

TO: House Subcommittee for Veterans Affairs

From: Arvilla Stiffler RN, BSN, MA
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RE: Statement in reference to Jason Stiffler (Soldier)

First, I would like to thank this committee for giving me the opportunity to submit this statement.

Historical Perspective / Jason's Military Service

It has been nearly a year since my son Jason, was released from Walter Reed Army Medical Center. His journey began when he left home and college in North Carolina, to visit family in Indiana. We were extremely proud of Jason when he enlisted into the Army especially, since this was something he spoke of frequently as a young teenager.

After joining the Army, Jason did his basic training at FT Benning, GA and in July of 2001 was assigned to FT Campbell, Kentucky to the 101st Airborne Division. Following 9-11-01, Jason's Division was placed on high alert and sent to Afghanistan, right after the first of the year.

In April of 2002, my son was injured. While the reports have been sketchy, we know that after the injury he was taken to a hospital in Kandehar. He was then transported to K2, then moved to Uzbekistan and finally to Landstuhl, Germany. Initially, we were told by the Neurosurgeon at Landstuhl, that Jason's guard tower had collapsed during some type of explosion. The story has since changed a couple of times yet what's important is that

something collapsed on the guard tower and Jason went falling to the ground.

Jason sustained injuries that initially left him unable to move any of his extremities and according to his records and physicians; he was seizing at the scene (tonic/clonic) and unresponsive. He was intubated, on a ventilator and remained on paralytics until his arrival to Lanstuhl, where I was able to speak to the physicians in the ICU. He was diagnosed with a spinal cord injury verses spinal shock with significant motor and sensory deficits (initially a quadriplegic), additionally; he had a closed head injury with two subgaleal hematomas in the right and left parietal areas of the brain.

Jason began to fight back and within days began to move his upper extremities and no longer required assistance via the ventilator to breath. The lower extremities remained unchanged and arrangements were made to transport him to Walter Reed Army Medical Center in Washington D.C.

Walter Reed Medical Center

Once at Walter Reed they began an intensive PT/OT program and Jason made significant progress showing a marked improvement. By the end of May he attempted to take a few steps with braces and landford crutches. Jason's diagnosis of spinal shock verses spinal cord injury was evident and with a few additional tests performed a diagnosis of bilateral nerve damage was noted to the lower extremities. He became somewhat depressed at the thought of never walking again, yet continued to make progress, especially, with the hospital staff assisting to keep up his spirits. He would routinely asked me the same questions over and over again and called me at home sometimes two to three times a day just to ask me if he'd ever walk again. While Jason's head injury was diagnosed as mild, it resulted in

memory loss, including poor retention capability along with high anxiety levels.

Additionally, there was a question of some diminished nerve loss to his right arm, and visual disturbance of the right eye.

Jason continued his course at Walter Reed making great progress physically, yet we felt his mental state was on the decline. Jason was suffering from depression and I requested an antidepressant to see if this may ease the anxious behavior. Jason remained mostly confined to a wheel chair and I began to look toward the global picture by requesting a consultation with the Social Worker (SW) overseeing his case.

We asked the Social Worker if Jason was medically boarded due to his condition what disability rating would Jason potentially receive? The Social Worker advised us that for paraplegia typically the rating is 40%. When the Army Medical Board reviewed Jason's file he did in fact receive a 40% disability rating. No disability rating was given for his head injury, his daily physical pain or for the problems he was having mentally. I was disappointed to say the least, yet even more deflated to know the medical board convened without one of us being present, when we specifically asked to be in attendance for the hearing and received no phone call from Walter Reed.

