need is the same that it's always been... You need to plan to move forward. Once you receive the injuries, you've got to use what you have available to you. You have the GI Bill. You also have disability benefits that you'll receive. You need to utilize those as much as possible. You need to use the medical treatment as much as possible, and you also need to interact with your family because that's very critical because they want to see you succeed. Those young enough to still have their parents around, need to work with them. They're there to help. So what I would say is you just need to have a focus. That's what everyone needs in life. You need a goal. You need a focus. It doesn't matter what it is. You just need to have that because everyone needs a goal to shoot for and to strive for, and it's like anything else. There's going to be ups and downs, but you continue to move forward, and I think that's key. That's what the young people need to do now.

In a lot of ways, they're a lot better off [because of] the stuff out on the Internet that everyone has access to now. There's all kinds of studies out there and stuff that people can look up, and I think people are much more informed now than they were back in 1969 and certainly back in World War II. So I think you've got to overcome obstacles and hardships. Also, what I would say is now the society supports the veterans a lot more than they did coming out of Vietnam. That was sort of an ugly situation, and it was like let's put this behind us and sweep it under the rug. I think now veterans are a lot more supported. I guess you got to say it is an individual thing. Ultimately, [it comes] down to how would this individual...handle this situation. But I think that if the military and the VA could do anything early on, it's to help work with [the veteran] to find out what drives this particular individual. Talk to this person and their family about finding a focus to move forward because it will be a challenge.

**Profile of Mr. Eddie Foote (Above the Elbow, Below the Knee)**  
(Original Interview Transcript 10 Pages)

*Mr. Eddie Foote lives in the Western region of the US and was born in 1950. He enlisted in the Army in May of 1969. He was injured in Vietnam in August of 1970. He is a left arm above the elbow and a left leg above the knee amputee. He currently uses a prosthetic device. He is married with three children. Mr. Foote reports his general health as very good. He also reports arthritis, phantom pain and phantom sensation. The interview was completed on April 25, 2010.*  
*This is Eddie's story.*

Because I am what the Veterans' Administration calls permanent and total, the Veterans' Administration is my health insurance. [So I receive all of my care at the VA].

I've had really good experience with the VA. Sometimes it's kind of slow and that's frustrating. You can't always get in to see somebody as quickly as we would like but the level of care has been excellent.

Really I don't really need much [care concerning my limb loss] because, [as long as] my prostheses fit well then I don't have any issues with my residual limbs at all. If something starts acting up I go see the prosthetist [who] is a private through the VA. [But] what's happening is the right side of my body because of my age is starting to wear out (laughing) so I have arthritis and things like that. [And that's from] compensating.

[My health right now is] good. In fact I had my lab work done for my annual to check me out. My cholesterol is in good shape and my blood pressure's not bad and I could stand to lose a little weight but other than that I'm in good health.

The older we get things just start wearing out and the concern I have is [that] the aches and pains are just going to increase. So the only real concern I have is the deterioration [of the body that comes with] age. But I'm alive...[and] when I talk to people about my incident it's like you have one foot in the grave and they cut a leg off to pull you out. That's okay. (laughing) So we'll live with it...[But] overuse is why I am starting to get arthritis [and] I think I aggravated it some by compensating.

[My emotional health is] generally pretty good. I had an episode where my prosthesis on my left leg needed some repair and the spare leg that I had didn't fit very well [and] for a couple of days that was my biggest issue. It didn't fit very well and I couldn't walk very well and that makes me kind of grouchy (laughing). But other than that everything's been going along fine.

I sometimes [have phantom pain]. It's very funny. I don't know if it's the moon... I don't know what it is but there will be episodes where I do [have it] but they don't last very long. Usually they don't last for more than a couple hours or a day and then they go away. They're very sharp and it usually happens more in my leg than my arm.

[I deal with other pain because] I have some arthritis on the upper part of my foot. I have an orthotic for support and when I'm walking around a lot sometimes [the arthritis] flares up and then my thumb (if I'm doing yard work or something where I use my thumb) starts talking to me a little bit. But I just have some naproxen that I use [so] it's not like a daily thing at all. It's just as needed.

