

**INDEPENDENT SPIRITS: VETERAN HEALTH AND  
HEALING THROUGH ADAPTIVE SPORTS**

---

---

**HEARING**

BEFORE THE

**COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE**

ONE HUNDRED NINETEENTH CONGRESS

SECOND SESSION

—————  
FEBRUARY 4, 2026  
—————

Printed for the use of the Committee on Veterans' Affairs



Available via the World Wide Web: <http://www.govinfo.gov>

—————  
U.S. GOVERNMENT PUBLISHING OFFICE

SENATE COMMITTEE ON VETERANS' AFFAIRS

JERRY MORAN, Kansas, *Chairman*

JOHN BOOZMAN, Arkansas  
BILL CASSIDY, Louisiana  
THOM TILLIS, North Carolina  
DAN SULLIVAN, Alaska  
MARSHA BLACKBURN, Tennessee  
KEVIN CRAMER, North Dakota  
TOMMY TUBERVILLE, Alabama  
JIM BANKS, Indiana  
TIM SHEEHY, Montana

RICHARD BLUMENTHAL, Connecticut, *Ranking  
Member*  
PATY MURRAY, Washington  
BERNARD SANDERS, Vermont  
MAZIE K. HIRONO, Hawaii  
MARGARET WOOD HASSAN, New Hampshire  
ANGUS S. KING, Jr., Maine  
TAMMY DUCKWORTH, Illinois  
RUBEN GALLEGO, Arizona  
ELISSA SLOTKIN, Michigan

DAVID SHEARMAN, *Staff Director*  
TONY MCCLAIN, *Democratic Staff Director*

# C O N T E N T S

FEBRUARY 4, 2026

## SENATORS

	Page
Hon. Jerry Moran, Chairman, U.S. Senator from Kansas .....	1
Hon. Richard Blumenthal, Ranking Member, U.S. Senator from Connecticut ..	2
Hon. Tommy Tuberville, U.S. Senator from Alabama .....	12
Hon. Margaret Wood Hassan, U.S. Senator from New Hampshire .....	14
Hon. Angus S. King, Jr., U.S. Senator from Maine .....	16
Hon. Mazie K. Hirono, U.S. Senator from Hawaii .....	18
Hon. Jim Banks, U.S. Senator from Indiana .....	20
Hon. Marsha Blackburn, U.S. Senator from Tennessee .....	22

## WITNESSES

### Panel I

Gabriel George, Director of Pickleball, Military Adaptive Court Sports (MACS), and Adaptive Sports Ambassador .....	3
Elizabeth Smith, U.S. Navy Aviation Maintenance Administrationman (Ret.) .	5
Julie Howell, Associate Legislative Director for Government Relations, Paralyzed Veterans of America .....	7

### Panel II

Rachel McArdle, PhD, Deputy Executive Director, Rehabilitation and Prosthetics Service, Veterans Health Administration, U.S. Department of Veterans Affairs .....	24
---	----

## APPENDIX

### PREPARED STATEMENTS

Gabriel George, Director of Pickleball, Military Adaptive Court Sports (MACS), and Adaptive Sports Ambassador .....	35
Elizabeth Smith, U.S. Navy Aviation Maintenance Administrationman (Ret.) .	38
Julie Howell, Associate Legislative Director for Government Relations, Paralyzed Veterans of America .....	42
Rachel McArdle, PhD, Deputy Executive Director, Rehabilitation and Prosthetics Service, Veterans Health Administration, U.S. Department of Veterans Affairs .....	48

### STATEMENTS FOR THE RECORD

Hon. Catherine Cortez Masto, U.S. Senator from Nevada .....	63
Disabled American Veterans, Jon Retzer, National Legislative Director .....	64
Shawn Morelli, Team USA, three-time gold medalist in 2016 and 2020 Paralympic Games .....	68
The Action Foundation, Audra Klinkner, Executive Director .....	71
Wounded Warrior Project .....	75



## **INDEPENDENT SPIRITS: VETERAN HEALTH AND HEALING THROUGH ADAPTIVE SPORTS**

WEDNESDAY, FEBRUARY 4, 2026

U.S. SENATE,  
COMMITTEE ON VETERANS' AFFAIRS,  
*Washington, DC.*

The Committee met, pursuant to notice, at 4 p.m., in Room SD-G50, Dirksen Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Cassidy, Blackburn, Tuberville, Banks, Sheehy, Blumenthal, Hirono, Hassan, and King.

### **OPENING STATEMENT OF HON. JERRY MORAN, CHAIRMAN, U.S. SENATOR FROM KANSAS**

Chairman MORAN. Good afternoon everyone. The Committee will come to order and we welcome our witnesses, certainly, those who are here to hear the testimony. And I look forward to Senator Blumenthal joining us shortly. He is on his way. But I'm excited about this hearing and I'm excited about the time of this hearing in advance of the Olympics and Paralympics. And glad we're on this path.

The VA's Office of National Veterans Sports Programs and Special Events provide veterans with the opportunity for specialized rehabilitative, adaptive sporting, and creative arts events. These unique events are designed to foster independence, strengthen the community involvement, and improve the overall quality of life for veterans living with disabilities.

Through direct programming, adaptive sport grants, and training stipends for elite veteran paralympic athletes, our country provides veterans recovering from injury as they build new strengths, compete as teammates within a new community, and engage in healthy living through tailored athletic and rehabilitation events.

America's service members and veterans are a testament to our Nation's strength, resiliency, and determination. And we see that in the veteran athletes competing in VA adaptive sporting events or training to represent our Nation in international competitions as part of Team USA.

As the 2026 Winter Olympics and Paralympic Games approach in Milan, I want to wish Team USA, especially the veteran athletes representing our Nation, every success as they compete. Their dedication and perseverance, inspire Americans, inspire the world, inspire other veterans. We're proud to cheer them on.

Today, we're honored to welcome two veteran adaptee sport athletes who will share their journeys and how adaptee sports supported their path from rehabilitation to elite competition. I look forward to hearing your stories, discussing the roles these programs play in veterans' health and healing. I particularly look forward to hearing about how we can make sure that these opportunities are available to all veterans that could benefit from this program.

My script says I should yield to the Ranking Member at this moment, but I'm going to introduce the witnesses and we're going to proceed. Testifying on this panel is Gabriel George, the Director of Pickleball at Military Adaptive Court Sports (MACS) and Adaptive Sports Ambassador; Elizabeth Smith, U.S. Navy Aviation Maintenance Administrationman, Retired; and Julie Howell, Associate Legislative Director for Paralyzed Veterans of America.

I would also like to acknowledge Mason Symons, a Paralympian medalist, a current team member of USA, a member and Ambassador at Oscar Mike Foundation, who unfortunately could not join us today due to an injury he's recently sustained. His testimony will be made a part of the record and we wish him a very speedy recovery. And thank all of you, all of you for being here this afternoon.

Let me give Senator Blumenthal a moment to turn the page, and then I recognize him for his opening statement.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,  
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman. I apologize for my lateness. I went to our other hearing room, but I'm glad to be here, and thank the Chairman for having this very important hearing. Proud to have you represent our country. Your example of how adaptive sports can change lives and your dedication and hard work are really impressive.

I applaud the work of VA's physical, occupational, and recreational therapists, as well as the VSOs—Veterans Service Organizations and local adaptive sports organizations for delivering this irreplaceable service to our veterans. I look forward to hearing and learning more. I want to offer a thanks to the Gaylord Sports Association and Summit Adaptive Sports organization based in Connecticut.

I've heard veterans in my home state speak about the life changing experiences that come from these organizations and adaptive sports.

One veteran said to me, "After I came back from Iraq, I was a mess. I had issues relating to my family. I felt I no longer had a mission in life and everything was in shambles." He went on to say, "I had a veteran attend a veteran's—I had a friend attend a veteran sporting event. It was amazing. It helped me get out of my head. I have regularly attended many various programs since then, and it has increased my social circle and my confidence." I thank those organizations and I thank you for being here today. Thank you, Mr. Chairman.

Chairman MORAN. Mr. George, you're recognized. All of you will be recognized for your testimony. Thank you. Please proceed.

**PANEL I**

---

**STATEMENT OF GABRIEL GEORGE, DIRECTOR OF PICKLEBALL, MILITARY ADAPTIVE COURT SPORTS (MACS), AND ADAPTIVE SPORTS AMBASSADOR**

Mr. GEORGE. Good evening, Chairman Moran, Mr. Blumenthal, the Members of the community. My name is Gabriel George. I'm a Texas native who honorably served the world's greatest Navy for five years, from 2004 until 2009. Unfortunately, I was involved in a motorcycle accident back in April 1, 2008, where it left me with multiple traumatic brain injuries, spinal cord injuries, and a paralyzed right arm.

Once I was medically retired from the Navy, I lived in pain without a real purpose for about 10 years until the VA called me one day and asked me to come out to a Summer Sports Clinic in San Diego. And my first reaction was, "How could I do this?" I had this arm here hanging, I'm in so much pain, I couldn't really compete and really do anything, so I was like, "but you know what? I'll do it."

That was the best answer, best yes, I could have said in my life, because from that moment, that week of being introduced to multiple sports changed my life forever. I went to one of the clinics where they showed me archery, and I was watching everybody else sit around and shoot, and I was like, "okay, it's cool, but I don't have an arm to use, so how in the world am I going to be able to do this?"

And one of the coaches there heard me say it. He reached in his pocket, pulled a string out and tied it around the boat and said, "Bite down on this and pull." That was before COVID, so I trusted them. It was like, "Okay, I'll do this." And once that arrow hit the target, I was like, "Wow, this is something really I can do." And the more I kept doing it, they kept doing it.

Others started saying things like, "Well, you know, the VA has a program where if you meet a certain record, whatever, we have a funding and a stipend that they'll help you pay."

Then my mind was like, "I can pay for—I can feed my family with this. I can do something. There's some more purpose." So, after that week of training, of learning in different sports, and pickleball was one of the sports there too—I'll get to that later—but I went home and bought my first bow.

Then fast forward, I met other archers and won. A Paralympic archer named Andre Shelby, who took me under his wing and showed me the ropes, and we started competing and training, doing tournaments all around the world. And that trial led me to doing the Warrior Games and Invictus Games where I've continuously been able to meet other veterans like Ellie and more and more people that have gone through similar situations where they was living in pain, but were using these adaptive sports as a purpose of their life and giving them a reason to keep going.

When I found out about pickleball at the Summer Sports Clinic, I fell in love with it. That was a sport that I felt like I could play for hours without being dead. And once I mentioned it to other people and other people saw the joy of me playing this game, they

were like, “Wow, what is this? What is this?” I’m becoming affective in it.

I met a guy named—what’s his name? Steven Harper, I believe. He had this foundation where he was teaching veterans racquetball. But I asked him, “Have you heard of pickleball? And he was like, “What was that?” Well, fast forward, he applied for a grant from the VA from the Adaptive Sports Grant, and they approved him for pickleball, but not for racquetball. And then he called me and said, “Look, I need your help.”

This was about eight years ago and since then, I’ve been a part of the Pickleball Director for Military Adaptive Court Sports, volunteering my service, but teaching veterans all across this country, pickleball, racquetball, table tennis, badminton, and this other sport that he loves called “Padel.”

And daily, I get to share my love and passion with others that I’ve seen just coming off the couch, that has been suffering, that didn’t have no purpose, and given a new purpose to adaptive sports.

I love what the VA offers and the programs that they’ve offered. They have been a big help. The only issue I’ve had though, is one of the main things, once we get addicted, once we get hooked, we don’t try to find life then, then funding becomes an issue. There are small grants—there are small things for those that want to compete on an elite level, but then there’s a whole mass of veterans that, “I just want to get off the couch. I want to find my purpose. I just want to play with my family.”

And that’s what I’m grateful for, like the Adaptive Sports Grant, that it helps VA—it helps MACS and Military Adaptive Sports to fund these things for local events. But there’s a whole need for others to be able to reach out.

We go serve underserved communities, we find thousands of veterans. This year with this grant so far, in this first quarter, we have reached over 800 veterans. And we’re trying to keep that going monthly throughout to serve this country.

I’m thankful for that, but I see the need that’s continued to be asked for by other veterans that I come in contact with daily. It’s like, “Okay, what’s next?” Because once you light this little fire like I was lit, how do I keep this going? How do I keep doing this with my family? How do I share this with other family members?

I represent other organizations like Will of Iron that do golf for veterans. And there are smaller organizations that have trouble getting funding from the VA grant because they are such a small organization, even though they are 501(c)(3). But it takes a multitude of people to run some of these things, to do the finances, to do the paperwork behind the grant process.

And even with us, it’s like I spend more hours working and doing paperwork than I get to do on the court and trying to help everyone. And that’s a limitation. We’re always trying to find and get over, but it’s something we do well. I love what I do because this is outside of me competing—competing was fun. I love the intention, I love the act of it, but my passion now is teaching and sharing that love with others.

The veterans that come before me—when I meet a veteran from multiple wars before me, and is an 80 year old and I’m talking

about, “You can come play pickleball with me.” And he’s like, “What in the world? Why didn’t I think of it?” And then, at least for me, them playing a sport with me on the court, now I am talking to him, asking “When are you coming to the VA? What are your benefits? What haven’t you been taking? Go and see what other things that you can help for yourself and for your family.”

So, I thank you for this time. Thank you for hearing me here. I’ll be here for the next couple of hours.

[The prepared statement of Mr. George appears on pages 35–37 of the Appendix.]

Chairman MORAN. We appreciate that. And Mr. George, you’re the highlight of my day so far. It was a joy to have you here and hear what you have to say, otherwise, I’ve been having to listen to these people on the left of me and the right of me. And this is the—I’m happy to have you right where you are, telling me how to change a life. So, thank you. Ms. Smith.

**STATEMENT OF ELIZABETH SMITH, U.S. NAVY AVIATION  
MAINTENANCE ADMINISTRATIONMAN (RET.)**

Ms. SMITH. Good afternoon, Chairman Moran, Ranking Member Blumenthal, and distinguished Members of the Committee. Thank you for inviting me here today. My name is Elizabeth Smith, and adaptive sports changed my life. In 2017, while stationed aboard the USS *Nimitz*, I was diagnosed with medulloblastoma, a fast-growing cancer of the brain and spine that starts near the brain stem.

I’m incredibly fortunate that chemotherapy and radiation were successful. But surviving cancer came at a cost. When my treatment ended, I didn’t feel like myself anymore. I’ve lost my strength, my motivation and soon my identity. When I found out that I was being medically retired, the reality that I would never serve my country the way I had once dreamed, left me feeling like the shell of a human being I once was.

During that time, my non-medical case manager with Navy Wounded Warrior, and my mom, who’s here today with me, refused to let me give up on myself. They insisted that I try an adaptive sports camp, even when I didn’t believe it would do anything to help me. I attended my first adaptive sports camp in late 2018 and it was overwhelming. I couldn’t move the way I wanted to. I struggled to hear what was going on around me and I felt like I was failing at everything I tried.

Then they put me back in a pool. Suddenly, I was swimming the way I used to when I competed in high school. And that moment, I felt a spark of hope return. Something I truly thought was gone forever. But that spark didn’t disappear, it only grew. Before long, I was participating in seated field events, shooting and eventually wheelchair rugby, which became especially meaningful to me.

Through Navy Wounded Warrior Adaptive Sports, I slowly rebuilt myself. I gained confidence, reconnected with others, and for the first time since my diagnosis, I felt like I had a purpose again. But when I was no longer eligible to compete through that program, after a two-Warrior game limit, I could feel myself slipping back into the same dark place I had fought so hard to get out of.

I went to my VA mental health provider to ask how I could get involved in the VA's Adaptive Sports and Arts Program. Something I had heard other veterans like Gabe speaking about. I was told that it would be difficult for me to get an appointment because I wasn't training to compete at a high level. I was simply trying to stay healthy.

That's when organizations like the Wounded Warrior Project and the Semper Fi Fund stepped in. They didn't just fill a gap, they carried me forward. They supported my physical and mental health, helped me continue growing and connected me with local nonprofits that gave me ways to stay active and involved in my local community. I haven't had much direct success with the VA's Adaptive Sports and Arts Program, but the grants that they give community organizations have made a real difference in my life.

Through these grants, I participate in adaptive horseback riding and horsemanship at the EquiCenter, a small local nonprofit that provides equine therapy at no cost to veterans. It gives me a place to show up, connect with others, and feel like I belong. It may not sound like much, just a few hours a week practicing a sport or hanging out with horses, but those are the hours that matter the most. Those are the hours when my pain fades into the background, when relationships are built, and when veterans can feel proud of what they are capable of. It reminds us that we still have value and we still have a purpose.

When I spoke with some of the legislative aides about what I should share today, one question or one thing about the VA's—sorry. When I spoke with the legislative VA, it's about what I should share today, one question really stuck out. If I had a magic wand and could change one thing about the VA's Adaptive Sports and Arts Program, what would it be?

My answer was quite simple. Make adaptive sports accessible to all veterans, not just those who live near major VA facilities. Giving the smaller VA clinics the ability to host group workouts, sports clinics, and informative sessions about what adaptive sports are, and if you qualify, would streamline their ability to communicate openly about the programming, like the five national events that currently take place. And open a dialogue of what is provided through the VA, who qualifies, and what other options might be potentially helpful.