Jason's head injury frequently left him cranky, anxious, and unable to keep up with his daily routine. His wife, Jackie, was able to stay at Walter Reed for a significant period of time, however; they had an infant son who required much of her attention. My job responsibilities left me unable to remain at Walter Reed continuously and when I was at home he couldn't remember things correctly to elaborate on potential dates or important information. Jackie felt lost in the system. Several weeks later upon my return to

Walter Reed I read a written report given to Jason by a Neuropsychologist, indicating that even if Jason was to walk again, due to his cognitive status he would not be able to return to duty until a full neuropsychological exam was repeated. Strong evidence in the report indicates concern over his mental and cognitive status as a result of his head injury. Yet no rating was ever established to include the aforementioned concerns.

As many members of this subcommittee know from the article in the Wall Street Journal my response was one of disbelief upon hearing the disability rating. My growing concerns hit new heights when I found out Jason signed a waiver to accept the VA benefits in lieu of military pay and did this without a single family member being present. Military representatives had a patient with a known head injury with documented memory loss, who was taking scheduled narcotic pain medication around the clock for his back and leg discomfort related to his spinal injury, and who was on scheduled antidepressants, sign legal papers even though Jason had requested a Social Worker to accompany him. The Social Worker was unable to meet him due to scheduling conflicts, so the process proceeded with no one acting as his advocate. Even though we may have agreed with this decision there should have been a discussion period where frequently asked questions could of been answered.

Integration into the VA System

Jason had made fairly good progress and by the beginning of October 2002 the physicians felt he could be released with follow up at the VA Hospital located in FT Wayne, Indiana. He was released with our understanding that the VA Hospital in FT Wayne, Indiana would contact Jason after his discharge to schedule appointments, his

wife had already returned to Indiana and I was in North Carolina. By November, and with Jason's condition beginning to decline both mentally and physically, I encouraged him to present himself at the emergency room in Ft Wayne and ask for assistance. The faculty at the hospital informed Jason they didn't know anything about his case and no one from Walter Reed had ever contacted them for any future therapy or interventions.

At the same time the aforementioned problems were occurring regarding his physical condition, his pay declined to \$700 per month and due to the nature of his injuries he couldn't work even though he made attempts, he frequently collapsed or stumbled trying to get around. In January, after much distress, he was informed by the VA Medical Center they were going to begin the process to increase his disability rating. An increase could take as long as 18 months and only after an exam by multiple physicians who agreed he should receive a higher disability rating.

Jason continued to deteriorate, he had terrible post-traumatic stress and it began to take its toll on his family. His wife tried to work yet frequently, had called out because of his episodes of nightmares. Additionally, she would awaken at night to find him missing from their home. Several times Jason was taken to the emergency department at a local hospital to receive medical attention for post-traumatic stress.

I believe much of this was due in part to lack of education and training for two young adults who found themselves in a situation that was on a downward spiral. No one could have predicted this kind of mental and physical stress on top of an already bad situation.

Once the VA Hospital was involved in his care they attempted to begin a mental health intervention and developed an educational process. However, Jason and his wife

Jackie were already overwhelmed by the situation and felt unable to cope with any additional developments. Jason broke down at the VA Hospital on several occasions due to his increasing financial problems. The social worker from the VA Hospital in Indiana began what I would call crisis intervention. I applaud her for her efforts and for all the calls she made to my home to keep my family up to date and incorporated into the process.

Unfortunately, Jason's car was repossessed; they had to ask for public assistance and began to receive food stamps. They were living in a trailer that was not handi-capped accessible because they couldn't afford anything else. The owner of the trailer assisted Jason and his family and built a ramped in order for Jason to come in and out of his home. They allowed his family to become behind on their rent and for that I thank them and the countless others who gave them food and money at Christmas.

In the spring of 2003 Jason qualified for 100% disability, yet with the strength in his legs declining while awaiting physical therapy and occupational therapy, the strength that he had gained at Walter Reed was now a faint memory. Once assessed at the VA his strength went from 3+ to 1.5(strength scale of 1-5). Jason's appointments were sometimes cancelled due to case overload; while others were cancelled because they had no car or gas money to make the long drive and many times had no one available to take him. The Social Worker for the VA Hospital began to make home visits and I truly believe she was his saving grace. She gave him hope, applied for grants and she pushed Jason to continue to hang in there when he wanted to just give up.