I wear my arm and leg pretty [much] all day. I take my arm off when I'm home relaxing because it's hot and it's just not that comfortable when you're trying to relax. But on a daily basis I'll wear my arm eight to 10 hours a day and I wear my leg all my waking hours. I am on my feet walking around a lot. I work in the ceramics area at the craft center at [a local university]. There's a glass shop there, a hot shop, a woodworking area, metal smithing—it's got all kinds of things and I am the resident artist and I also teach classes. So I'm up walking around. I'd say there are days I'm on my feet nine, 10 hours a day...I mean I get tired and that's one of the reasons my right foot starts talking to me. It's because the floor is concrete and sometimes that flares up but my leg fits really well. So that's the main thing. If the prosthesis fits you can do pretty much whatever you want to.

I wear a Mauch SNS hydraulic knee right now and I have my whole amputee career and they wanted me to try out a computerized knee from Otto Bock and it didn't work very well for me because it didn't have the capability that the hydraulic one did. The hydraulic one you can lock straight. You can use it for your gait, your normal walking around, and it's got the capability to be free. No resistance [in the knee]. And that works well for riding a bicycle because you don't need resistance when you're riding a bicycle. And the computerized [one] would lock or be in the gait that you were walking so it didn't do very good. And then you'd have to plug it in every night and if you get it wet it can short. [Where] I live it rains a lot. So that's the only different thing I've tried. Arms are pretty much the standard. I haven't tried an electronic one or anything because I [like] durability. That's what I'm after.

When I first started wearing [prosthetics], the legs were made of wood, the sockets were made of willow wood and when you went in to get them adjusted they would either grind or rasp out a place or fill it in with wood putty and now, it's carbon fiber and they have flexible inner sockets so that has changed. They use the same system for arms.

I haven't really noticed [any changes concerning the ADA] other than there's spaces now for people with disabilities. It is nice that there are more elevators and not as many steps. I'm aware of ADA but I think I'm more aware of it because of people [who require the use of wheelchairs and not because of my own situation]...But as [far as the ADA affecting] me directly [it really hasn't] other than the rock star parking sticker you can get. (laughing)

My wife and I've been talking about that [how he will maintain mobility as he ages]. It's becoming an issue because just having a prosthetic leg you tend to trip or nearly fall more than you would normally and then there's the klutz factor. I tend to fall down more anyway, so [I am dealing with the] issue of just walking around and knowing that as you get older things tend to break easier and it takes longer to get over things like that. So that is an issue that we've thought about.

[I have never received mental health care for PTSD]. I was lucky because I was only in Vietnam for three months and we weren't heavily engaged with direct combat and I didn't have to kill anybody or be put in a position where it was either them or me. I mean we were getting hit with booby traps and that was stressful but I'm very lucky that I got out of Vietnam with only three months in country.

I think right now my quality [of life]...is good... other than a few aches and pains that [are] going to come anyway. [My wife and I] are doing great. She's happy and I am enjoying what I'm doing. We're getting along just famously. This September we'll have been [together] 40 years. So we're doing just fine. We're going to start traveling and be[ing] together. [So I may] take a sabbatical for six or eight months but yes, I'm probably going to retire from being the artist in residence and the

classes I do. [But my wife] and I have talked about this on more than one occasion—we don't really need other people. I mean we have friends. Like at my work I have friends but we never really do anything together and [her] co-workers, they do things every once in a while. I guess you could say I don't have a really, really close group of friends like some people apparently do. But, we don't really need other people. I don't know if that's healthy or not but it's the way we are and it works real well.

[I have hobbies, I ride] my bike. That's kind of fun. I sing. I'm in a choir and I've taken some voice classes and I'm figuring out how to download music from online so I can practice. So I guess that would be my major hobby other than playing around with clay.

[My wife is the most helpful to me]. It's [her] and I. We support each other and because we care about each other and we have matured together. We got married when I was 20 and [she] was 20 also. So we've matured together and we like each other in a more mature way now than we did initially.