When we make adaptive sports and fitness a priority, we do more than promote physical health. We give disabled veterans a safe place to let their guard down, build friendships, share resources, and rediscover joy. No matter where a veteran lives, what equipment they need or the level at which they compete, every eligible veteran deserves equal access to these opportunities and the chance to live an active, purposeful life.

It's through committees like this that you have an opportunity to not just focus on the health of veterans, but their well-being as a whole individual. It is my dream that every veteran, regardless of ability, has equal access, equal support, and equal opportunity to the care and opportunities that they deserve. Thank you so much, and I look forward to your questions.

[The prepared statement of Ms. Smith appears on pages 38–41 of the Appendix.]

Chairman MORAN. Ms. Smith, thank you for sharing your dream and showing this purpose in your life and see if you can make certain those dreams can come true for others as well. Ms. Howell.

**STATEMENT OF JULIE HOWELL, ASSOCIATE LEGISLATIVE DIRECTOR FOR GOVERNMENT RELATIONS, PARALYZED VETERANS OF AMERICA**

Ms. HOWELL. Chairman Moran, Ranking Member Blumenthal and Members of the Committee, Paralyzed Veterans of America appreciates the opportunity to testify today. Most of my opening remarks will focus on some of the bills covered in my written testimony, but I first want to take a minute to stress the importance of adaptive sports in the lives of PVA members. Veterans who have incurred a spinal cord injury or disorder.

PVA is proud of its role in the evolution of adaptive sports, and we're continually working to bring accessible recreation opportunities to our members across the country. Our sports and rec program is truly unique and the impact they've had on the health and well-being of veterans with catastrophic disabilities cannot be overstated.

Between January and July of this year, PVA will host 30 adaptive sporting opportunities ranging from California to Maine. These events include adaptive pickleball camps, the wheelchair rugby invitational, which just wrapped up this past weekend, a bass fishing tournament series, paracycling camps, wheelchair basketball camps, and others.

We are also now hosting an outdoor recreation experience in several locations across the country. Our adaptive sports calendar will culminate this summer with the National Veterans Wheelchair Games in Detroit, Michigan. For the past 41 years, PVA has partnered with the VA to host the largest gathering of wheelchair athletes in the country.

It's difficult to describe how impactful adaptive sports can be on an individual veteran's life, which is why I'm happy that Ellie and Gabriel are here to share their experience today with the Committee. I can say that for PVA members who participate in adaptive sports programs, they not only improve their cardiovascular health, increase their strengths, stability, and endurance, but all of those things coalesce and lead to more healthy and independent lives.

I'd now like to turn my attention to a few pieces of pending legislation that could improve access to adaptive sports and overall independence for disabled veterans. First, 1723, the Automotive Support Services to Improve Safe Transportation or the ASSIST Act would provide a technical fix to the Veterans AUTO and Education Improvement Act, which Congress passed in December 2022.

That bill authorized a second auto grant to eligible veterans and codified VA's existing practice of furnishing certain items such as van lifts or wheelchair tie downs to catastrophically disabled veterans. However, that bill inadvertently restricted access to only the specific items listed in the legislation, which was not the intent of Congress. The ASSIST Act would allow VA to ensure that veterans can receive necessary modifications for them to live more inde-

pendent lives, and we urge Committee members to support this technical fix.

Next, I'd like to discuss S. 1644, the Autonomy for Disabled Veterans Act. This legislation would authorize an increase to the VA's Home Improvements and Structural Alterations grant program, or the HISA grant. HISA rates haven't been increased since 2010, despite the rising cost of construction. The Autonomy for Disabled Veterans Act would increase the grant amount from 6,800 to 10,000 for service-connected veterans and raise it from 2,000 to 6,800 for non-service-connected veterans who are still enrolled in the VA.

For veterans to be successful and live those independent lives, they need to have a safe and accessible home, and it is long past due for Congress to increase the rates for the HISA grant. Another bill is S. 3138, the Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act, or the Veterans SPORT Act. Without access to adaptive prosthesis and terminal devices, veterans may struggle and they may face even more barriers when trying to engage with adaptive sports.

The Veterans SPORT Act would remove the need for special authorizations for veterans to receive an adaptive device, improving access to sports and recreation, while also removing a bureaucratic label barrier that disabled veterans face. Finally, I'd like to call your attention to a public service announcement launched by PVA this week. Our new hard work PVA follows members as they turn the skills gained in adaptive sports into everyday independence.

These videos highlight how adaptive sports are more than fitness. They can be a powerful tool in building motor control, improved mental health and community integration. What looks like training is actually transformation and improved access to adaptive sports can do just that, transform lives, as our other witnesses have already testified to today.

Thank you again for the opportunity to share our views with the Committee. With the upcoming Winter Olympics and Paralympics, we're glad to help elevate the importance of disabled veterans, particularly in adaptive sports. Whether a veteran is a Paralympian or a novice just getting started or somewhere in between, adaptive sports can empower veterans and inspire communities through their remarkable achievements. Thank you again for the opportunity, and I look forward to your questions.

[The prepared statement of Ms. Howell appears on pages 42–47 of the Appendix.]

Chairman MORAN. Julie, thank you for your testimony and for the role that Paralyzed Veterans of America play in advocating on behalf of veterans. I'm going to ask a couple of questions. I'm going to turn to Senator Blumenthal, and then we'll ask my colleagues to join in those questions. I'm particularly interested in Ms. Smith—a Kansan, like me, and the rural nature of our state, and you talked about the lack of opportunities for people who don't live in the city. Tell me about that and what have you seen or observed and how could it be fixed?

Ms. SMITH. Yes, sir. So, the appointment that I went to was in Buffalo, New York. And you hear people who come from San Anto-

nio, they come from major VA areas. I came from Denver. There was a huge push for adaptive sports when the brand-new VA opened in Denver. When I went to Buffalo, I was expected—I was expecting to be met with, “yes, let’s do this, let’s get you off meds, let’s get you in a chair playing sports. Let’s get you doing these things.”

But instead, I was told that I was not going to get an appointment because I was not trying to be a Paralympian. I was not following—I wasn’t getting a grant for anything. Instead, they said, “this sounds like you can be served by outside organizations.” And I am so thankful that there were organizations through the DoD, like the Navy Wounded Warrior Program.

I’m so thankful for the Wounded Warrior Program and the Semper Fi Fund. But at the end of the day, it’s not their responsibility to carry us forward. It’s not their weight to carry. That is something that the VA should step up and take care of, but we’re being turned away and said, “Hey, just go out to the community, find a way.”

But there was no help. There was no, “let’s get you connected, here’s the connections, or here’s even a place to start.” It was just shot down and it felt like they were almost saying, “You are not hurt enough. You are not sick enough; you are not enough.” And when you’re already going through that mental space of “I am not enough because I can no longer serve my community and my country the way I wanted to. I am not enough because I don’t fit for this organization.”

And so, it was extremely difficult to see online, my friends who live in Texas and my friends who live in California and all of these places and they’re getting camps. They’re going to work out at their VAs. They’re doing clinics, they’re doing all this stuff. And when I bring it up, they literally tell us that we are not suburban enough or that we don’t have a young enough crowd.

Chairman MORAN. When you say they bring it up, they being?

Ms. SMITH. They being the doctors at any of the VA facilities that I’ve gone to, both through Canandaigua, NY; Buffalo, NY; and Syracuse, NY. Anytime I go, they literally say, “we don’t have an”—the doctors all say, “we don’t have a young enough group.” Mobility and activeness does not have to change as you age. And it is not a problem that we only have a handful of 20- to 45-year-olds and they literally put that age range there. We don’t have the active group that we would need 25- to 40-year-olds. So, that’s what we’re being faced with.

Chairman MORAN. Thanks for sharing that with me. It seems to be that it’s something that can be corrected. We can do something wherever we live.

Ms. SMITH. Correct.

Chairman MORAN. And whatever VA we’re at.

Ms. SMITH. Correct.

Chairman MORAN. Let me ask a broad question about the Olympics and Paralympics. What opportunity do we as Senators, we as Members of this Committee have in advance and during, and following the Olympics that are about to occur to highlight the opportunities—for one, I suppose maybe to share with Americans that they ought to be tuning in to see some pretty amazing people per-

form in the athletic arena, and to be inspired by that, to give us as Americans hope and pride.

But beyond that, how can we use this to educate and highlight for other veterans the opportunities that we hope are there for those veterans? What's the suggestion about how do we—I don't like this word, but how do we market the opportunity that the Olympics presents to us? How do we use it to market the opportunities? Mr. George, you seem so enthusiastic. Enthusiastic about what we can do.

[Laughter.]

Ms. SMITH. I was going to say, I feel like this is a great question for Gabe.

Mr. GEORGE. I mean, you didn't want to say the word, but it's the word—it's marketing. I've seen this on both sides, especially when everyone sees the Paralympians, especially those that come from military background. I mean, the military is known for producing a lot of Paralympians because we got the injured body parts hurting from combat or war or whatever it so be. But the marketing side of showing what it took to get there.

Because everybody sees the win, but nobody gets to see the training. Nobody sees the finances, the support that—the interdependence that it goes behind. To be a Paralympian you have to become very selfish because you have to spend all your time training. You have to spend everything that you do, working to be that goal.

So, you got to put aside family support, friends, and all that. So, it limits a whole group of people already to become that—well, that's what it means to be a Paralympic, that's what we know. But even once you get there, you have to have that support. Like funding is always a big issue.

The VA has these certain grants, so to speak and the stipends, once you've reached a certain level, but then you still there, there's more to it. And a lot of us—a lot of Paralympians we struggle from marketing because there's not a lot of sponsors, so to speak, for Paralympians. You get it for regular Olympians and stuff. But that market for true Paralympians, they struggle finding funding.

And because a lot of people think, "Okay, you're with the VA, you got it." And then that's the biggest thing. We have to go back and find our own sources for funding, for training, for equipment and all that. And those create big gaps. But to market for the Paralympics, I think just a marketing campaign of showing—follow the athlete, show them what they go through on a daily basis. Show people what it takes for them to get there. And that's a great way to share why they should watch it. Build those stories.

Chairman MORAN. That makes sense to me. Before Senator Blumenthal says, I went beyond my time this week, I recognize Senator Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman. What do you think, let me ask the whole panel, are the greatest challenges for veterans seeking VA prosthetics? Is it the ability to get new devices or repair or replace existing devices? And how often are you subsidizing your monthly stipend from the veterans' monthly assistance allowance with your own funds to cover not only the cost of the equipment that you need, but also food, housing, and other needs?

Ms. SMITH. I think that the biggest challenge that we often face is the questions that we have to answer. Because it's not as easy as I want to be interested in wheelchair pickleball or wheelchair basketball or wheelchair rugby or any adaptive sport. It's not just a, "Hey, this is what I need to be successful." It's the runaround you get about it.

"Well, have you checked with this? Have you checked out this? We can possibly get you a chair, but you're probably looking at 18 to 20 months before we can find funding." So, I think the biggest thing that I've run into specifically with the VA, and it's more than just adaptive sports equipment, it's getting a cane, was the questions that I was asked.

"Well, did you get the okay from this doctor? What about this doctor who sent you here?" When you're getting asked 1,010 questions, it makes it hard to—for something as simple as a cane, it makes it hard to go to them and ask for, "I need a wheelchair for pickleball. I need a wheelchair for—anything." So, I think it's just the number of hoops you have to jump through just to get a hope for an answer.

Senator BLUMENTHAL. And the delays result from the hoops you need to jump through. Go ahead.

Mr. GEORGE. For me, in my own personal experiences, my two kind of interactions with prosthetics office, one was when I'm getting a shoulder harness built for archery. And with them I had an easy process because when the VA doctor didn't know what to do, he'd just send me outside. We did community care. And I had other community care, private doctors would work with me to figure out the problems, whatever we had to do. And the VA just had to pay for it.

Other times was when I was working for the VA vehicle grant, that was out. And the biggest problem is issues with anything with prosthetics or anything with the VA, sometimes it's communication. When I'm asking for something, if they don't know where to get it from, don't know who to tell where to get it from, or it's, "Why do you need this?" Like when it came to a shoulder harness for a shooting archery, well, that's not a medical device considered by some people. But in my world, as I'm using this to compete with or the sports is my therapy, so these devices are my medical device, these are helping my well-being.

So, when you've got to have to find the right doctor who knows how to write the right requests to get it through the right people so that you get stuff approved.

Senator BLUMENTHAL. Thank you. Ms. Howell.

Ms. HOWELL. Thank you for the question, sir. I think for PVA members, for a majority of our members, we'd have a very different or a more unique case study than our other witnesses here. Because most of our members access VA care through the SCI/D System of Care. SCI/D floors have a prosthetics rep, things like recreational therapy, physical therapy, occupational therapy, those facilities are staffed with that level of personnel.

And so our folks, we haven't heard any issues as of late that rose to the level that should be addressed here today. But I think we have a positionality with our members because they have direct ac-

cess to a prosthetics rep. And so when there are concerns at the facility level, they're often remediated rather quickly.

Senator BLUMENTHAL. Thank you. I think you mentioned delays. What are the kinds of delays that you're talking about, Ms. Smith?

Ms. SMITH. Sorry, I apologize. I'm hard of hearing. So the delays for me is just—even through community care, the small clinics aren't able to get you in in a timely fashion. I mean, for example, I have a neurology consult for community care because the VA can no longer get me in because of our lack of number of providers.

I got turned down by three of our community care providers because we are coming from the VA. They literally said, "we cannot get you in." So, then you add the adaptive sports equipment on top of that, where they're like, "In-house, we can't see you for six months." And I'm like, "it's a 30-minute meeting just to tell me about what I qualify for. Like, I'm not asking for anything. I'll do it over Zoom. I'll do whatever you guys need." But the delay is just getting in front of people to get answers.

Senator BLUMENTHAL. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. Thank you, Senator Blumenthal. Senator Tuberville.

**HON. TOMMY TUBERVILLE,  
U.S. SENATOR FROM ALABAMA**

Senator TUBERVILLE. Thank you, Mr. Chairman. Thanks for all of you being here today and telling your story. Very important. You know, as a former football coach, I've seen firsthand the positive impact sports can have on people's lives. And as a Committee, we should be doing everything we possibly can do to support alternative treatments for our veterans, like adaptive sports programming.

Ms. Howell in your testimony you spoke about the importance of veterans gaining access to transportation to expand independence. And you referenced my ASSIST Act, and I thank you for that, which aims to expand access for automobile modifications for disabled veterans to participate in an adaptive sport. A veteran has to be able to get there in the first place to be able to compete. And so we have to find some possible way to help out the veteran. So, how would my legislation help more veterans in your thoughts of being able to benefit from adaptive sports?

Ms. HOWELL. Thank you for the question, sir. And thank you for sponsoring that legislation. I think everyone here recognizes that the way the bill was implemented was not the intent. This is simply a technical fix to get it right. The language that was intended to be an example list ended up becoming an exhaustive list. And so veterans across the country were running into barriers when it came to making an adaptive van instead of a vehicle.

And so the way those facilities interpreted that understanding, again, I just want to stress that this is just a technical fix. It seems so simple and we are eagerly awaiting its passage, sir. Because like you said, adaptive sports are great, getting to your VA facility is great, but some people need modifications to be able to get there. And particularly for our veterans in rural communities, accessible transportation is really hard to find.

And a lot of these folks live super rural and their vehicle is the only vehicle that is going to be able to get them there. So, let's make sure that they get the adaptations that are necessary for them to be able to not only go to their appointments, but get to something in their community that's going to provide them increased mental health, increased physical access, and all of the things I mentioned earlier.

Senator TUBERVILLE. Exactly. Thank you. What's the biggest barriers your members face when trying to participate in adaptive sports? Other than this?

Ms. HOWELL. I'll echo the other witnesses in that, you know, in rural communities, it's rather challenging. You know, you can only go to so many places. There's only so many accessible hotel rooms for cities to host. We run into complications when it comes to finding a city large enough to host the wheelchair games. You need a convention center, you need enough hotels within a reasonable area that have ADA accessible hotels.

That's a whole separate hearing talking about accessible hotel rooms. But these are serious challenges. You need a facility that can accommodate 600 wheelchair users and you don't really know what that means until you see it. It's quite the undertaking. And I think one policy area around the VA Adaptive Sports Grant that maybe we could look at is the VA Adaptive Sports Grant can be used to host adaptive events, recreation opportunities, but cannot be used for veteran travel to get to those events.

So, veterans are on the hook for paying their own airfare. They're on their own for any kind of travel in between. And often that's a barrier to entry for a lot of folks, especially coming from a rural community. So, imagine you're a veteran living in a highly rural area, you can't get your vehicle adapted and there's no paratransit that can get you to the airport.

Like that's an entire opportunity gone. And then those are veterans that don't have the amazing stories that my fellow veterans here had today. It's all one thing after another.

Senator TUBERVILLE. Thank you. Mr. George, as a former coach, I saw firsthand the impact that team sports has on players' mental health. What are ways this Committee can ensure veterans have access to and information about great programs like the one that rehabilitated you?

Mr. GEORGE. Great question. Communication. One of the best things that got me informed about the actual VA program at Summer Sports Clinic was through my rec therapist. But one thing I've realized and even working with MACS, how we partner with other veterans, we go through directly with rec therapists. We try to find them, but there's a limited number of rec therapists.

A lot of doctors don't even know what rec therapy is. They don't know that the VA has a rec therapy program. So, when I'm telling the vet, "Hey, how do you get in contact with me? Talk to your doctor, ask for an appointment with your doctor. Tell him to refer you to rec therapy." A lot of VAs don't even have them. In some areas they refer if there's no rec therapy program. There's nobody facilitating events for the veterans. So, that's why we come together, and outside organizations try to help input those and get stuff started in the community.