I would like to say that even though my son's case received such special attention it is quite concerning that he was deprived mentally and physically of the care he

deserved as a soldier of the United States Army. He put himself in harms way for this country only to feel pushed aside as soon as he returned because he couldn't wear the uniform anymore. Promises were made to him and his fellow soldiers; he feels he was blind sided by the very people he left home to protect. While I am not writing this statement to accuse any one person or establishment, I would like to express my disappointment in several areas.

First, As Jason's Mother I must take this opportunity to thank my precious colleagues who rendered care to my son and to which I have never been able to thank you. Please take heart and forever know that you saved my sons life and for this I'm eternally grateful.

Secondly, due to the aforementioned problems related to my son's care I would suggest assigning; Care Coordinators to each soldier on arrival to a military hospital, to coordinate their care, to assist families, educate on resources, and create a smooth transition upon discharge from the military service to include discussion on an assignment to the Temporary Disability Retired List (This piece was lacking in all phases of the hospitalization at Walter Reed) and;

Additionally, NO SOLDIER diagnosed with a closed head injury and on pain medication should ever sign documents, be able to waive their rights, and be given discharge instructions regarding their care without additional family members present or at a minimum have a member of the care team assigned to the soldier call the family. Health professionals should not assume a head injured patient, unless they have been shown to have fully recovered, that he/she clearly understands or can effectively comprehend

statements even if they appear to carry on an articulate conversation or agree at the time they understand. Head injury patients should be given extra attention for the aforementioned reasons.

As a Captain in the US Army Reserves and after witnessing my son's journey, I would never be activated without having extra life and disability insurance. If recruiters would inform new recruits of the consequences they will suffer if injured while performing their duty which would included; an expectation to become frustrated with a system that leaves you living below the poverty line, cause you to receive food stamps and enter into the welfare system, and lastly, leave will you waiting long periods of time to receive medical care. I ask you would you sign up?

Healthcare Professional:

As a healthcare professional that directs patient care everyday for multi-system injured patient, I can say I understand;

- a) the lack of and the declining resources the VA System has with respect to nurses and physicians.
- b) the financial burdens placed on healthcare systems in America is underscored only by the continual dilemma between an increasing patient population and diminishing capabilities to serve their needs adequately.

Identifiable Problems

- a) The lack of an integrated system between the military hospitals and the VA System which must be resolved. Patients are and will continue to suffer.

b) The lack of discharge planning that occurs in many cases between the military and the VA System has been astonishing. These soldiers deserve at a minimum a caseworker that assures soldiers upon discharge have confirmed appointments, are given full instructions with a clear understanding and a smooth transition from the military service into the VA System.

c) As healthcare professionals it is not a responsible practice for patients who are on narcotics to sign legal papers, especially if they are diagnosed with a head injury.

d) Waiting significant times for medical care should not be an option

Proposed changes to the current system include;

- a) improvements in the discharge planning process,
- b) increase the number of healthcare professionals available to care for our Veteran population,
- c) increase the support capabilities to assure soldiers who live miles from a VA Hospital so they can receive care locally,
- d) timeliness of care should be a priority,
- e) decrease the time it takes to increase a disability rating and
- f) increase fiscal support for the VA System

Integration of the military and VA systems can eliminate many of these discrepancies and miscommunications currently being experienced by our soldiers.

In closing, I truly hope that this committee understands the value of commitment, to which my son gave for his country, if you asked my son if he had full use of his legs again would he return to his division and without hesitation, he would say yes.

This process is unorganized and exclusive. We owe it to the soldiers still in battle and returning everyday to improve our practice and never let another soldier who was injured receive a second insult because he felt abandoned by his country. All men and women of the military at a minimum deserve that from all of us.

I once again want to thank this committee for the honor of expressing my opinion

Arvilla Stiffler

Captain in the United States Army Reserves

and proud Mother of my son Jason Stiffler PFC