[There isn't anything that I really worry about]. The aging thing is not really a worry. It's a concern wondering what's going to start happening or how much more is this going to hurt...but...[my wife] and I are both a little anxious about retirement and not having a job that we have to go to. I think we're anxious about having the freedom to do whatever we want to. (laughing) It's not a worry but it's a concern that we both have.

[We're not worried about imposing on family or friends] because the VA has facilities. When the time comes that I will need more care than [my wife] can give me, there are facilities that I can go to. We've planned for her in the event when that happens. So we're not worried about imposing on the kids or anybody else.

I think what really aches for me for [the veterans of Iraq and Afghanistan] is, you know, in Vietnam you went for a year and you were done forever unless you wanted to go back [but] people are going back two, three, four times in these wars. So I think the psychological effect is what these folks are going to [have problems with] whether they have limb loss or not. [But] I think...advances in technology will make their lives easier because I feel that you're going to make your life what you can with what you have to work with. I think that technology is helping all of us with our limb loss. It's just going to be the psychological side of it. Or that's my take on it.

[I would tell the families and friends of current veterans to] be supportive and just be encouraging and supportive of whatever they want to try and don't limit them in any way. [Support them even] if they want to try something [and it] may not seem like they [can] do it. Let them try and support them.

[And] from the veterans' standpoint I think they could make the VA a little more efficient and we could refrain from making so many amputees. I think that would help a lot. But that gets into a whole other realm of stuff. But [the government should] continue to fund research with prosthetics. My oldest son was working at [a university] a couple years ago in DNA research and it was his thought at the time that if I could live long enough then they will be able to clone body parts and attach them so there wouldn't be any more amputees. So that's something that's always kind of in the back of my mind [and something] that I think the government should explore.



I think [the single most important factor in my recovery has] been my family. [My wife has been the] most [helpful] of all. My parents were very supportive and the community where [we live was also supportive]. I mean it was a small town and everybody there was supportive. They just treated me like a person. In fact people have told me they forget I'm an amputee and that is very gratifying when people will just not realize you are. In fact, [when I think he was in] middle school, my nephew was supposed to do a report on people with disabilities—go interview them and talk to them—and I was his uncle [and] my nephew said he didn't know anybody with disabilities. (laughing) So it's that kind of attitude that is very helpful too—when you're not treated special.

[So family can help returning veterans by] just be[ing] supportive. Treat them equally. Don't baby them too much. You know, there is a time when you have to dig down and you're going to have to live with it. Everybody has to live with it day in and day out and you don't need [to be] babied. I don't know if that's the correct term but let's say overly taken care of. I mean I'm not articulating that very well but you need a chance to fail. You need a chance to fall down. You need a chance to get on a bicycle and fall over. So I think having family that's encouraging and supportive is very [important].

[And] again [in] my experience just having [my wife was important to my recovery]. [Veterans will need] somebody [they] can talk to. Somebody you can share things with and share your frustrations [with]. I think that's important to have that. I think initially a lot of [what can help] is peer counseling [and] amputees getting together and talking and sharing experiences because it's nice to hear that other people have the same thoughts and feelings and aggravations and challenges. [It is nice to hear] how they address them and how they cope with their losses and just the experiences and funny stories. [So] I think [humor is] helpful.

## APPENDIX 1: INTERVIEW GUIDE

### IOCTARR PHASE III FOLLOW-UP INTERVIEWS

#### Current Demographics

1. What kind of health insurance do you currently have?
  1. Probe: VA Fee Basis, Medicare, Private Insurance, Medicaid, CHAMPUS, TriCare, none and/or something else.
2. Where do you receive your health care?
  1. Probe: VA versus Other and/or multiple places
  2. Probe: If multiple places, probe why - condition, availability, access, money, convenience).
3. How do you feel about the care you receive (or don't receive)?
  1. Probe: general health care, mental health care, care around their limb-loss