Senator TUBERVILLE. Thank you. I got one more question, Mr. Chairman. Can I?

Chairman MORAN. Yes.

Senator TUBERVILLE. Ms. Howell, do you see adaptive sports as a form of alternative care to keep veterans away from over prescription drugs, over prescribing?

Ms. HOWELL. Yes, sir. I would agree with that. We have, I think on my desktop, I have like 14 pages of quotes from PVA members talking about how the first time they went to the wheelchair games, they fought it, they fought it, they just wanted to sit at home and be left alone. And the introduction through rec therapists in the VA in adaptive sports is the thing that got them back into the light, if you will.

We have countless accounts of veterans who, with engaging in adaptive sports, they no longer have active suicidal ideation. They have decreased their dependence on mental health pharmaceuticals. They also end up building a community. Like if you have no purpose, if you have no sense of belonging, what are you doing?

And so adaptive sports is like the very basic that we could offer to veterans who are struggling because it seems to overwhelmingly reintegrate them to not only their veteran community, but their broader community at home. I think it's a critical piece of the veteran puzzle.

Senator TUBERVILLE. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. Senator Hassan.

**HON. MARGARET WOOD HASSAN,  
U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASAN. Well, thanks Mr. Chairman. I want to thank you and the Ranking Member for this hearing. And more importantly, I'd really like to thank all of our witnesses for your testimony, for your service, not only in the military, but your continuing service for doing what you're doing, including doing what you're doing right here today. So, thank you.

I also just want to thank the Chairman for focusing on this important issue. Being injured, having a disability or facing an illness are not just events or circumstances that mean we can no longer fully engage with life and society. And one of the things that I think is really important is for us to stop thinking about people with disabilities as somebody who gets stabilized and can live inside a house and isn't in a crisis but is isolated. And it's really clear from the testimony we've had today, that there really is a vital role for sports, recreation, and competition in helping our veterans and in helping people with disabilities generally build complete lives.

So, I want to start with a question to you, Ms. Howell. Your testimony briefly touched on outdoor recreation, in particular. Paralyzed Veterans of America offers outdoor experiences throughout the year that can help veterans not only engage with physical activity but also gain confidence and enhance their physical and mental health.

For veterans who for years of their lives may have spent time training and working outdoors, reengaging with life in the wilderness after an injury or illness can have a really profound impact,

especially when done in a way that helps rebuild the sense of community. Something you've all talked about.

This is something that the University of New Hampshire and the Northeast Passage Program at UNH are experts in. They've received VA Adaptive Sports Grant Program funding, and they continue to provide opportunities for veterans and others with disabilities to engage with the community and find fulfillment through sports and recreation, including outdoor recreation.

I've met with Granite State veterans. I've actually paddled with Granite State veterans who've taken part in these activities and they've told me how important it was to them. So, Ms. Howell, can you discuss how adaptive outdoor recreation opportunities can support our veterans and how Congress and the VA can work together to increase these opportunities?

Ms. HOWELL. Thank you for the question, ma'am. I'm going to follow up with your staffer to get that contact information for that program. It sounds remarkable. I think in my written testimony, as you mentioned, I said that building confidence in the outdoors is a critical piece of the puzzle. It's great that we can get veterans to adaptive pickleball or the wheelchair games or something else, but what about that downtime in between the five major events?

If we can facilitate a veteran being confident out in the outdoors especially if you're in a rural area, if we can get you the appropriate adaptive device, the appropriate wheels for your wheelchair, tires, tread width, all of this stuff is things or things that we all think about. Then we allow a veteran to be able to be engaged in a way and to be mentally active and physically active outside of that structure.

And I've heard from a lot of members that there is an anxiety and a hesitancy about engaging in the world around them without sort of like a battle buddy or without the people that you're playing sports with.

It's great to have comfort in the arena, but then how do you have the comfort in the park down the street? And I think that's the objective of our new outdoor program is let's make sure that these veterans are empowered to know their limits, to know how their equipment works and how do you adapt to certain situations. So, I think that's really what we're trying to take away is to fill those gaps that you mentioned.

Senator HASAN. Well, I know the folks at Northeast Passage would love to talk to you. One of the things they do is you can show up at Northeast Passage and you can get a loaner piece of equipment and see how it works for you. And that cuts through the red tape a lot, cuts down barriers and allows you to have a proof point as you might be then going for funding for something.

I also just wanted to follow up with you, Ms. Howell, on access to adaptive sports for rural veterans. It's something you've all talked about. For veterans who live in rural areas like so many in New Hampshire do, they have to have the same opportunities as people who live in major metropolitan areas.

Can you tell us a bit about the challenges that rural veterans face with regard to adaptive sports and recreation and how your organization works to fill in those gaps? And I certainly recognize

the challenge of transportation. If you don't have a car that is adapted or a van, you're stuck.

Ms. HOWELL. Absolutely. And I think I'll just reiterate what Ellie shared earlier, that at her VA, there may not be a rec therapist or no one knows how to connect those dots. And you add the complexities of just living in a rural area. Now, let's throw in an inaccessible community because you may not have curb cuts. You may have choppy sidewalks if you have sidewalks at all.

I used to live off of a highway. I understand that. But local communities need to be safe enough for people of all ability levels and all mobility levels. And I think that that's something that can be addressed locally. Making sure that people with disabilities are engaging with their city councils, making sure that people understand like one bus route is still better than no bus route. But that bus needs to be accessible.

And I think really for rural veterans, at least from my standpoint, I think the transportation is the most critical piece. Because if you can't get from your home to the outdoors or to the facility, that's like the first step. And if you need a ramp to even leave your house. It's all these ancillary things. Adaptive sports doesn't exist in a vacuum.

Senator HASSAN. And then you need to clear the snow off the ramp which is something I'm too familiar with. My time has run out. So, I didn't get a chance to talk with Mr. George and Ms. Smith. I thank you all so much for your testimony. And I would look forward to continuing to work with you as you talked about the challenges with accessible hotel rooms.

I have shown up to find the lip in the so-called accessible shower two inches high, which may as well be a foot. So, thanks so much. I look forward to continuing working with you.

Chairman MORAN. Senator King.

**HON. ANGUS S. KING, JR.,  
U.S. SENATOR FROM MAINE**

Senator KING. Thank you, Mr. Chairman. I'd like to get rid of the word adaptive. These are sports. Mr. George, I used to do archery. I suspect you're a lot better than me. And so let's just talk about sports. And it's so important for so many veterans, but particularly those who have been injured and have some disability. It seems to me we already have a network in the country [repositions microphone]—sorry.

It seems to me we already have a network in the country ready-made to be a hub and that is our CBOCs, which are located in Maine. We have, I think, five or six. We have our VA hospital, but that's a local. That could be a hub with information. Often what veterans lack in my experience, is information about what's available. And that could be part of the therapy. Mr. George, one quick question. We spend a lot of time worrying about veteran suicide. As you know, it's a terrible problem. It seems to me that sports are an avenue to combat that. Is that correct?

Mr. GEORGE. I one hundred percent agree with that statement. Yes, sir.

Senator KING. I think that's something important that it—this isn't just a feel good. This is helping purpose, veterans to survive.

One thing about transportation, the DAV does a lot of transportation to and from veterans' hospitals and those kinds of things. Is this something we could engage them in? Or are they already engaged? They have a transportation network in both states. Is that something we should be thinking about?

Ms. HOWELL. Not to speak on behalf of DAV but it is my understanding that due to the nature of the grants that were awarded to make those vehicles available to people, I think they're required to just go to and from the VA. I don't know that for sure.

Senator KING. But let's fix that. We're in the business of fixing things.

Ms. HOWELL. Also, very few of them are accessible. So, if anyone is a wheelchair athlete—I mean, most of them are like SUVs that—

Senator KING. Well, I think we need to be thinking creatively about all the possible avenues. And one of the things that worries me and I think it's come out here today, is that there seem to be grants and facilities available to athletes who are at a pretty high level. And I'm worried about the veterans who may not be at that level but for whom these programs would be very useful. Mr. George, you're nodding, how do we make this more widespread?

Mr. GEORGE. Like you said, there are more stipends and stuff for those that want to compete at elite levels and but even still it requires you to reach a certain goal, a certain level, whatever particular sport you're playing and competing in. But for those that are doing local level stuff, there is no grants there.

There's nobody there lowering the cost for you to sign up for local pickleball tournaments or local sports tournaments. So, we depend heavily on other VSOs, like Wounded Warrior Project, Semper Fi Fund, and other things like that, that they help out. That's why MACS—what we do, once we talk and have the six-week clinic with our veterans, we try to create community tournaments. So, it could give you that opportunity to get that sense of it without having to go pay someone. I mean—

Senator KING. You don't have to be in an elite level?

Mr. GEORGE. Correct. We create those opportunities for lower level or amateur level sports events for everybody to compete in. And if I must say one more thing, you said that if you could, you would get rid of the word adaptive. I disagree there. Only because yes, it's still a sport, but a lot of things that we deal with are issues with accessibility. And just because we say it's a sport going on there, if I pull up with a lot of people, my veterans, and they're in wheelchairs, a lot of places will say, "Well, we don't want those chairs on our courts because you're going to tear up our surface," or "We don't have space for that. We don't build to accommodate you."

So, that adapters let us know that, okay, we're accepted there.

Senator KING. So, that's a reason to maintain that, that nomenclature?

Mr. GEORGE. Yes, sir.

Senator KING. I appreciate that. There are a number of pieces of legislation. Thank you for your recommendations. The Veterans SPORT Act, Prosthetics Advancement, the ASSIST Act, Autonomy for Disabled Veterans, Senator Cortez Masto. So, I take it, these

are all things that we can and should be addressing. Is that correct?

Ms. HOWELL. Yes, sir.

Senator KING. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. Thank you, Senator King. Senator Hirono.

**HON. MAZIE K. HIRONO,  
U.S. SENATOR FROM HAWAII**

Senator HIRONO. Thank you, Mr. Chairman. And thank you so much to the witnesses, because your testimony is very enlightening, to say the least. And so you live it. And so you're here to tell us what can be done. It does occur to me though that the access to the rec programs and the para sports programs have a lot more benefit to the 1 percent or so of the veterans that I understand participate in these programs.

So, we know the studies have shown that veterans who engage in sports and maintain a regular exercise routine tend to experience enhanced self-esteem, diminished levels of depression and anxiety, and lower stress levels. And we talk about the suicidal ideation, et cetera. So, access to these kinds of programs have much more of a whole veteran kind of a support that is provided. Is that an accurate way of thinking about these programs?

Mr. GEORGE. Yes, absolutely.

Senator HIRONO. Okay. So, then I'm thinking that maybe it would be a good thing if support for rec therapy and adaptive sports programs can be part of the core mission of the VA. Because what I'm hearing from your testimony is things are catch-as-catch-can, depending on what state you live in, there may be access to these kinds of programs. But as Ms. Smith mentioned that you now live in where? Kansas? Well, anyway, some of these programs are not available. Catch-as-catch-can, you're trying to figure things out. It's not easy. So, what if these kinds of—what do we call—rec therapies that as Ms. Howell says transform lives can be part of the core mission so that all of the various bills that we have can be incorporated into what can be a core mission of the VA, which is a way to provide a whole veteran kind of support system. What do you think for all of the people testifying?

Ms. SMITH. I think you hit it right, the nail right on the head. I think that the VA does a great job. We have this wonderful move program. It's very evident that we want veterans to be up and moving and be active, but we're so quick to say, "here's a tablet and a scale. We're going to send it to you in the mail, send us your weight every day." You can meet with the dietician, you can do all these things, but it's going to be in a group setting, and you don't really get to ask questions.

But we're not telling veterans how to get healthy. And you would think living in New York, that we would have a lot of different places to go, but there's not in rural New York, when you live toward Western New York, there's not a whole lot for us to do out there.

But if we look at it, and I think you just put it the best way, the VA has to look at us as whole individuals. We're not just tackling the fight on health, but you guys are tackling the mental health too. And the best way to connect those is to get people moving, get

people active. Let them build community. Let them feel that they have a purpose again. And the best way is to get them moving. Let them make friends. Let us have these experiences that are proven time and time again to save lives.

Senator HIRONO. Do you agree, Mr. George, Ms. Howell?

Ms. HOWELL. Yes, ma'am. I would agree completely. And I think it's important that we remember that adaptive sports are not only leading to improved mental health, community and everything else, but it's actually having a positive impact on clinical outcomes as well.

A veteran who is engaged in adaptive sports over years and years and years, their cardiovascular strength is going to improve, their body's going to perform better, and they are going to then need less medical support on the other side of the ledger when it comes to care and access. So, the ramifications and the positive impact of adaptive sports are literally endless.

Senator HIRONO. I get it. So, I think that the three of you have very much convinced me that that access to these kinds of programs should be part of the VA's core mission, so that there is an acknowledgement and a recognition of how important these kinds of programs are and access to these programs are for the whole person, not just if you're going to be a Paralympic athlete. As a veteran, that's just a very small group of really fit veterans, I guess.

But I'm thinking about the entire veteran cohort community, which is millions and millions of veterans. And we spent a lot of time on this Committee focusing on things like the mental health of veterans, the drugs that they have access to. And too many of them take too many drugs, that suicide ideations. And if we can help them through a program like this in a much more systematic way, which is not what I'm getting is what's happening, that I think we can make progress in all of these areas. Thank you, Mr. Chairman.

Chairman MORAN. Senator Hirono, thank you.

Senator KING. Mr. Chairman, before you go forward—

Chairman MORAN. Senator King.

Senator KING. I think this points up in what you just said, Ms. Howell is so important. Our healthcare system generally, the VA and everywhere is oriented toward sickness. In other words, we treat you when you're sick. What this program demonstrate is the benefits of actively working with people in order to enable them to keep healthy.

And, and I think that that's important. And this is the, I agree with Senator Hirono, this should be a basic part. And for those who are worried about budgets, I suspect in the long run, these programs would save the VA money because the veterans would be healthier and happier if these programs were expanded. So, thank you very much. This is an important hearing, Mr. Chairman.

Chairman MORAN. I'm of the same view, Senator King. This is another good hearing for us. Let me, before we ask you to allow the second panel to take your places, is there anything that you'd like to having—we have heard your testimony, you've heard our questions, we've heard your responses. Something that anybody would like to add for our knowledge and for the record of this hearing before we turn to the second panel? Everybody satisfied with what

you said? I'm never in that position. Satisfied with what I said. Well, thank you very much—yes, ma'am, Ms. Smith.

Ms. SMITH. If I could, I just would like to thank you all because I know you all have our best, as a veteran, I know you guys have our best intentions with you. And I would like to just thank you for allowing us this platform to share our stories, because I think the more people that hear your story, the more people you reach, the more people they can tell your story to, and that's how we make a difference. So, thank you so much for your time here today.

Senator KING. You've made a real impression here today.

Chairman MORAN. That's well said. It is a great impression, and it does give us the opportunity to tell a story. And in addition to that, hopefully, make a difference as we deal with the Department of Veterans Affairs and with legislation that might be helpful. Thank you all. Yes, Mr. George.

Mr. GEORGE. Last day. I promise I'll be done. When you all are ready, I'll be glad to meet you all on the pickleball courts and bring you all out. It would be the best experience of your life. I could bring the whole Senate out there. We have you.

Chairman MORAN. There is a group of Senators who play pickleball. I won't tell you the places because I don't think they want any videos. Thank you all very much. I appreciate your testimony and value very much your service to our country and your care and concern for other veterans. Wait, one second. Senator Banks, you have questions for this panel?

Senator BANKS. I do, Mr. Chairman.

Chairman MORAN. Senator Banks.

**HON. JIM BANKS,  
U.S. SENATOR FROM INDIANA**

Senator BANKS. Thank you, Mr. Chairman. Ms. Howell, your written statement quotes PVA's past President testifying to this Committee in 1975. He was lamenting how service-disabled veterans used to be cast aside or institutionalized. We have come a long way since 1975. What is the VA doing well today, and how are some veterans still falling through the cracks?

Ms. HOWELL. Thank you for the question, sir. It's a great quote. We found it for a House hearing, and it was just so apropos. It's amazing that in the late seventies we were talking about the need for rec therapists and how engaging a disabled veteran with movement and recreation. He used some pretty strong language in his quote, but it leads them to purpose, ultimately.

I spoke with my sports and rec team before the hearing and some things they're doing right. The grant program right now is running very efficiently. They said that the past year and a half, two years, the staff have been super engaged. Anytime they have a question or need clarification, the VA responds in a very timely manner. So, shout-out to everyone working at the VA Adaptive Sports Grant Program.

As far as veterans falling through the cracks, it's hard to say. We ask the same question when it comes to healthcare delivery, benefits delivery, everything else in between. We're never going to capture all veterans, and I think we do a disservice when we expect VA to catch a hundred percent of everybody for all things. The tes-

timony shared earlier talk about the struggles in rural areas, whether or not you only have a CBOC, does the CBOC have the resources to employ a rec therapist?

I mean the community and organizations like PVA and my other counterpart here, they try and fill the gap when VA isn't there to provide these opportunities, but there's going to be regions where we can't catch them. And so it's increasing awareness, increasing messaging into the Chairman's point earlier, the marketing. How do we make sure that the world knows about these things? And I think it's going to take a community-wide effort to make sure that fewer vets fall through the cracks.

Senator BANKS. Good. One thing I noticed a quote from your past President that I really liked he said, "You must prod the VA to take action and begin an active and effective program of recreation." It's a privilege for me to serve on this Committee as a veteran myself. And I consider it a responsibility of mine to prod the VA do the right thing from time to time. Can you give us advice on how we need to prod the VA today?

Ms. HOWELL. I think maybe beyond prodding. I think as long as we make sure that VA is being thoughtful, particularly in light of the reorganization coming up, making sure that things like prosthetics are in the center of the discussion. Prosthetics touches every aspect of every veteran's life. It goes well beyond adaptive sports. And I think, from facility to facility, things are different when it comes to the delivery of prosthetics. So, if we're going to prod VA, using that language, we need to make sure that they are focused on departments like prosthetics to make sure that delivery is equitable across the system.

We can't have these massive gaps. We can't have experienced time delays, like my counterparts discussed earlier. If you order something from the VA it should arrive within a timely manner. Because I have the opportunity, one thing I will flag is that we have heard from veteran members that it's great they got a piece of adaptive fitness equipment delivered to their home from the VA.

Everything's going great, but it's dropped on a pallet in their driveway. And I mean, that's not something you can really just call a task rabbit for. So, how do we get, it's sort of like that last mile. How do we get a super heavy piece of adaptive fitness equipment into the home so that a veteran can actually use it? So, I think that is one piece of the puzzle that is yet to be figured out.

Senator BANKS. Mr. George, it was great to meet you earlier today. I wanted to wait and ask you—the whole country is watching this hearing. You're under oath. Will you agree to be my partner in the upcoming Senate pickleball tournament?

Mr. GEORGE. Can I see you play first?

[Laughter.]

Senator BANKS. Fair enough. Listen Mr. George, you're a champion athlete today, but it took a lot of hard work to get to where you are. Can you tell us more about how competing in sports helped your recovery in the beginning? And tell us that story, how it affects your health and well-being today? Because I know there are a lot of others out there just like you.

Mr. GEORGE. Just me personally, just having that thought of the competition or just competing give me purpose, give you something

to do. The rehearsing, the practicing, the training that relieves the purpose—mentally, physically, and showing me that the moments when I'm sitting at home crunching in pain from having these nerve spasms constantly, the muscle spasms, whether it be weather, AC, whatever's going on—when I can get back on the court or when I'm doing something, I'm getting something else to focus on.

Now I'm looking forward to, not even just a match, I'm looking forward to that—I'm showing up because I don't see my competition as I'm facing that battle against the person I'm seeing. I'm winning for everybody that's watching me. I'm seeing that everything that I've come against that I'm here for this day now. Whether I'm winning or losing, this is another win because I'm here today.

I was pronounced dead many years ago. I was told I wasn't supposed to be alive. I wasn't supposed to walk. I have spinal cord injuries. I'm doing well beyond what I'm told I'm supposed to do. So, every time I reach my limit or find something else that I'm able to do, then I'm like, "if I can do this," I'm showing somebody else, "you could probably do it too."

But at the same time, watch what you do, because, hey, you might get addicted to this, it is going to cost you everything, and you don't have the financial support behind you. So, don't tell everybody, "Hey, yes, I'm getting sponsored. I have all the support." I try to show my true story and let them know this is hard.

It takes every day. It takes me being away from my daughter a whole lot. It takes me being away from my family so that I can show up and be here and be present. But if I don't do it, who's going to do it?

Senator BANKS. You're an inspiration and a hero. Thank you for your service. Thank you for your time. I yield back.

Chairman MORAN. I almost allowed you the opportunity to depart from the witness table. We've now been joined by Senator Blackburn. Senator Blackburn.

**HON. MARSHA BLACKBURN,  
U.S. SENATOR FROM TENNESSEE**

Senator BLACKBURN. Thank you, Mr. Chairman. And I am so pleased that we are doing this before the '26 Paralympic Games, and I thank you for doing that. I think that our athletes, we want them to compete well. We want them to represent themselves and our country well. And I think that it's important that we look at that service and recognize that service in the recovery that is there and the opportunity, just as you were speaking to, to actually achieve and to succeed.

So, we thank you for that. And I think that the Chairman's leadership, we've got the Veterans Prosthetics Advancement and Reform Act, the ASSIST Act. These are all things that we can do to honor the service that you have given and to make certain that we are, we're supporting your efforts.

Ms. Howell, I wanted to come to you, if I may, I would like to know, as we're looking at different things and some VA reforms and Secretary Collins is doing a great job, but when you look at communication between the VA clinicians, the recreational therapists, the grant-funded community organizations where veterans

are transitioning into community-based adaptive sports programs. So, how effective is that communication? So, you get that continuum of care and it's also a continuum of opportunity?

Ms. HOWELL. Yes, ma'am. I agree wholeheartedly, although I think other witnesses might be able to better speak to that. I've never participated in an adaptive sport myself. And therefore, I don't know how it works being transferred from the VA to a community group. So, I would defer to the other experts here on the panel.

Senator BLACKBURN. All right. Mr. George.

Mr. GEORGE. Thank you. I've been fortunate to have a great experience when it comes to transferring from my doctors and my health and doing it. But I say I speak highly, again, my rec therapist is Katie Blanc [sp.] from the Northeast Florida, Southeast Georgia VA had a major role in my therapeutic recovery. She was there anytime I had questions about what's going on, what sports. She's there putting together a calendar throughout the whole month, providing events for us.

She told me about the sports comp—the Summer Sports Clinic, the Winter Sports Clinic—invited me out there. And she was someone that said, as long as I'm willing to show up, she'll keep supporting. I have her, but not everybody has her. All other veterans don't have a great rec therapist that's willing to go above and beyond like that.

And that's one of the issues I see facing with me and my organization when it comes to finding other rec therapists or finding other veterans in underserved communities. Because if there's no rec therapist there, there's nobody to communicate. So, then we end up showing up, trying to spend funds to find and advocate for others to bring them here for the program. And then when we leave, who's going to maintain it for us?

So, the worst thing I'd like to do, worst thing I hate doing, is showing up, giving an awesome clinic to somebody, sparking a fire, then leaving with no resource. So, without that relationship with a rec therapist or the communication with the people who don't know what a rec therapist is, that's going to make it hard to keep communicating and for the people to funnel in.

And a lot of it comes from word of mouth. Once we find that somebody, all the veterans share with other veterans, and we are going to tell you "this is who's going to come." Then we kind of overwork the therapist because then we help her do a job, but we overwork her because we're providing her with more people. But that's where I say the biggest thing is.

Senator BLACKBURN. Would you say that half the veterans, what percentage of veterans that you come into contact with have access to that continuum?

Mr. GEORGE. It's hard to put a percentage on it because I cover such a national level, but it's, it's usually those areas where the rural areas that you don't have—

Senator BLACKBURN. Ms. Smith.

Ms. SMITH. Yes, ma'am. So, I'm kind of in one of the rural areas that they talk about where I am in Western New York. And for me, I mean, I went from competing at the Wounded Warrior Games with Navy Wounded Warrior, and I was still active duty and just

entering retirement at that process. And they implemented where you can now only do two Warrior games which is very understandable. There are far more people than they can have who are eligible to be part of that. But there was no continuum for me when I went and addressed the VA with “how can I stay active? I can’t do this program anymore.”

I’m being told that “we have this,” and I was being told, “we do, but that’s not going to serve you well because you’re not training to compete on a huge level. You’re not training and/or it’s going to take so long for you to get an appointment. You’re not going to be satisfied. Just look elsewhere.” So, I think the major break—

Senator BLACKBURN. Let me ask you this, would it be helpful if there were community organizations that could be brought into the process like we’re doing with community care where veterans can go into medical care in their communities without having to travel to the VA. If there are nonprofits and organizations we could activate into a network, would that be helpful?

Ms. SMITH. Yes, ma’am. But I think in the same way as it says helpful, as it’s also not helpful because in the rural areas, we don’t have a lot of community places.

I mean, I’m very fortunate there’s a local nonprofit that I, that gets a VA grant, and I’m able to do horsemanship and horse riding through with them. But in the same way, our community doesn’t have those spaces available. So, it would be super helpful, but we’re still going to be driving an hour and a half, two hours. Like we were going to go to one of the major VAs in our area to get that care—

Senator BLACKBURN. Okay.

Ms. SMITH. So, I think it’s helpful, but I think that everything comes at a price. So, if we can work with the—

Senator BLACKBURN. Well, your service and sacrifice is a prize, and we are grateful for that. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. Now, we are saddened by your departure, but we’re going to ask you to depart [laughter]. Thank you for your testimony. Thank you for your service. Thanks for your example. And I’ll call to the table our second panel, which consists of Dr. Rachel McArdle, a Deputy Executive Director for the Office of Rehabilitation and Prosthetic Services at the U.S. Department of Veterans Affairs.

Doctor, thank you for your presence and you are now recognized for testimony.

## PANEL II

---

### STATEMENT OF RACHEL MCARDLE, PHD, DEPUTY EXECUTIVE DIRECTOR, REHABILITATION AND PROSTHETICS SERVICE, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Dr. MCARDLE. Good afternoon, Chairman Moran, Ranking Member Blumenthal, and Members of the Committee. Thank you for the opportunity to speak with you today about VA’s Adaptive Sports Program, and to share our views on four bills under consideration.

VA's Adaptive Sports Program is a vital part of rehabilitation for veterans with disabilities. As you got to hear firsthand from some of the stories earlier, these programs are clinically integrated and help veterans regain independence, improve physical and mental health, and reconnect with their communities. Through adaptive sports, veterans build strength, confidence, and resilience while reducing isolation and rediscovering purpose.

Each year, VA hosts six national rehab events, the National Veterans Wheelchair Games, which VA co-presents with the Paralyzed Veterans of America, the National Disabled Veterans Winter Sports Clinic, and the National Disabled Veterans Golf Clinic, which the VA co-presents with DAV—Disabled American Veterans, National Veterans Creative Arts Competition and Festival in collaboration with the American Legion Auxiliary, the National Veterans Summer Sports Clinic, and our largest event, the National Veterans Golden Age Games.

These national rehab events provide opportunities for veterans with spinal cord injuries, limb loss, vision loss, traumatic brain injury, and many other conditions. This past July, we were honored to host staff from this Committee at the National Veterans Wheelchair Games. Beyond national events, VA manages an Adaptive Sports and Equine-Assisted Therapy Grants Program to support the physical and mental health of veterans with disabilities.

Grants are awarded to experienced non-governmental organizations helping veterans and active-duty service members apply skills learned in a clinical setting in their local communities. Last year, the program served over 20,000 veterans through 16 million in grants, offering more than 60 plus different types of activities. VA also manages the Veterans Monthly Assistance Allowance program, which provides a stipend to veterans with disabilities who are training and competing at the elite level of Paralympic or Olympic Sports. Stipend recipients exemplify how adaptive sports empower veterans to pursue excellence and represent our Nation on the global stage.

In addition, this year, the global stage includes Milano Cortina 2026 Winter Paralympics, where six veterans currently receiving VA stipends have been confirmed to compete. A remarkable testament to resilience in the power of adaptive sports. Now, I'll turn briefly to the legislation before the Committee noting that our full views are detailed in my written statement.

S. 1644, Autonomy for Disabled Veterans Act. VA supports the intent of this bill subject to amendments. It would update the Home Improvements and Structural Alterations program to reflect current costs and ensure veterans receive medically necessary home modifications.

VA agrees with the goal of increasing flexibility and adjusting limits based on industry costs, but recommends technical edits to clarify eligibility and implementation. VA also supports the proposed annual index adjustment and believes the recommended amount for future applicants aligns with average costs for common modifications such as bathroom renovations.

S. 1726, ASSIST Act of 2025. VA supports the intent of this bill subject to amendment. It would broaden VA's authority to provide any medically necessary automobile adaptations for drivers and

passengers; improving safe transportation for veterans with disabilities. VA suggests adding authority to limit use of these benefits to once every five years or extenuating circumstances.

S. 2981, Veterans Prosthetic Advancement and Reform Act. VA supports the intent of this bill, but has concerns. Establishing a national prosthetic formulary would require substantial resources, including numerous dedicated personnel in a fully integrated clinical ordering system. Without such integration, providers would face delays and inefficiencies. VA also seeks clarification on whether the bill intends to include items covered under other authorities, to avoid duplication and confusion. VA welcomes the opportunity to discuss how best to address ensuring the formulary improves access without unintended consequences.

S. 3138, Veterans SPORTS Act. VA supports this bill subject to amendment. VA already provides adaptive prostheses and terminal recreation equipment under current regulations, and is concerned that the bill's language could create confusion or litigation by implying new benefits.

VA recommends adding a rule of construction to clarify that the bill does not alter any existing benefits. VA stands ready to work with the Committee to ensure alignment and avoid unintended disruption to current practices.

In closing, VA remains committed to expanding adaptive sports opportunities and working with Congress to strengthen these programs. Thank you for recognizing the transformative power of adaptive sports and I look forward to your questions.

[The prepared statement of Dr. McArdle appears on pages 48–60 of the Appendix.]

Chairman MORAN. The Committee looks forward to working with you, Doctor, and with the Department of Veterans Affairs to find solutions to suggested challenges or problems and to move forward with a legislative agenda related to these topics. I think my only question for you today is what you, perhaps the broad question is something you heard from our witnesses that you'd like to respond to or in particular I'd ask again, the—how do we overcome this issue of rural and small towns and where people live?

Dr. MCARDLE. Thank you for this opportunity, Chairman. I did gain a lot from listening to the first panel, and I will tell you it's not the first time I've heard it. I regularly attend our national rehab events as well as talk to other grantees that we have. One of the reasons I do this is to be able to hear from them what is going on at their VA facilities.

And so, one of the things we have done over this last year is to create a mentor and mentee program. So, we take their feedback to be able to spread the experience of—we have programs across as Gabe was mentioning. His experience has been fantastic. And then we heard Ellie sort of share a different experience.

We want to be able to share the information across the VA and train up those sites, whether they be rural or urban, and to bolster the adaptive sports programming throughout the enterprise. Some of the other things, we do have grants that range from the smallest, just under \$4,000 up to as high as \$750,000. So, for anyone watching, when our notice of funding opportunities post, that

grants can be applied for by all levels of different organizations, whether they're in small rural communities or in large urban communities.

Senator BLUMENTHAL. Thank you. Thank you for being here. Dr. McArdle as you're aware, thousands of contracts were canceled as a result of the DOGE program. They were terminated for convenience, a method that DOGE commonly used to cause the VA to cut important contracts. I understand that at least three of those contracts were for adaptive vehicles. Is that correct?

Dr. MCARDLE. Thank you, Ranking Member Blumenthal. I am unaware of three cancellations of contracts on adaptive vehicles.

Senator BLUMENTHAL. Are you aware—well could you find out for us and report back?

Dr. MCARDLE. My apology. Definitely, I will take that for the record.

**VA Response:** VHA reviewed all three contract files. These purchase orders were for vehicle adaptation (two) and for home modification (one) for two specific Veterans. The orders were cancelled due to normal business procedures and were not cancelled as part of reviews of contract spending.

Senator BLUMENTHAL. And are you aware of other contracts for services that were canceled as a result of the DOGE involvement?

Dr. MCARDLE. In my office, we have over 80-plus national contracts. For DOGE specifically, we had no contracts canceled by DOGE.

Senator BLUMENTHAL. For any other services that come within your—

Dr. MCARDLE. No, we had no—I'm sorry. We had no contracts canceled within Rehabilitation and Prosthetic Services.

Senator BLUMENTHAL. Did you lose staff as a result of the cuts in workforce?

Dr. MCARDLE. I don't know of any staffing cuts in rehabilitation programs. The Department has seen some natural attrition, but to my knowledge, there has been no negative impacts on the Adaptive Sports Program.

Senator BLUMENTHAL. Well, that's good to hear. Summit Adaptive Sports is a Connecticut based organization. I don't know whether you're aware of them. They put out adaptive sporting events for veterans. They've reached out to the New Haven VA clinic to recruit veterans. Apparently, they're having difficulty reaching people there. Could you intervene to help them with that activity?

Dr. MCARDLE. We would love to follow up with your office to get the specifics and happy to reach out.

Senator BLUMENTHAL. Thank you. I appreciate your being here today and all your great work. Thank you.

Dr. MCARDLE. Thank you.

Chairman MORAN. Senator King.

Senator KING. Thank you very much for joining us and for the work that you're doing. Is it routine to notify a disabled veteran who's in touch with the agency of the availability of these kinds of programs? In other words, is there some automatic form or notification? I'm concerned that we have these good programs but a lot of veterans don't know about them.

Dr. MCARDLE. Thank you, Senator. Are you specifically speaking of the six national rehab events or adaptive sports that go on at the local—

Senator KING. Adaptive sports, generally.

Dr. MCARDLE. It probably is variable, but there are a lot. We have websites, we try and get the word out. I would agree that with the marketing piece, we are currently working on an opportunity that would allow—it's a sort of a navigational resource app that would allow veterans to be able to easily find opportunities in their communities. It's still in its infancy stages.

We do regularly speak with our rec therapists, so it would be them getting out the information. We also do collaborate with our VSO partners to get the word out for what we have going on. They often are forced multipliers for us to be able to get the communication out.