PROMPT QUESTION	FOLLOW-UP/PROBE
<b>Can you describe what your health is like now?</b>	<ol style="list-style-type: none"><li>a. Physical and emotional health? Has it improved, worsened? Any concerns? How so?</li><li>b. Have others around you seen changes that you may not have noticed...can you describe those to me? Who noticed them? What happened when they mentioned them?</li><li>c. Do you attribute any aspect of such changes in your health in any way to living with combat-related limb loss? If yes, how so?</li><li>d. Probe for pain experiences (physical, phantom, stump as well as phantom sensation), if any and have them describe such concerns as well as how they manage them.<ol style="list-style-type: none"><li>i. How about alternative or complementary forms of pain management such as massage, acupuncture, etc. Tell me about those. If they do not use, would they be interested in such? If not, how come?</li></ol></li><li>e. Probe for skin/stump wear concerns, if any and have them describe such concerns as well as how they manage them.<ol style="list-style-type: none"><li>i. Do you rely mainly on your own care or do you seek professional help? If so, how so?</li></ol></li></ol>
<b>Can you tell me about your current rehabilitative and prostheses use/nonuse experiences?</b>	<ol style="list-style-type: none"><li>f. Do you currently receive any kind of rehabilitative care around your limb-loss? If so, can you describe your experiences?</li><li>g. In terms of prostheses/assistive devices, what kinds of things do you use or have chosen not to use? Can you tell me more about that?<ol style="list-style-type: none"><li>i. Have you recently looked into any appliances, aids, etc. that may help? Can you describe your experiences doing so?</li><li>ii. How about using your own homemade things versus professional aids? Can you tell me more about that?</li></ol></li></ol>

	<ul style="list-style-type: none"> <li>h. How are your experiences using these devices different, if at all, from when you were a younger man living with limb-loss? <ul style="list-style-type: none"> <li>i. What if anything, has changed for you? (E.g., technology, physical condition, role demands, self image, environmental accommodations, policy changes—Section 504, ADA, etc.--, societal attitudinal changes)</li> <li>ii. What kinds of things will it take for you to maintain mobility/use, as you age and be able to do so safely?</li> </ul> </li> <li>i. If applicable: What makes you use assistive devices (such as a wheelchair) over/or in addition to the prosthetics? <ul style="list-style-type: none"> <li>i. Probe: pain, level of energy expenditure, convenience/time saving etc?</li> </ul> </li> </ul>
<b>What about mental health care? Such as for depression, PTSD?</b>	<ul style="list-style-type: none"> <li>j. Do you receive any? If so, can you describe these experiences?</li> </ul>
<b>How do you feel about the quality of your life?</b>	<ul style="list-style-type: none"> <li>k. Tell me about your physical and emotional wellbeing, life in general? <ul style="list-style-type: none"> <li>a. Tell me about your marriage, relationships, sex life/intimacy, parenting/grand parenting, work, hobbies, care experiences, community, religion, etc?</li> <li>b. What or who is most helpful to you? How so, can you explain?</li> <li>c. Are there things you worry about?</li> <li>d. Do you have any concerns and/or experiences about imposing on family or friends? If so, can you share those with me?</li> </ul> </li> </ul>
<b>What are some things that you think could be done to improve the long-term quality of life for the veterans with service related limb-loss from current wars?</b>	<ul style="list-style-type: none"> <li>i. That is how can we maximize the positive outcomes and minimize the negative outcomes that can result due to combat-related limb loss across the life span?</li> <li>j. By the veterans themselves? By their family and friends? By government and/or their care providers</li> </ul>
<b>Given your life-long experience living with combat-related limb loss, what advice would you give to veterans from current wars who sustain limb-loss?</b>	<ul style="list-style-type: none"> <li>n. What has been the single most important factor that has helped you since your injury?</li> <li>o. How do you think this might benefit current amputees regarding their early years following their injuries and combat experience?</li> <li>p. How might it benefit current amputees regarding their long-term adjustment?</li> <li>q. What other things might be critical regarding their long-term adjustment?</li> </ul>
<b>Is there anything else you would like to share about your experiences living with combat-related limb loss for several decades? Perhaps something I didn't ask but you feel is informative and something we should know? Even if you think it is minor, please share as any advice is helpful. THANK YOU.</b>	

## **APPENDIX 2: INFORMED CONSENT FORM**

### **IUPUI and CLARIAN INFORMED CONSENT STATEMENT FOR “Amputee Veteran Research Oral History Project”**

You are invited to participate in a research study, “Amputee Veteran Research Oral History Project,” which will record and transcribe up to forty interviews (60 minutes each on average) with veterans of the Vietnam War who lost one or more limbs as a result of combat service. Up to twenty of these interviews will follow up with veterans we have already interviewed; up to twenty more will be new interviews. This study will run from July 2009 to November 2010. You were selected as a possible subject either because we have already interviewed you and seek to follow up or because you have registered with the data base maintained by the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research. We will incorporate information from the interviews into a report for the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research.