Senator KING. Well, I appreciate that. I would think that would deserve some real attention to think about the marketing. The good news, you mentioned in your testimony, you have 20,000 veterans participating. The bad news is there are 9 million veterans that are enrolled with the VA. So, there's plenty of room where I think there are people who could take advantage of these programs who basically just don't know they exist or what steps they might take to avail themselves with this opportunity.

So, I see this as really a part and parcel of the healthcare provision of the VA. We talked with the previous panel about mental health and just the general health benefits of these programs. So, I would hope you might work with your health counterparts and just try to really multiply the outreach to the veterans community, particularly the disabled veterans community.

Dr. MCARDLE. Absolutely, Senator. One other thing I did forget to mention is, as part of the grants program, there is an outreach component to it. So, the grants that we award, part of their responsibility is to provide outreach. So, that is why we do have a good success rate in terms of getting a lot of veterans who are participating with the grants that we're funding.

Senator KING. I would hope that there would be just a routine check mark—disabled veteran enrolls for care at local veterans' hospital. Have they been informed of adaptive sports opportunities that would—I think that would go a long way, just as a sort of almost part of the intake, if you see what I mean.

Dr. MCARDLE. Thank you, Senator King. I'll take that for the record.

Senator KING. Thank you. Thank you, Mr. Chairman.

**VA Response:** VA is committed to increasing our outreach for adaptive sports opportunities offered through VA facilities and through community partners. Rehabilitation providers serve as resources to connect Veterans to local, regional, and national adaptive sport opportunities both within the VA and in the community to improve physical function, reduce isolation, and support psychological recovery. In addition, we conduct outreach through social media, VA news blogs, and our Adaptive Sports website. Organizations who are awarded adaptive sports grants through VA are required as part of the award agreement to complete outreach to Veterans regarding their programming. We continue to work on new and innovative ways to ensure that Veterans are made aware of all the opportunities VA has to offer in the area of adaptive sports.

Chairman MORAN. Let me thank our Committee staff. I think we've had another good hearing in our Committee today. Thank my colleagues for being here and for participating. I, again, thank our witnesses; you, Dr. McArdle, and those who preceded you on our first panel. And I appreciate our audience and their attention as well.

Members of this Committee will have five legislative days in which to submit questions or statements for the record. Any Senator who would like to submit a question for the record, please do so in a timely manner. And I ask the witnesses to respond to those questions for the record following today's hearing in a timely manner as well.

Senator KING. Mr. Chairman?

Chairman MORAN. Senator King.

Senator KING. Could I also ask those who are here in the audience and also those who are on the panel to send us ideas, to send us thoughts that have been provoked by the hearing today.

We're in the idea business here. And if there are thoughts that you can come up with about how to facilitate these programs more effectively, let us know. Don't assume that we know everything. That's not a safe assumption.

Chairman MORAN. Anyone assumes that, if they do, I'm glad that Senator King has dissuaded them of that view. Very much appreciate our hearing today. And with that, our hearing is adjourned.

[Whereupon, at 5:28 p.m., the hearing was adjourned.]



---

**A P P E N D I X**

---



---

## **Prepared Statements**

---



Chairman Moran, Ranking Member Blumenthal, and Members of the Committee — thank you for the opportunity to appear before you today.

My name is Gabriel George, a Texas native who served honorably in the U.S. Navy for five years. On April 1, 2008, my life changed forever when I was declared dead at the scene of a motorcycle accident while on duty in Jacksonville, Florida. I was left with a traumatic brain injury, spinal cord injury, and a paralyzed right arm. After ten years of living in pain and isolation, I took part in a VA Summer Sports Clinic that brought me back to life. Although I never regained the use of my arm and ultimately chose to amputate in 2020, the VA events and staff reignited my desire to live to my fullest and inspire other disabled veterans struggling to find their way. Today, my life centers around raising my seventeen-year-old daughter, Jameah, and the world of adaptive sports.

I represent Military Adaptive Court Sports, MACS, a national nonprofit providing adaptive pickleball, racquetball, badminton, and padel programming for wounded, ill, and injured veterans and their families.

I am here because adaptive court sports are not recreation. They are neuromotor, physical, and social rehabilitation disguised as sport. Every day, veterans with amputations, traumatic brain injury, PTSD, stroke, spinal cord injuries, and severe musculoskeletal trauma are being asked to relearn how to move, balance, react, and trust their bodies again.

Court sports train exactly those systems: hand-eye coordination, lateral movement, rapid decision-making, proprioception, and functional strength — in an environment that is motivating, competitive, and peer-supported.

And just as importantly, they restore something the VA cannot prescribe: belonging.

Yet today, tens of thousands of veterans who could benefit from adaptive sports never receive access — not because the VA doesn't care, but because of how the current system is structured.

The VA's Adaptive Sports Grant Program and the Veterans Monthly Assistance Allowance have done extraordinary work supporting elite and emerging adaptive athletes. But those programs are largely designed around national competitions and high-performance training pathways.

That leaves behind the majority of veterans who will never become Paralympians — but who desperately need weekly, community-based adaptive sport to manage pain, prevent decline, and stay socially connected.

That gap is where organizations like Military Adaptive Court Sports operate.

MACS runs six-week adaptive sports clinics inside VA facilities and community sites across the country. We serve veterans with a wide range of disabilities — including those with complex conditions who are often excluded from traditional sports models. We integrate multiple court sports, peer mentorship, and family participation, because recovery does not happen in isolation.

Most importantly, we do not guess at impact — we measure it. We collect pre- and post-program data on pain, mobility, confidence, isolation, and physical function. Veterans consistently report reduced pain, increased activity, and improved mental health after participating. These are not one-off success stories — they are repeatable outcomes.

And we do this at a fraction of the cost of many traditional adaptive sports programs. One court, one instructor, and a small set of adaptive equipment can serve dozens of veterans every week, year-round, indoors, in almost every American community. Pickleball, racquetball, and badminton are already present in VA facilities, YMCAs, recreation centers, and military bases nationwide.

Court sports are one of the highest-return investments the VA can make in adaptive rehabilitation. But today, they remain underrepresented in VA funding structures.

As Congress reviews the impact of VA Adaptive Sports Grants and the Veterans Monthly Assistance Allowance, we respectfully ask the Committee to ensure these programs

explicitly support community-based, therapeutic adaptive sports — not just elite competition and national events.

Military Adaptive Court Sports stands ready to partner with the Department of Veterans Affairs to expand this model nationwide — to reach the veterans who are currently falling through the cracks — and to deliver rehabilitation that is affordable, scalable, and proven.

In addition to my work with MACS, I am proud to serve as an ambassador for the Will of Iron Golf Foundation for Military Vets. This small but passionate organization is dedicated to opening doors and sharing the mental health benefits of golf with veterans, their spouses, and children. My daughter and I are among the 280 beneficiaries who have received golf clubs, private lessons, and the opportunity to participate in numerous golf events free of cost.

When I say small organization, I mean it in every sense. The two founders are the entire staff. For six years, they have volunteered their time and resources out of deep gratitude and love for military families. Yet, like many small nonprofits, the Will of Iron faces constant challenges in securing funding, largely because they don't have the manpower to navigate a lengthy and demanding VA grants process.

I urge this committee to use your influence and reach to help create additional funding opportunities for small nonprofits like the Will of Iron Golf Foundation and MACS, which face the same challenge when the VA grants is exhausted in the calendar year.

Your support could make all the difference, ensuring that organizations with heart and proven impact can continue to serve veterans and their families without being overwhelmed by administrative barriers. Please consider advocating for changes that make it easier for these vital organizations to access the resources they need to thrive.

Thank you for your leadership on behalf of America's veterans. I look forward to your questions.

**United States Senate**  
**Committee on Veterans' Affairs**  
**Statement of Elizabeth Smith**  
**Submitted for the Hearing,**  
**“Independent Spirit: Veteran Health & Healing through Adaptive Sports”**  
**February 4, 2026**

Good Afternoon, Chairman Moran, Ranking member Blumenthal, and distinguished members of the committee. Thank you for inviting me here today. My name is Elizabeth Smith, and adaptive sports saved my life.

In 2017, while stationed aboard the USS Nimitz, I was diagnosed with medulloblastoma, a fast-growing cancer of the brain and spine that starts near the brainstem. I am incredibly fortunate that chemotherapy and radiation were successful, but surviving cancer came at a cost. When my treatment ended, I didn't feel like myself anymore. I had lost my strength, my motivation, and soon my identity. When I found out that I was being medically retired the reality that I would never serve my country the way that I had once dreamed left me feeling like the shell of a human being. Everything I had worked for was gone.

During that time, my Non-Medical Case Manager with Navy Wounded Warrior—and my mother—refused to let me give up on myself. They weren't willing to watch me fade away on the couch, and they insisted that I try an adaptive sports camp, even when I didn't believe it would help.

I attended my first adaptive sports camp in late 2018, and it was overwhelming. I couldn't move the way I wanted to; I struggled to hear what was going on around me, and I felt like I was failing at everything I tried. Then they put me in a pool. Suddenly, I was swimming the way I used to when I competed in high school. In that moment, I felt a spark of hope return—something I honestly thought was gone forever. That spark didn't disappear. It grew.

Before long, I was participating in seated field events, shooting, and eventually wheelchair rugby, which became especially meaningful to me. Through Navy Wounded Warrior adaptive sports, I slowly rebuilt myself. I gained confidence, reconnected with others, and for the first time since my diagnosis, I felt like I had a purpose again. But when I was no longer eligible to compete through the Department of Defense Warrior Games due to a two games limit, I could feel myself starting to slip back into the same dark place I had worked so hard to escape.

I went to my VA mental health provider in Buffalo, New York, to ask how I could get involved in the VA's Adaptive Sports & Arts program—something I had heard other veterans talk about. I was told that it would be difficult for me to get an appointment because I wasn't training to compete at a high level; I was simply trying to stay healthy. I was encouraged to rely on outside veteran organizations instead because they would be more accessible. I felt like a door had been pushed closed before I even got to peek inside.

That is when organizations like Wounded Warrior Project and the Semper Fi Fund stepped in. They didn't just fill a gap—they carried me forward. They supported my physical and mental health, helped me continue growing, and connected me with local nonprofits that gave me ways to stay active and involved in my community.

Although I haven't had much direct success with the VA's Adaptive Sports & Arts program, the grants provided to community organizations have made a real difference in my life. Through these grants, I participate in adaptive horseback riding and horsemanship at the EquiCenter, a small local nonprofit that provides equine therapy at no cost to veterans. Every week, it gives me a place to show up, connect with others, and feel like I belong.

It may not sound like much—just a few hours a week training for a sport or working with horses—but those hours matter the most. Those are the hours when the pain fades into the background, when relationships are built, and when veterans can feel proud of what they are capable of. They remind us that we still have value and purpose.

When I spoke with some of the legislative aides about what I should share today, there was one question that really stuck out: if I had a magic wand and could change one thing about the VA's Adaptive Sports & Arts program, what would it be? My answer was simple—make adaptive sports accessible to all veterans, not just those who live near major VA facilities. Giving the smaller VA clinics the ability to host group workouts, sports clinics, and informative sessions about what adaptive sports are and if you qualify would streamline their ability to communicate openly about the programming like the five national events that currently take place and open up dialogue of what is provided through the VA, who qualifies, and what other options might be potentially helpful.

When we make adaptive sports and fitness a priority, we do more than promote physical health. We create spaces for connection, trust, and healing. We give disabled veterans a safe place to let their guard down, build friendships, share resources, and rediscover joy. No matter where a veteran lives, what equipment they need, or the level at which they compete, every

eligible veteran deserves equal access to these opportunities—and the chance to live an active, purposeful life. It is through committees like this that you have the opportunity to not just focus on the health of veterans, but their wellbeing as a whole individual. It is my dream, that every veteran regardless of ability has equal access, equal support, and equal opportunity to the care and opportunities they deserve.

Thank you.



1875 Eye Street NW, Suite 1100,  
Washington, DC 20006  
(O) 202.872.1300  
www.PVA.org

---

501(C)(3) Veterans Non-Profit

**STATEMENT OF JULIE HOWELL**  
**PARALYZED VETERANS OF AMERICA**  
**BEFORE THE**  
**SENATE COMMITTEE ON VETERANS' AFFAIRS**  
**ON**  
**INDEPENDENT SPIRITS: VETERANS HEALTH &**  
**HEALING THROUGH ADAPTIVE SPORTS**  
**FEBRUARY 4, 2026**

Chairman Moran, Ranking Member Blumenthal, and members of the committee, Paralyzed Veterans of America (PVA) appreciates the opportunity to testify on the importance of adaptive sports in disabled veterans' rehabilitation process, independence, and quality of life. Adaptive sports are often a lifeline for disabled veterans, especially PVA members – veterans who have acquired a spinal cord injury or disorder (SCI/D). For almost 80 years, PVA has been a voice for thousands of veterans with catastrophic injury or illness, ensuring that the Department of Veterans Affairs (VA) is prepared to care for our nation's most vulnerable veterans. The VA offers health care and benefits for millions of veterans but rarely discussed are ancillary programs like adaptive sports, which provide a range of benefits for disabled veterans.

PVA is proud of its role in the evolution of adaptive sports. Our sports and recreation program offers year-round adaptive sporting and recreation opportunities across the country, which benefit thousands of disabled veterans nationwide. Between January and July of this year, PVA will host 30 adaptive sporting opportunities from California to Maine. These events include an adaptive pickleball camp, the wheelchair rugby invitational, a bass fishing tournament series, paracycling camps, wheelchair basketball camps, and a new outdoor recreation experience. Our outdoor recreation program is designed to boost confidence and self-esteem, as well as introduce new skills that allow veterans to feel more comfortable in outdoor sports and in their daily lives.

In partnership with our 33 chapters across the country, PVA's sports and recreation team provides opportunities for veterans to engage in new adaptive sports that promote a healthy, active lifestyle, while fostering community and independence. The opportunities made available to PVA members through adaptive sports are endless, but one of the most important benefits of connecting veterans with adaptive sports and recreation is the improvement in both physical and mental health. Adaptive sports and rehabilitation within the VA could be considered preventative health care, given the vast benefits.

PVA's adaptive sports and recreation team also works hard to fill gaps in rural communities where access to adaptive sports is often more limited than in urban areas. We work with our chapters to build community around adaptive sports and help them host local events to increase awareness and access. Our team also works to ensure that veteran athletes who excel in their sports are connected to the Paralympic pipeline. PVA's annual events calendar culminates in the National Veterans Wheelchair Games (NVWG), the largest gathering of veteran wheelchair athletes in the country.

#### **NVWG and the VA's Adaptive Sports Grant Program**

With VA's support, PVA provides important adaptive sports programming to catastrophically disabled veterans. The NVWG, which PVA hosts in partnership with the VA, brings together hundreds of veterans each year, fostering teamwork, camaraderie, and independence. For many novice wheelchair athletes, the NVWG is the first time they've flown, stayed in a hotel, or attended such a large event since their injury or diagnosis. A separate program, the VA's Adaptive Sports Grant Program, is well-established and meticulously administered, enabling organizations like PVA to offer opportunities to improve independence, well-being, and quality of life through adaptive sports.

Adaptive sports are much more than just recreation; they are a critical component of healing, rehabilitation, and community reintegration. They provide supportive opportunities for veterans to regain their confidence and independence while discovering a community that understands the complications and challenges faced by people with significant disabilities.

It is difficult to describe how impactful adaptive sports can be on an individual veteran's life. PVA members who participate in adaptive sport programs improve their cardiovascular health, increase their strength, stability, and endurance, all of which can lead to a longer and healthier life. The benefits of adaptive sports go beyond just improved physical health; they can also have a profound impact on veterans' mental health.

James, an Air Force veteran, told PVA, "I love adaptive sports; they saved my life. [They] got me off drugs and alcohol, and my suicidal ideations stopped. When I first came in 2018, I was depressed and suicidal and didn't really want to be here. Another veteran I met schooled me, talked to me

about the competition and the games, and what it's like to have like-minded people being here. I went home with three gold medals and a bronze that year." Similarly, Jason, a Marine Corps veteran, spoke of the power of adaptive sports by saying, "Living in the darkness, living with depression, keeping yourself in dark places, you eat yourself away. But being able to push barriers, that helps people know there is more to life. Adaptive fitness can help save a life; it gives you a great sense of purpose."

The VA's Adaptive Sports Grant and adaptive sports more broadly help improve the lives of disabled veterans. It's important to note that VA staff facilitate these transformational programs. Occupational therapists, physical therapists, and recreational therapists work in coordination, along with other providers, to offer evidence-based treatment and rehabilitation, improve wellness and lifestyle, and ultimately improve a veteran's quality of life. Recreational therapists are professionals who assist veterans in finding a reason to re-engage with the world around them post injury or diagnosis in a holistic way. They offer individualized care that impacts a veteran's social, cognitive, and physical health and helps to bridge the gap between their clinical rehabilitation and community reintegration.

PVA has long testified to the profound impact of recreation and recreational therapists, as demonstrated in the testimony of PVA Past President, Donald H. Broderick, before the Senate Veterans' Affairs Committee in 1975. In his testimony, Past President Broderick testified that:

"Patients are left to their own devices, resulting in rampant deviant behavior. Instead of scheduled recreational and cultural activities in the evening hours and on weekends, the patient is forced to seek diversionary interests for himself. For the average person this is of no consequence, but to a man who has recently suffered such an injury as to make him question the value of life, the results can be more crippling than his paralysis. Rather than have young men turn to drugs and alcohol, suffer unnecessary emotional strain, and devoid themselves of motivation and expectations needed to recover from the catastrophic disabilities of paraplegia, blindness, or multiple amputation, we can assist them. . . . It is a proven fact that the greatest number of failures in rehabilitating a person, occur in the evening hours and on weekends when they are away from work. It seems senseless to throw away the efforts, money, and most important, individuals' lives, because of the failure to teach that person how to cope with his leisure time. Money and specific programs must be directed in this area, or we shall lose many valuable men to a life of failure, and ultimately, confinement in VA hospitals. You must prod the VA to take action and begin an active and effective program of recreation."

Congress and the VA heeded these suggestions and, over the years, have developed robust adaptive sports and recreation programs that promote physical and mental health, foster collaboration and increased engagement between the VA and veteran organizations, and ultimately have a lasting impact on the lives of thousands of veterans. Several PVA members who discovered adaptive sports at the VA and participated in the NVWG have gone on to become Paralympians representing Team USA. Marco, a Marine Corps Veteran, is a two-time Paralympian. Mason competed on the USA Wheelchair Rugby team, where they took the Silver Medal, and Jason competed in para-archery, where he took home the Gold for Team USA.

PVA is proud of its legacy of improving access and opportunity through adaptive sports. We work closely with the VA, not only hosting events but also with the grant program staff, who are an invaluable resource. There is no single location or team that enables PVA to do what we do; countless staff members behind the scenes collaborate with us to make adaptive sports available to our nation's disabled veterans.

#### **Legislation to Improve Independence for Disabled Veterans**

Several pieces of legislation have already been introduced in the 119th Congress that would improve veterans' quality of life and enable them to engage in adaptive sports. Like most Americans, access to safe and reliable transportation is essential to the mobility, health, and independence of catastrophically disabled veterans. Improving transportation access is a top priority for PVA, which is why we advocated for the passage of the Veterans AUTO and Education Improvement Act (P.L. 117-333). This life-changing legislation authorized the VA to issue a second auto grant to an eligible veteran starting initially with veterans who received their grant more than 30 years ago.

The bill not only authorized an additional auto grant for eligible veterans, but it also amended the definition of "medical services" to include certain vehicle modifications (e.g., van lifts) offered through VA's medical benefits package. Specifically, it amended the definition of "medical services" under 38 U.S.C. § 1701(6) to include the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use. The change was intended to codify VA's existing practice of furnishing certain items, like van lifts and wheelchair tiedowns, to catastrophically disabled veterans. However, where the Veterans Health Administration (VHA) has used these items as examples, the statute defines them as the only types of modifications that are permissible.

Unfortunately, the language in the bill inadvertently limited VA's ability to support some veterans eligible for this benefit. The Automotive Support Services to Improve Safe Transportation (ASSIST) Act (S. 1726) seeks to address this by amending 38 U.S.C. § 1701(6) to give the department greater flexibility to make the necessary modifications to veterans' vehicles. This change would help the

department ensure veterans can safely enter or exit the vehicle and transport needed equipment, including power wheelchairs. PVA strongly supports S. 1726 and urges its swift passage.

Next, housing adaptations are often necessary for catastrophically ill and injured veterans to live a safe and independent life. Although important, an adapted home is more than just a wheelchair ramp through the front door. Without internal modifications, veterans with SCI/D may be forced to live in homes that don't meet their needs and greatly inhibit their ability to move about within them or to use the kitchen or bathroom with any level of independence. Because of these accessibility concerns, PVA strongly supports the Autonomy for Disabled Veterans Act (S. 1644).

VA's Home Improvements and Structural Alterations (HISA) grant is intended to help veterans and servicemembers make medically necessary improvements and alterations to their primary residence. Typical modifications include improvements to the entrance or exit from their homes, restoring access to kitchens or bathrooms, and updates to plumbing or electrical systems to accommodate medical equipment.

The lifetime HISA allowance is \$6,800 for veterans needing adaptations due to a service-connected condition. Veterans rated 50 percent disabled or greater may receive the same maximum amount even if a modification is necessary due to a non-service-connected disability. Additionally, veterans who are not service-connected but enrolled in the VA health care system can receive up to \$2,000. HISA grant rates have not been adjusted since 2010, despite labor and construction costs rising more than 50 percent in the same period. S. 1644 would update the baseline rate and tie the grant amount to a construction index, which will help it keep pace with inflation. PVA strongly supports this legislation.

A critical component that may be necessary for some disabled veterans to engage in adaptive sports is access to prosthetic devices. The Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act (SPORT) Act (S. 3183) would include adaptive prostheses and terminal devices for sports and other recreational activities in medical services furnished to eligible veterans. PVA supports the Veterans SPORT Act, which would remove the need for special authorization for a veteran to receive an adaptive device that would improve their access to adaptive sports and other forms of recreation, while removing bureaucratic barriers to assistive devices for disabled veterans.

Finally, VA lacks a unified and standard approach to the management and delivery of prosthetic devices, which can cause various issues for disabled veterans. Prosthetic departments are managed through VHA directives, handbooks, and local Prosthetic Clinical Management Programs, not statute. There is currently no congressionally mandated national prosthetics formulary that could be compared to pharmacy benefits management. Clinical decisions are often routed through

prosthetics committees with variable standards. Coverage determinations may rely on internal guidance, vendor contracts, or clinician familiarity rather than a uniform national criterion. Due to these discrepancies, veterans often report inconsistent access to advanced prosthetics, limited transparency regarding denials or approvals, and confusion about appeal options.

PVA is unclear how creating a national formulary for prosthetic supplies and services as directed by the Veterans Prosthetics Advancement and Reform Act (S. 2981) would help address these concerns. While we support the intent of the legislation, we believe it could be strengthened by including language that ensures access to adaptive devices for whole health, recreation, adaptive sports, and other programs that help facilitate veteran independence. We also believe language should be included that authorizes the purchase of prosthetic devices not listed on the formulary in the case of unique needs for veterans. Prosthetic devices are rarely one size fits all. Many adaptations are tailored to the individual veteran, and we would like to avoid limiting their options.

Thank you again for the opportunity to share our views before the committee today. With the upcoming Winter Olympics and Paralympics, we are glad to help elevate the importance of disabled veterans, particularly in adaptive sports. Whether a veteran is a Paralympian or a novice just getting started, and everyone in between, adaptive sports have the ability to empower them and their communities through their remarkable achievements.

**STATEMENT OF  
RACHEL MCARDLE, PH.D.  
DEPUTY EXECUTIVE DIRECTOR  
REHABILITATION AND PROSTHETIC SERVICES  
VETERANS HEALTH ADMINISTRATION (VHA)  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE  
ON  
INDEPENDENT SPIRITS: VETERAN HEALTH & HEALING THROUGH  
ADAPTIVE SPORTS”**

**FEBRUARY 4, 2026**

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, thank you for the opportunity to testify today on VA's Adaptive Sports Programs and the transformative impact they have on Veterans with disabilities.

VA's Adaptive Sports Program is rooted in our mission to promote health, independence, and quality of life for Veterans. These programs are not simply recreational — they are clinically integrated into rehabilitation plans and serve as powerful tools for recovery, resilience, and reintegration.

**Benefits of Adaptive Sports for Veterans**

Adaptive sports provide Veterans with opportunities to engage in physical activity, build confidence, and foster social connection. They improve strength, mobility, and mental health, helping Veterans live independently and thrive. Recreation therapists and adaptive sports clinicians use these activities as structured interventions to complement medical care, reduce isolation, and empower Veterans to rediscover purpose and joy.

**VA's National Rehabilitation Events**

VA hosts six national rehabilitation events annually, each designed to meet the unique needs of Veterans with disabilities.

National Disabled Veterans Winter Sports Clinic, Co-Presented with Disabled Veterans of America: Provides adaptive winter sports opportunities such as skiing and snowboarding, helping Veterans with disabilities build confidence, improve physical health, and experience therapeutic benefits in a supportive environment.

National Veterans Wheelchair Games Co-Presented with Paralyzed Veterans of America: The largest annual wheelchair sports event in the world, offering competitive and recreational activities that promote fitness, independence, and camaraderie among Veterans with spinal cord injuries and other mobility impairments.

National Veterans Golden Age Games: Targets Veterans aged 55 and older, encouraging healthy aging through adaptive sports and wellness activities that enhance physical fitness, social engagement, and overall quality of life.

National Veterans Summer Sports Clinic: Focuses on physical and mental well-being and fostering community and social engagement for Veterans living with active posttraumatic stress disorder and other mental health conditions through promotion of fitness, summer sports, and recreational opportunities.

National Disabled Veterans Golf Clinic Co-Presented with Disabled Veterans of America: Introduces Veterans with disabilities to adaptive golf techniques, promoting physical activity, social connection, and therapeutic recreation in an inclusive setting.

National Veterans Creative Arts Competition and Festival: Celebrates artistic expression as a form of rehabilitation, showcasing Veterans' talents in visual arts, music, drama, and writing to support physical and psychological recovery and community engagement.

These events provide opportunities for Veterans with visual impairments, traumatic brain injuries, limb loss, spinal cord injuries, mental health diagnoses, and other conditions to participate in adaptive sports and creative activities. In

fiscal year (FY) 2025, approximately 2,400 Veterans participated in these events, which are a cornerstone of VA's rehabilitation programming.

### **Adaptive Sports Grants Program**

VA's Adaptive Sports Grant Program provides Veterans and members of the Armed Forces with disabilities access to sports and equine therapy to encourage a healthy and active lifestyle. As authorized by 38 U.S.C. § 521A and regulated at 38 C.F.R. part 77, VA awards grants to non-Federal Government entities with significant experience in managing a large-scale adaptive sport program.

- In FY 2025, over 20,000 Veterans participated in adaptive sports and equine-assisted therapy through grant-funded programs.
- VA awarded \$16 million in grants to organizations offering more than 60 different adaptive activities, including cycling, kayaking, fishing, golf, winter sports, and wheelchair basketball.

These grants promote lifelong health and wellness by supporting programs that range from single-session clinics to recurring classes and competitive events. They reflect VA's commitment to expanding access and meeting Veterans where they are.

### **Veterans Monthly Assistance Allowance**

VA provides a monthly stipend for Veterans with disabilities who are training and competing at the elite level in Paralympic or Olympic sports, as authorized by 38 U.S.C. § 322(d) and regulated at 38 C.F.R. part 76. This program ensures that Veterans pursuing competitive excellence have the financial support needed to represent our Nation on the world stage.

To qualify, a Veteran athlete must meet classification and performance standards established by the respective Paralympic or Olympic governing body.

From FY 2020-2025, VA provided stipends, on average, to 200 Veterans annually. In FY 2025, the average stipend was approximately \$1,040 per month.

We are honored to have heard from the veteran adaptive sports athletes on the first panel. Their achievements and stories exemplify the spirit of this program and the resilience of the Nation's Veterans. VA is proud to support their pursuit of excellence and their role as ambassadors for adaptive sports.

### **Outreach and Engagement**

VA uses targeted outreach through social media, national events, and other efforts to connect Veterans with adaptive sports opportunities.

- Sports4Vets social media engagement increased 115% last year.
- VA conducts monthly sessions with adaptive sport grant recipients and collaborates with community partners to expand participation.
- Outreach efforts include health and wellness expos, educational sessions, and resource stations at national events.

### **Impact and Success Stories**

Adaptive sports are more than recreation — they are rehabilitation. They help Veterans rebuild lives, restore confidence, and reconnect with their communities. Veterans often describe these programs as life-changing, providing physical benefits, psychological healing, and renewed purpose.

### **Pending Legislation**

Having provided an overview of VA's adaptive Sports initiatives, I will now provide the VA's views on the four bills on today's agenda.

#### **S. 1644      **Autonomy for Disabled Veterans Act****

Summary: Section 2(a) of this bill would amend 38 U.S.C. § 1717 to increase the amount available to eligible Veterans for improvements and

structural alterations furnished as part of home health services. It would establish a lifetime cap on the cost of such improvements or alterations of \$6,800 for Veterans who first applied for benefits under this paragraph before the date of enactment for a non-service-connected disability and whose disability VA later determined to be service-connected. For Veterans who first applied for benefits under this paragraph on or after the date of enactment, the lifetime limit would be \$10,000.

Section 2(b) would further amend this statute to require VA to adjust these limits annually to increase them by a percentage equal to the percentage by which the residential home cost of construction index established under 38 U.S.C. § 2102(e)(3) increased during the previous fiscal year; if that index did not increase, the rate would remain the same. It would also limit VA to furnishing no more than three improvements or structural alterations under paragraph (2) section 2(c) would create a rule of construction stating that Veterans who exhausted their eligibility for benefits before the date of enactment would not be entitled to additional benefits under this section by reason of these amendments.

**Position: VA supports the intent of this bill, subject to amendments, however, VA is unable to assess the impact to budgetary resources and therefore will follow up with the Committee once this evaluation is complete or the Congressional Budget Office (CBO) has provided a score.**

**Views:** VA supports updating the benefits offered through the Home Improvement and Structural Alterations (HISA) program. The HISA amounts have not been increased for more than 15 years. This bill would provide necessary flexibility to ensure Veterans receive medically indicated modifications to their homes to support independent living. By including an index adjustment, the bill would also ensure the HISA benefits are based on average industry costs and are adjusted over time. Further, the bill would provide a single, consistent amount – at least based on when the Veteran applied for HISA benefits – regardless of service connection, which VA supports. We believe the recommended amount of \$10,000 for future applicants is appropriate, as that is

generally consistent with the national average cost for a bathroom modification, which is the most common HISA modification. VA has some technical edits on this bill it will share with the Committee.

Cost Estimate: VA is working on a cost estimate for this bill.

**S. 1726      Automotive Support Services to Improve Safe Transportation  
Act of 2025 (ASSIST Act of 2025)**

Summary: Section 2 of this bill would amend 38 U.S.C. § 1701(6)(I), which generally defines, among medical services VA is authorized or required to furnish, automotive adaptations. Current law includes the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use. The bill would amend this authority to include the provision of any medically necessary automobile adaptations for driver or passenger use, including ramp and kneeling systems, raised doors or lowered floors, raised roofs, air conditioning, occupied and unoccupied mobility lifts, ingress or egress accessibility modifications, wheelchair tiedowns, and adapted seating.

Section 3 of this bill would amend 38 U.S.C. § 5503(d)(7), which generally limits pension payments for certain Veterans, by extending the sunset date of this provision from November 30, 2031 (sic), to September 30, 2032.

Position: **VA supports the intent of this bill, subject to amendment, however, VA is unable to assess the impact to budgetary resources and therefore will follow up with the Committee once this evaluation is complete or CBO has provided a score.**

Views: VA supports the proposed amendments in section 2. These amendments would largely match with current VA policy (except for kneeling systems, which VA can currently prescribe but not actually provide) and would address concerns VA has identified with the current statutory language, which was enacted in section 22 of the Veterans Auto and Education Improvement Act

of 2022 (P.L. 117-333). VA's concern is that the current statutory language is too narrow and does not provide VA clear authority to furnish other necessary adaptations, such as ramp and kneeling systems, lowered floors, and ingress and egress accessibility modifications more generally. The current statute also refers only to wheelchair tiedowns "for passenger use." It does not include tiedowns for the driver's use. By modifying the language to refer more broadly to "any medically necessary automobile adaptations," it leaves VA room to include additional adaptations as adaptations are developed and proven to be safe and appropriate for use. VA recommends including specific authority to allow VA to limit the use of these benefits to once every five years to ensure these modifications are consistent with current regulation and to provide greater financial accountability for VA.

Regarding section 3 of the bill, we note initially that Congress recently modified and extended this authority, which does not currently expire until January 31, 2033 (per section 4 of the Medal of Honor Act; Public Law 119-43). We note that this appears to be intended to offset the cost of section 2, but this offset would not provide VA necessary funds to support implementation of these amendments.

Cost Estimate: VA is working on a cost estimate for this bill.

#### **S. 2981      Veterans Prosthetics Advancement and Reform Act**

Summary: Section 2 of the bill would establish a new 38 U.S.C. § 1709D regarding a prosthetic and rehabilitative items and services formulary (the Formulary). Proposed § 1709D(a) would require VA to establish the Formulary for purposes of furnishing medical services under 38 U.S.C. § 1701(6)(F) pursuant to § 1710. Proposed § 1709D(b) would require VA to solicit input from Veterans and the public in developing the formulary; VA would have to ensure that all items and services included in the Formulary are available at or through all VA facilities, and in developing the Formulary, VA would have to rely on the best available evidence to identify which items and services should be included.

Proposed § 1709D(c) would require VA to publish the Formulary online and update it periodically. VA would have to communicate to Veterans the contents of the Formulary and provide information about how to appeal decisions regarding the provision of items and services on the Formulary. Proposed § 1709D(d) would require VA to enter into such contracts as VA considers necessary to support the availability of items and services included in the Formulary. Proposed § 1709D(e) would require VA to ensure the availability of training on the Formulary for clinicians and other VA staff. Proposed § 1709D(f) would require VA to establish a process for VA clinicians to request, prescribe, and furnish prosthetic and rehabilitative items and services that are not included on the Formulary when medically necessary. VA would have to monitor requests, prescriptions, and the furnishing of prosthetic and rehabilitative items and services to ensure that such items and services are being consistently and appropriately prescribed at all VA facilities and to determine whether such items or services should be added to the Formulary. Proposed § 1709D(g) would require VA, in developing the Formulary, to consider how the approach of VA's Pharmacy Benefits Management (PBM) Services for formulary management and medication safety could be adapted to support the efficient and effective administration of the Formulary.