We request that you read this form and ask any questions you may have before agreeing to be interviewed for this study.

The study is being conducted by conducted by the Polis Center, on the IUPUI campus, on behalf of the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research. Dr. David Bodenhamer, Director of Polis, will be the Principal Investigator, and Dr. Philip V. Scarpino, Professor of History, will be the project’s oral history director. Scarpino and a graduate student in the public history program at IUPUI, will interview up to forty veterans for 60 minutes each on average. Dr. Carrie E. Foote, Director of Graduate Studies, IUPUI, Department of Sociology, will be working with sociology student assistants to code the transcripts and analyze them to identify major topics and themes that stand out. The purpose of Dr. Foote’s analysis will be to identify key issues and data regarding the care and post-war quality of life of Vietnam veterans whose wounds resulted in the loss of a limb.

The “Amputee Veteran Research Oral History Project” is funded by the U.S. Department of Defense (DOD) Telemedicine and Advanced Technology Research Center (TATRC).

#### **STUDY PURPOSE:**

The purpose of this study is to test the following hypothesis: The quality and effectiveness of care provided during the years of treatment after the loss of a limb in combat is extremely important. This care has a significant influence on the quality of life experienced by amputee veterans.

For original interviews, part of the interview will focus on the twelve months following the infliction of your wounds. We will talk to you about how your injury happened, about post-evacuation care and recovery, and about factors that influenced your understanding of yourself and the direction and development of your life. The balance of the interview will cover the period between the end of year one and the present. We will ask you questions about the impact of your injury on the whole course of your life, including its influence on work, family (e.g., parents, spouses and significant others, children), identity, social and clinical relationships, religion/faith, and so on.

For follow-up interviews, the interview will focus on current health and health care experiences and quality of life (especially in the most recent 12 months). Of special interest is how you perceive living with combat-related limb loss affects your present health and quality of life and, especially, your views on whether anything could have been done differently over your life-course that may have helped minimize or avoid some of your current medical conditions or otherwise led to a better quality of life. Results should shed light on the lives of the veterans involved and provide useful information to the Department of Defense in undertaking the long-term care of veterans wounded in more recent conflicts.

**NUMBER OF PEOPLE TAKING PART IN THE STUDY:**

If you agree to participate, you will be one of up to forty subjects who will be participating in this research.

**PROCEDURES FOR THE STUDY:**

If you agree to be in the study, you will do the following things:

- (1) Either we have already interviewed you and we are following up or your name has been selected by Indiana-Ohio Center study personnel from the list of those who have registered for the data bank of the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research. We will provide you with an informed consent document and if you have not already filled one out, a short questionnaire to list where you received treatment after injury and during rehabilitation. We will give you the project protocol, which briefly describes the project.
- (2) With your consent to participate we will schedule a 60-minute recording session and will talk to you about your military service in Vietnam and its aftermath as described above. Sessions will be recorded. The interview will be done on the telephone. Interviews will be scheduled at a mutually convenient time. We will ask you to sign all consent forms prior to beginning the first recording session.
- (3) We will transcribe the recordings. The transcripts will be analyzed for information that will allow us to draw conclusions about the significance of the first year of care, as well as treatment and your general quality of life following the first year. Neither your name nor any identifying information will be incorporated into the report we will produce from these transcripts.

**RISKS OF TAKING PART IN THE STUDY:**

While on the study, the risks are minimal. While there are no significant risks associated with your involvement in this project, there is a possibility that some questions may make you feel uncomfortable. You do not have to answer any question(s) that makes you feel uncomfortable or that you do not want to answer.