**Position: VA supports the intent of this bill but cites concerns, and VA is unable to assess the impact to budgetary resources and therefore will follow up with the Committee once this evaluation is complete or CBO has provided a score.**

**Views:** VA supports the intent of this bill but cites concerns. VA is unclear if the bill intends to include specific medical services (such as the fitting, fabrication, and adjustment of items) and items that may be covered under other VA authorities. VA welcomes the opportunity to discuss how this bill might impact clinical outcomes and current resources, as well as the intended effect of the bill. We understand that this bill is intended to provide clear authority for VA to establish the Formulary and to ensure that access to prosthetic and rehabilitative items and services are consistently available across the country. VA greatly

appreciates the extensive engagement between VA and the Committee in developing this proposal through technical assistance. are consistently available across the country. VA greatly appreciates the extensive engagement between VA and the Committee in developing this proposal through technical assistance.

We do note this bill would likely require significant dedicated resources to be assigned to the creation and administration of the Formulary; for example, VA's PBM relies on a large, specialized team to manage formulary items, which is only feasible as these products are standardized and approved by the Food and Drug Administration. Replicating this process for prosthetic items would require a larger workforce, given the complexity and variability of products.

In addition to the staffing requirements to develop, manage, and maintain a Formulary, a system integrating the clinical ordering process with the items on Formulary would need to be developed and implemented. Currently these items are ordered through prescriptions or requests that are largely free text entries that often require several iterations of messaging between the ordering provider and procurement staff to ensure that VA provides the exact item is needed, which can result in delays. Without integration to the clinical ordering system, providers will not be able to effectively use a Formulary, and many of the potential benefits of this bill would be unachievable. There are over 100,000 different items that would likely be on the Formulary, and it is not reasonable to expect providers or procurement staff to memorize them all.

Additionally, the bill specifically focuses on furnishing medical services as described in § 1701(6)(F) and § 1710, but VA has other authorities under which it furnishes certain items and services. For example, VA furnishes eyeglasses and hearing aids pursuant to 38 U.S.C. § 1707, and VA furnishes aids for the blind under § 1714. It is unclear if the bill intends to include these other items as well; VA would welcome the opportunity to discuss this further with the Committee to determine if amendments to the bill would be appropriate.

These examples also demonstrate how VA often has multiple authorities governing the same or similar benefit, which can lead to confusion and duplication of efforts. VA would welcome the opportunity to discuss future opportunities to simplify and clarify VA's authorities in this and other areas of health care delivery and management.

Cost Estimate: VA is working on a cost estimate for this bill.

**S. 3138 Veterans Supporting Prosthetics Opportunities and Recreational Therapy (SPORT) Act**

Summary: This draft bill would amend 38 U.S.C. § 1701(6), which defines the term medical services for purposes of chapter 17 of title 38, U.S.C., to specify that artificial limbs include adaptive prostheses and terminal devices for sports and other recreational activities.

Position: **VA supports this bill, subject to amendment.**

Views: VA fully supports ensuring that eligible Veterans in need of adaptive recreation equipment, including adaptive prostheses and terminal devices for sports and other recreational activities, are able to access these items. VA has already included these items in its regulations at 38 C.F.R. § 17.3230(a)(1)(ii), which includes adaptive recreation equipment among the items and services VA will provide Veterans if VA determines that such items and services: (1) are needed to promote, preserve, or restore the health of the Veteran (under 38 C.F.R. § 17.38(b)); (2) serve as a direct and active component of the Veteran's medical treatment and rehabilitation; and (3) do not solely support the comfort or convenience of the Veteran. These regulations are VA's interpretation of 38 U.S.C. §§ 1701 and 1710 in this area. VA has defined adaptive recreation equipment at 38 C.F.R. § 17.3210 to mean an item that is designed to compensate for, or that by design compensates for, loss of physical, sensory, or cognitive function and is necessary for the Veteran to actively and

regularly participate in a sport, recreation, or leisure activity to achieve the Veteran's rehabilitation goals as documented in the Veteran's medical record.

VA believes the bill language would be redundant given current regulations and practice. In addition, we express concern that enacting a bill of this type could result in confusion in this area. Such confusion could jeopardize or frustrate the delivery of benefits to Veterans because this language does not align exactly with VA's current regulations. This could lead to an inference that the bill is intended to create benefits different from VA's current regulations and could lead to litigation. We recommend Congress include the following rule of construction to address these concerns: "Nothing in this Act shall be construed to alter the scope of benefits the Secretary currently provides to eligible Veterans under section 17.3230 of title 38, Code of Federal Regulations, or successor regulations." We would be happy to work with the Committee on this language.

VA providers currently evaluate each patient's needs and prescribe adaptive equipment as clinically appropriate. VA can also prescribe and furnish these items as prosthetic devices as well under current regulations. VA currently provides Veterans with artificial limbs specifically designed for numerous activities like running, swimming, and climbing. VA also provides Veterans with a broad array of adaptive equipment to participate in their preferred recreational activities. Examples include adaptive hand cycles; wheelchair basketball equipment; adaptive ski and hockey equipment; and customized adaptations to participate in activities from hunting to kayaking.

If any Members of the Committee are aware of issues or cases where Veterans have not received necessary equipment, we ask that you please let us know so we can assist.

Cost Estimate: This draft bill would result in no additional cost because it would result in no change in policy.

**Conclusion**

VA remains committed to expanding adaptive sports opportunities for Veterans and working with Congress to strengthen these programs. We appreciate your continued support and look forward to collaborating on legislative efforts that enhance access and impact. Thank you for recognizing the transformative power of adaptive sports. I am happy to answer any questions.



**Department of Veterans Affairs**  
**Senior Executive Biography**

**Rachel McArdle, PhD**  
**Deputy Executive Director**

**Rehabilitation and Prosthetics Service, VHA**



Rachel McArdle serves as the Deputy Executive Director, Rehabilitation and Prosthetics Service (RPS) for the Department of Veterans Affairs. She received her Ph.D. in cognitive and neural sciences from the University of South Florida and is an Associate Professor in the College of Health and Behavioural Sciences at the University of South Florida. Dr. McArdle is an audiologist by training and is a member of the American Academy of Audiology, the American Speech and Hearing Association, and the American Auditory Society. She has published 31 peer-reviewed papers, 12 non-peer-reviewed papers and 3 book chapters. Dr. McArdle has been an author on 57 national and international presentations. She also has been a primary investigator or co-investigator on 11 funded studies, 6 of which were large multi-site clinical trials. In her position as the Deputy Executive Director, she is responsible for the provision of all medical rehabilitation services across the Veterans Health Administration (VHA), including national programs for Audiology and Speech Pathology, Blind Rehabilitation Services, Chiropractic Care, National Adaptive Sports Programs, Recreational Therapy Services, Clinical Orthotic and Prosthetic Services/Labs, Prosthetic and Sensory Aids Services, and Physical Medicine and Rehabilitation Services. Dr. McArdle also supports administering RPS special programs, including Traumatic Brain Injury/Polytrauma System of Care, Amputation System of Care, Driver Rehabilitation and Driver Training programs, Advanced Technology Labs, and programs for Veterans qualified to receive VA benefits. Dr. McArdle interprets policies promulgated by senior VA officials and determines their effect on program needs and serves as an information resource and advisor to senior Government officials on matters of national significance. She provides leadership, consultation, and recommendations to medical centers in VHA across all Veterans Integrated Service Networks.

**CAREER CHRONOLOGY:**

2022 – Present	Deputy Executive Director, Rehabilitation and Prosthetics Service, VHACO
4/2025 – 8/2025	Acting Executive Director, Rehabilitation and Prosthetics Service, VHACO
2015 – Present	National Director, Audiology and Speech Pathology
2014 – 2015	Acting National Director, Audiology and Speech Pathology
2007 – 2014	Service Chief, Audiology and Speech Pathology, Bay Pines VA Healthcare System
2000 – 2007	Research Audiologist, Bay Pines VA Healthcare System
1997 – 2000	Pre-doctoral Fellowship, Bay Pines VA Healthcare System
1996 – 1997	Clinical Fellowship Year, Bay Pines VA Healthcare System
1995 – 1996	OAA traineeship, Bay Pines VA Healthcare System

**EDUCATION:**

2002	Doctor of Philosophy, Experimental Psychology, University of South Florida, Tampa, FL
1996	Master of Science, Audiology, University of South Florida, Tampa, FL
1994	Bachelor of Science in Communication Sciences and Disorders, University of South Florida, Tampa, FL

---

**Statements for the Record**

---



**Senator Catherine Cortez Masto  
Statement for the Record  
Senate Veterans' Affairs Committee  
Independent Spirits: Veteran Health & Healing through Adaptive Sports  
February 4, 2026**

Chairman, Ranking Member, and Members of the Committee, thank you for the opportunity to submit this statement for the record and for holding this important hearing. I appreciate the Committee's continued bipartisan work to ensure the Department of Veterans Affairs is meeting the needs of the men and women who served our country.

I am proud to work alongside Senator John Boozman on the bipartisan Autonomy for Disabled Veterans Act. This legislation makes long-overdue updates to VA's Home Improvements and Structural Alterations (HISA) grant program to more accurately reflect today's costs and better serve disabled veterans and their families. Veterans with disabilities should be able to live safely and independently in their own homes, and that starts with access to basic modifications like accessible bathrooms, widened doorways, and wheelchair ramps.

The HISA program has not kept pace with the rising cost of construction materials and labor, leaving too many veterans without the support they earned. Our bill updates grant amounts to more realistic levels and requires annual adjustments tied to construction costs so the program keeps pace with rising prices over time. These are practical, commonsense changes that will make a real difference for veterans navigating life after service.

I am grateful for the support of Paralyzed Veterans of America, whose advocacy underscores how critical these updates are, and I am encouraged by the bipartisan momentum behind this effort. This legislation reflects what is possible when we work across the aisle to put veterans first.

Disabled veterans have already sacrificed enough. They deserve the freedom, dignity, and independence that come with a safe and accessible home. I urge the Committee to move swiftly to advance this legislation at an upcoming markup and help bring these much-needed reforms into law.

Thank you for your time and for your commitment to our nation's veterans.



Washington Headquarters  
 1300 I Street, NW, Suite 400 West  
 Washington, DC 20005  
 tel 202-554-3501  
 dav.org

**STATEMENT OF  
 JON RETZER  
 NATIONAL LEGISLATIVE DIRECTOR  
 COMMITTEE ON VETERANS' AFFAIRS  
 UNITED STATES SENATE  
 LEGISLATIVE HEARING  
 February 4, 2026**

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

On behalf of DAV (Disabled American Veterans) and our nearly one million members, thank you for the opportunity to add our support to four important bills that collectively strengthen the Department of Veterans Affairs' ability to restore independence, autonomy and quality of life for service-disabled veterans.

In addition to our role as a congressionally chartered veterans service organization and leading policy advocate, DAV fills critical gaps in care and access through our nationwide Voluntary Services program. DAV volunteers provide millions of hours of service each year in VA medical centers, outpatient clinics, state veterans homes and community settings, supporting transportation, recreational therapy—including adaptive sports—peer engagement and non-clinical assistance that complements VA health care and rehabilitation services. These on-the-ground experiences directly inform DAV's policy positions and underscore the practical impact of the legislation before the Committee.

We appreciate the Committee's commitment to addressing the pressing issues faced by service-disabled veterans and thank you for your thoughtful consideration of these four significant pieces of legislation. Collectively, these measures acknowledge that rehabilitation extends beyond clinical treatment. True rehabilitation encompasses restoring function, dignity, mobility and the ability to participate fully in everyday life—which is why access to innovative prosthetic technology and adaptive recreational opportunities is so critical.

Each bill on today's agenda targets specific barriers that hinder service-disabled veterans within their homes and communities and during recreational activities. Enactment of these bills would directly support DAV's mission to empower veterans, enabling them to achieve their highest possible level of independence.

S. 1644, the Autonomy for Disabled Veterans Act, would strengthen and modernize the VA's Home Improvements and Structural Alterations (HISA) program. The bill increases the maximum benefit amounts for home modifications to \$6,800 for veterans who applied before enactment and \$10,000 for those applying after, and

ensures these amounts keep pace with real-world construction costs by tying future increases to a residential construction cost index, adjusted annually.

We support S. 1644, based on DAV Resolution No. 127, which calls for updating statutory benefit caps to reflect the true cost of accessible home modifications and the evolving needs of severely disabled veterans. DAV volunteers regularly encounter veterans whose recovery and independence are limited not by medical care, but by inaccessible living environments. Unsafe housing conditions can delay hospital discharge, restrict mobility and increase the risk of injury.

By modernizing and indexing the HISA benefit, this bill helps ensure that clinical gains made in VA facilities translate into safe, sustainable independence at home. It addresses the long-standing gap between outdated benefit caps and the actual cost of necessary modifications, helping veterans remain in their homes and communities rather than being forced into institutional care. The bill limits the number of HISA grants to three per veteran, while preserving flexibility for meaningful, life-changing adaptations.

This targeted, responsible enhancement promotes autonomy, supports family and community engagement and reduces long-term dependency and costs. DAV believes S. 1644 is a critical step toward ensuring that severely disabled veterans have the resources they need for safe, independent living, and encourages Congress to advance this legislation to better support those who have served.

S. 1726, the Automotive Support Services to Improve Safe Transportation (ASSIST) Act of 2025, would explicitly clarify that the VA must provide a comprehensive range of medically necessary automobile adaptations as part of its medical services. These adaptations—including ramp and kneeling systems, mobility lifts, accessible seating and modifications for safe ingress and egress—are essential for veterans whose service-connected disabilities impair their ability to operate a vehicle safely.

We support S. 1726, based on DAV Resolution No. 448, because it addresses the real-world barriers veterans face to independence—not just from disability, but from a lack of safe, accessible transportation. By clearly defining eligible vehicle adaptations, the bill eliminates uncertainty and inconsistent VA interpretations that can delay or deny critical mobility supports, ensuring veterans can access medical care, employment and community life.

While DAV's volunteer transportation network is a vital resource to hundreds of thousands of disabled veterans, this legislation will provide many of them greater independence by allowing them to travel on their own terms. The ASSIST Act would help reduce reliance on volunteer transport and empower veterans to reclaim autonomy over their daily lives.

DAV believes that enacting S. 1726 is an important step toward ensuring veterans have the mobility and financial stability they deserve, and encourages Congress to advance this legislation to better support those who have served.

S. 2981, the Veterans Prosthetics Advancement and Reform Act, addresses a critical need for transparency, consistency and accountability in the VA prosthetics and rehabilitative services. We support this legislation, based on DAV Resolution No. 97, which calls for robust funding, innovation and equitable access in VA Prosthetic and Sensory Aids Services.

Service-disabled veterans too often face confusion and frustration when seeking prosthetic approvals, especially when eligibility or available items vary from one VA facility or region to another. By establishing a comprehensive Prosthetic and Rehabilitative Items and Services Formulary—developed with input from veterans and the public—this bill would bring much-needed clarity to both veterans and clinicians. The Formulary will be accessible at all VA facilities and online, updated periodically, and include a transparent process for requesting items not currently listed, with a mechanism to review and potentially add frequently requested items.

DAV regularly assists service-disabled veterans in navigating the VA health system, including understanding prosthetic options and resolving access challenges that arise from inconsistent practices between facilities. The absence of a clear, standardized formulary creates avoidable confusion for veterans to navigate a complex system. By establishing a clear Prosthetic and Rehabilitative Items and Services Formulary, S. 2981 would help close these systemic gaps.

Importantly, the bill preserves clinical judgment by allowing for medically necessary items not listed on the Formulary, while also creating a feedback loop to evaluate and potentially incorporate frequently requested items. This approach balances the need for standardization with the flexibility to address individual medical needs, mirroring best practices already used within VA's Pharmacy Benefits Management system. The bill also authorizes the VA Secretary to enter into contracts and provide training to ensure effective implementation.

S. 2981 is a targeted, responsible reform that will make VA prosthetic and rehabilitative benefits more understandable, accessible and equitable—without sacrificing innovation or responsiveness to individual veterans' needs. By establishing a transparent, evidence-based Formulary and preserving clinical flexibility, this legislation will help ensure that all veterans have timely access to the prosthetic and rehabilitative care they need to live independently and with dignity. DAV believes S. 2981 is an important step forward and encourages Congress to advance this bill to better support those who have served.

S. 3138, the Veterans Supporting Prosthetics Opportunities and Recreational Therapy (SPORT) Act, would require VA to include adaptive prostheses and terminal devices for sports and recreational activities within the VA's definition of medical

services. This clarification ensures that veterans can access prosthetic devices not only for daily living but also for participation in athletic and recreational pursuits—key components of physical rehabilitation, mental health recovery and social reintegration.

We support this legislation in accordance with DAV Resolution No. 97, which calls for funding, innovation and equitable access in VA Prosthetic and Sensory Aids Services. By removing ambiguity in the law, S. 3138 addresses inconsistent access to sport-specific prosthetics across the VA system and reinforces the clinical value of adaptive sports in veterans' recovery and long-term well-being. For service-disabled veterans, adaptive sports are not recreational luxuries—they are clinically recognized tools that improve mobility, reduce isolation and restore confidence.