**BENEFITS OF TAKING PART IN THE STUDY:**

You will receive no direct benefits from participation except for the chance to tell your story. The recorded and transcribed interview(s) will provide important source materials that will permit researchers and the Department of Defense to better understand the long-term care and condition of wounded veterans.

**ALTERNATIVES TO TAKING PART IN THE STUDY:**

Instead of being in the study, you have these options: You can elect not to participate. If you elect not to be interviewed or if you decide to leave this study, your name and other information will remain in the data base maintained by the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research.

**CONFIDENTIALITY:**

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your identity will be held in confidence in reports in which the study may be published and databases in which results may be stored.

Organizations or individuals that may inspect and/or copy the recordings or transcripts for quality assurance and data analysis include, the Primary Investigator, Dr. David Bodenhamer, and his research associates; the IUPUI/Clarian Institutional Review Board or its designees; the study sponsor, Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research; and (as allowed by law) state or federal agencies such as the U.S. Army Medical Research and Materiel Command Office of Research Protections (ORP) Office for Human Research Protections (OHRP).

**COSTS:**

There should be no costs to you associated with participation in this study.

**PAYMENT:**

You will not receive payment for taking part in this study.

**COMPENSATION FOR INJURY:**

It is extraordinarily unlikely that you will be injured as a result of your participation in this study. The study has no provisions for compensating you or your insurance company in the event you are injured as a result of your participation in this study.

**CONTACTS FOR QUESTIONS OR PROBLEMS:**

If you have questions at any time about the project or its procedures, you may contact the project's oral history director, Dr. Philip V. Scarpino, at 425 University Blvd., Indianapolis, IN 46202. Phone: 317-274-5840/3811. Email: [pscarpin@iupui.edu](mailto:pscarpin@iupui.edu). If you cannot reach Dr. Scarpino during regular business hours (i.e. 8:00AM-5:00PM ET) and/or have questions about the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research or its procedures, you may contact the principal investigator, David Bodenhamer, at 1200 Waterway Blvd., Indianapolis, IN 46202. Phone: 317-274-2455. Email: [intu100@iupui.edu](mailto:intu100@iupui.edu). If you cannot reach David Bodenhamer during regular business hours, please call the IUPUI/Clarian Research Compliance Administration office at 317/278-3458 or 800/696-2949.

For questions about your rights as a participant or to discuss problems, complaints or concerns, or to obtain information, or offer input, contact the IUPUI/Clarian Research Compliance

Administration office at 317/278-3458 or 800/696-2949.

**VOLUNTARY NATURE OF STUDY:**

Your participation in this study is voluntary. You may choose not to take part; you may choose not to answer particular questions; or you may leave the study or the oral history interview at any time. Leaving the study will not result in any penalty. Your decision whether or not to participate in this study will not affect your current or future relations with any department or program at Indiana University/Purdue University at Indianapolis.

Your participation may be terminated by the investigator without regard to your consent in the following circumstances: If we cannot reach you after several tries at the contact information you provided (mailing address, phone, or email) or if we cannot establish a phone connection with you that will produce a recording of acceptable quality for transcription.

**SUBJECT'S CONSENT:**

I have read the above information. I have received a copy of this form for my records. I agree to participate in this study as follows:

- \*\* My interview may be recorded and transcribed.
- \*\* The recordings and transcriptions of my interview may be analyzed in order to identify important issues and data regarding the care and post-war "quality" of life of Vietnam veterans whose wounds resulted in loss of a limb.
- \*\* Results will be provided to the Indiana-Ohio Center for Traumatic Amputation Rehabilitation Research and the Department of Defense, and may be used for further research and publication.
- \*\* My name and other identifying information will not be associated with the final report.
- \*\* I may be asked to participate in a follow up interview about thirty minutes in length.

Narrator's Printed Name: \_\_\_\_\_  
(Study Participant)

Narrator's Signature: \_\_\_\_\_  
(Study Participant)

Date: \_\_\_\_\_  
(Must be dated by the narrator/study participant)

Printed Name of Person Obtaining Consent: \_\_\_\_\_

Signature of Person Obtaining Consent: \_\_\_\_\_

Date: \_\_\_\_\_