DAV has long supported adaptive sports programs and has seen firsthand how participation in these events provides transformative physical and social benefits. For example, the National Disabled Veterans Winter Sports Clinic, which DAV co-presents with VA, brings together more than 350 veterans each year to participate in Alpine and Nordic skiing, sled hockey and other adaptive sports. Similarly, the National Disabled Veterans Golf Clinic, which we also co-present, serves more than 200 veterans annually, pairing them with "golf buddies" who assist them in adaptive golf activities and foster long-term relationships, confidence, and rehabilitation beyond the clinic itself. Through these and other community-based events, thousands of veterans have benefited from opportunities to test and refine adaptive prosthetics in real-world settings, rebuild physical conditioning and reconnect socially with peers and their communities.

DAV's voluntary services and adaptive sports programs demonstrate how access to appropriate prosthetic devices and adaptive programs directly improves long-term outcomes. Volunteers working alongside VA recreational therapy programs routinely see veterans regain confidence, reduce isolation, and re-engage socially. When access to sport-specific prosthetics is inconsistent or delayed, volunteers must step in to keep veterans motivated and engaged in their rehabilitation. This legislation would address these gaps by ensuring timely access to adaptive equipment, reducing reliance on volunteers and supporting better outcomes in adaptive sports participation.

S. 3138 broadens the scope of existing VA benefits, aligning with efforts to enhance quality of life and promote holistic rehabilitation for veterans. DAV believes this legislation is a vital step toward ensuring that all veterans have the opportunity to achieve their fullest potential through access to adaptive prosthetic technology and recreational therapy.

In closing, DAV appreciates the Committee's leadership in advancing legislation that recognizes rehabilitation as a lifelong process and stands ready to work with Congress and the VA to ensure successful implementation.

January 30, 2026

Sen. Jerry Moran  
Chairman  
U.S. Senate Committee on Veterans' Affairs  
521 Dirksen Senate Office Building  
Washington, DC 20510

Sen. Richard Blumenthal  
Ranking Member  
U.S. Senate Committee on Veterans' Affairs  
503 Hart Senate Office Building  
Washington, DC 20510

Dear Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

I am Shawn Morelli and Paralympic athlete and three-time gold medalist and proudly represented Team USA at the 2016 and 2020 Paralympic Games. It is a privilege and an honor to be invited to testify before the Senate Veterans' Affairs Committee to discuss the important role the Department of Veterans' Affairs has in supporting athletic opportunities for para-athlete veterans and its invaluable partnership with the U.S. Paralympic movement. I am delighted the Committee is providing deliberate attention to the Paralympic movement and the opportunity to spotlight the invaluable service the VA provides to the para-athletes in America.

My journey with adaptive sports began during my therapy and rehabilitation after injury. It started with participating in the Wounded Warrior Games, which introduced me to the world of adaptive competition and community support. From there, I joined a Veterans NonProfit organization called Project Hero, where my passion for cycling and para sports truly began to grow.

My experience with the VA's adaptive sports programs was truly life-changing. It saved my life. My goal was to find something that kept me alive, I did not want to become one of the 22 a day. These programs provided not only a structured path for my physical rehabilitation but also gave me emotional and social support that was critical during my recovery. Through the VA's initiatives, I discovered adaptive sports communities and gained access to resources and events that kept me motivated and connected. The sense of camaraderie and belonging I found through these programs was essential in helping me transition from injury to an active, purpose-driven life.

For other veteran athletes, the value of the VA's adaptive sports programs cannot be overstated. They offer safe environments to explore new activities, build essential life skills, and develop lasting friendships with others who understand the unique challenges faced by veterans. These programs help veterans regain confidence, improve their mental and physical health, and provide opportunities to compete at all levels—from recreational participation to elite international competition. Most importantly, they remind veterans that they are not alone and that a caring and empowering community supports their journey forward.

From my perspective, the most effective aspects of the VA's adaptive sports programs are their comprehensive approach to rehabilitation and recovery. These programs not only offer structured opportunities for physical activity, but also offer vital emotional and social support, fostering a sense of community and belonging that is crucial for veterans. The camaraderie and

encouragement from fellow participants help veterans regain confidence and purpose while improving both mental and physical health.

However, there is room for improvement as well. Increasing access to local and community-based options for veterans with a variety of disabilities—including those who are blind or have TBI or PTSD—would enhance the reach and impact of the programs. Streamlining the process for equipment evaluation and distribution would help more veterans continue their sports activities outside of organized events. Expanding virtual platforms for homebound veterans could significantly boost their engagement and well-being, ensuring that no-one is left behind due to mobility or location challenges. Addressing these areas would make the VA's adaptive sports programs even more inclusive and effective for all veterans.

I want to share with you my experience as a veteran transitioning from rehabilitation to training as an elite para-athlete for the first time. It was not easy.

From my experience, transitioning from rehabilitation to elite competition was marked by several significant challenges. One of the biggest hurdles was the financial burden associated with competing at an elite level. This involved purchasing specialized equipment, coaching, and proper nutrition, which required considerable personal investment, often amounting to thousands of dollars. For example, as a cyclist, I needed different bikes for track, road race, and time trial events, and the costs quickly added up. To overcome these expenses, I actively sought sponsors and was fortunate to connect with companies that supported veterans, securing some assistance with equipment and nutrition.

Another challenge was adjusting from a structured rehabilitation environment to the rigorous demands of elite training, which included maintaining strict discipline and managing advanced physical and mental stress. I relied heavily on the support from adaptive sports programs, my coaches, my medical team, and the camaraderie of fellow veteran athletes to stay motivated and focused. The encouragement and practical guidance from this community helped me navigate the obstacles, reinforce my resilience, and enabled me to compete successfully at the international level.

I do not know how inspirational my story is to others. I hope that it highlights the power of resilience and the transformative impact of adaptive sports on both physical and mental health. By sharing my journey from injury and rehabilitation to competing at the elite level, it perhaps demonstrates that it is possible to overcome immense challenges and find new purpose. With the willingness to discuss personal struggles, including the desire not to become a statistic and the obstacles I faced in securing equipment and support, provides hope and practical guidance to others facing similar battles. By advocating for better access and resources for veterans with diverse disabilities, and by pursuing excellence despite significant financial and logistical hurdles, could be a powerful example for the next generation of veteran adaptive athletes. I hope my achievements and ongoing efforts show that with determination and support, veterans can reclaim their independence, build community, and even represent their country on the world stage.

I appreciate the Senate's attention to the Veterans SPORT Act, as proposed by Senator Jim Banks of Indiana and Senator Angus King of Maine. This bill will help make para-sport more accessible and affordable to veterans. This is a helpful step to providing veterans with a second chance at life to compete and excel as para-athletes. I encourage this Committee and Congress to pass this meaningful bill into law.

Representing Team USA in the Paralympics and other elite competitions has been an incredible honor and a deeply meaningful experience for me. It symbolizes not only a personal achievement but also a testament to the transformative power of adaptive sports and the journey I undertook from injury and rehabilitation to reaching the highest levels of competition. Standing among other athletes on the international stage, I felt a profound sense of pride and responsibility, knowing that I was representing both my country and the veteran community.

Competing for Team USA allowed me to reclaim my independence and purpose, proving to myself and others that it is possible to overcome adversity and thrive. The opportunity to wear the nation's colors and pursue excellence was a privilege made possible by the support of adaptive sports programs, my sponsors, and the camaraderie I built with fellow veterans. This experience reinforced my commitment to advocate for better access and resources for veterans with diverse disabilities, and to inspire others to persevere through their own challenges and find new meaning in life.

Thank you,



[Shawn Morelli \(Jan 30, 2026 09:19:59 CST\)](#)

Shawn Morelli



### Statement for the Record

Submitted by: The Action Foundation  
 Address: 1105 Lake Road, Marshall, MN 56258  
 Contact: [audra@theactionfoundation.org](mailto:audra@theactionfoundation.org)  
 Hearing: Building a 21st Century VA Health Care System: Assessing Efforts to Restructure the Veterans Health Administration  
 U.S. Senate Committee on Veterans' Affairs  
 Date: January 28, 2026

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Committee:

The Action Foundation respectfully submits this statement for the record in support of the Committee's oversight of the Department of Veterans Affairs' (VA) Reimagine and Strengthen Excellence (RISE) initiative. As a veteran-focused organization, RISE has implications for restructuring the Veterans Health Administration (VHA), and the dual focus on evaluating the success of VA adaptive sports programs. It is critical that the Committee considers important legislative measures to enhance integration of adaptive sports prosthetics and devices within VA medical services. As a 501(c)(3) nonprofit organization dedicated to empowering outdoor exploration for individuals with unique mobility challenges, we advocate for expanded accessibility to adaptive equipment, recreational opportunities, and sports programs that facilitate physical rehabilitation, mental health recovery, social reintegration, and overall well-being—particularly for veterans managing conditions such as spinal cord injuries, amputations, traumatic brain injuries, and post-traumatic stress disorder.

### Organizational Background and Journey with Adaptive Sports

Founded to address the profound barriers—in particular within the Veterans Administration—faced by individuals with mobility limitations in accessing the outdoors, The Action Foundation's journey began with a recognition of the transformative power of adaptive recreation and economic opportunity. Inspired by firsthand observations of veterans and others excluded from natural environments due to burdensome regulations, complicated approval processes, and inadequate equipment and infrastructure, our organization emerged from a commitment to bridge these gaps.

This path was shaped by 'Lutheran Church Ladies' who on their own time, and own dime, picked up the phone and raised nearly \$1 million dollars to give disabled Veterans access to much needed accessibility equipment. This led to incredible collaborations and partnerships with veterans' groups like the Independence Fund, disability advocates, and recreation coalitions, evolving from local initiatives into a national model that integrates conservation with accessibility. Our core values—accessibility, innovation, empowerment, and collaboration—drive efforts to ensure all terrains are navigable, regardless of mobility level, allowing participants to experience life in ways they may never have before.



### Work Within the Veteran Adaptive Sports Community

The Action Foundation aims to contribute to the veteran adaptive sports community in many ways, but primarily through our National Action Network's *Tow & Go Program*, a mobile lending system that provides U.S.-manufactured all-terrain mobility equipment. These mobility devices enable Veterans to participate in adaptive activities such as hiking, hunting, fishing, and trail exploration, often at no or low cost via online reservations. By partnering with State and Federal parks, nonprofits, healthcare systems, and Veteran-serving organizations, the National Action Network and the Tow & Go Program will create local and national access points that remove barriers related to income, geography, and disability. Our work aligns with broader adaptive sports frameworks, supporting events and programs that foster physical activity and community connections. Recent expansions, including integrations with educational and career pathways, demonstrate our adaptability and focus on sustainable, replicable models.

### Influence of VA Adaptive Sports Programs

Our engagement with Secretary Collin's team, and the VA's adaptive sports programs, such as the National Veterans Sports Programs and grants for community-based initiatives, has profoundly influenced The Action Foundation. These programs have enabled us to collaborate on delivering equipment and resources, enhancing veterans' transitions from clinical rehabilitation to active participation in outdoor sports. As an organization, we have witnessed the value these initiatives offer:

- Structured opportunities for employment, skill-building, peer support, and therapeutic recreation, contributing to improved physical fitness, reduced isolation, and a renewed sense of purpose.
- For veteran athletes, this translates to measurable gains in independence and mental resilience, aligning with VA priorities for whole-person wellness.

From our perspective, the most effective aspects of the VA's adaptive sports programs include their emphasis on grants that empower community partners, events like the National Disabled Veterans Winter Sports Clinic, and integration with rehabilitation services. However, opportunities for improvement exist in expanding coverage for wheeled mobility devices, adaptive devices and clothing, streamlining equipment procurement and approvals, and increasing coordination with the National Park Service and other state and public lands to embed accessibility standards. Greater emphasis on data tracking for outcomes, such as participation rates and health metrics, could further strengthen accountability and scalability.

### Challenges in Transitioning to Elite Competition and Overcoming Them

Veterans simply trying to obtain supplemental mobility equipment or those transitioning from rehabilitation to elite adaptive competition often face challenges. This includes limited access to specialized equipment, complicated prescription processes, fragmented support networks, and gaps between clinical care and community programs—issues we have observed and have worked to address through our initiatives. Overcoming these hurdles at the VA requires innovative partnerships, as exemplified by our Tow & Go model's mobile deployment, which



brings equipment directly to veterans, reducing logistical barriers. By leveraging collaborations with medical institutions and veteran service organizations, we have facilitated smoother transitions, enabling participants to progress from recreational activities to employment opportunities.

#### Inspiration for the Next Generation

We hope The Action Foundation's story and the experiences of Veterans we support inspire Congress to make serious reforms to the VHA prosthetics process, the approvals of mobility equipment and create a pathway for the next generation of adaptive athletes by demonstrating that mobility challenges do not preclude achievement or adventure. Every Veteran deserves access to work and the outdoors. Our foundation amplifies these narratives to encourage broader participation, ensuring future athletes benefit from enhanced resources and visibility.

#### Support for Legislative Initiatives

In light of this hearing's consideration of measures to integrate adaptive sports prosthetics and devices into VA services, The Action Foundation want to highlight needed reforms under consideration, which align with our mission and would amplify the impact of programs like Tow & Go:

- **S.3138, Veterans SPORT Act (Senator Banks):** By requiring the VA to furnish adaptive prosthetic devices for sports and recreation, this highlights the need to address critical gaps in equipment access, enabling veterans to engage in adaptive activities that promote rehabilitation and well-being without financial burdens.
- **S.2981, Veterans Prosthetics Advancement and Reform Act (Senator Moran):** Modernizing VA prosthetic care through improved access, procurement streamlining, a formulary for items, and staff training would enhance efficiency and equity, directly benefiting veterans pursuing adaptive sports and economic opportunity.
- **S.1726, ASSIST Act (Senator Tuberville):** Expanding funding for automobile adaptations, such as ramps and mobility lifts, would facilitate transportation to adaptive sports venues, reducing isolation and supporting participation in community-based programs, specifically our Tow & Go Program.
- **S.1644, Autonomy for Disabled Veterans Act (Senator Cortez Masto):** Increasing funding for the Home Improvements and Structural Alterations grant would allow veterans to modify homes for better accessibility, complementing outdoor adaptive efforts by ensuring seamless transitions between home and recreational environments. This is a principal barrier many disabled Veterans face.

The Committee's work along with these proposals would synergize with the proposed National Access Network (NAN), our framework for coordinating adaptive equipment providers, parks, and veteran organizations to reduce fragmentation and scale access nationwide.



### Recommendations in the Context of VHA Restructuring

As the Committee assesses the RISE initiative's consolidation of regional networks, we urge prioritization of accessibility and removal of burdensome regulations and duplicative review processes in the restructured VHA. One of our Veterans was once told "you don't qualify" for adaptive recreational equipment because the Veteran "failed" to prove the medical necessity of going outside. Another was advised that their mental health issue was not sufficient to justify adaptive sports equipment—as if the VA shouldn't be working to avoid mental health crises before they become an issue. These stories are all too common for today's Veterans and are in large part why the Action Foundation was started.

Beyond improving a complicated procurement and approval process, other reforms include integrating adaptive sports into health care delivery, safeguarding services in urban and rural areas, and allocating dedicated funding for equipment lending networks. We recommend directing the VA to evaluate RISE's impacts on mobility programs, advocate for cross-agency partnerships with the Department of the Interior to advance the EXPLORE Act, and incorporate quantifiable metrics for program success.

The Action Foundation remains committed to collaboration with the Committee, the VA, VSOs, and any other stakeholder to advance these goals. By enhancing accessibility within a modernized VA system, we can better honor veterans' service through unrestricted outdoor freedom.

Thank you for your work for our Nation's Veterans and for holding this hearing.

Sincerely,  
Audra Klinkner  
Executive Director  
The Action Foundation

Wounded Warrior Project  
4899 Belfort Road, Suite 300  
Jacksonville, Florida 32256  
☎ 904.296.7350  
📠 904.296.7347



WOUNDED WARRIOR PROJECT

Statement for the Record

*Independent Spirits: Veteran Health & Healing through Adaptive Sports*

Committee on Veterans' Affairs  
United States Senate

February 4, 2026

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee – thank you for inviting Wounded Warrior Project to share its perspective on Department of Veterans Affairs (VA) adaptive sports programs and the impact of VA’s Adaptive Sports & Arts on warrior athletes. We also appreciate the opportunity to provide perspective on several legislative initiatives aimed at expanding the integration of adaptive sports prosthetics and devices within VA medical services.

For more than 20 years, Wounded Warrior Project (WWP) has been dedicated to a mission to honor and empower wounded warriors. Our free direct programs – which are offered to more than 258,000 post-9/11 veterans and over 61,000 of their family members that have registered with our organization – take a holistic approach to wellness that supports both the mind and body. Our Physical Health & Wellness (PH&W) program helps warriors and their family members feel better, gain confidence, and live healthier lives. We tackle common issues like sleep, pain, and stress through our programming, empowering participants to learn and practice healthy habits that promote long-term wellness. In fiscal year 2025, we provided PH&W services to more than 14,290 warriors and their family members.

Throughout the year, we support through specific programming including:

- **PH&W Coached Programming**
  - PH&W Coaching Program & Expo: This program supports warriors and family members through personalized goal setting, coaching, and accountability. Participants start with a three-day expo to learn about topics like sleep, nutrition, and fitness. After the expo, they set specific goals with their personal coach and work towards achieving their goals through regular check-ins.
  - Virtual Wellness Series: This four-part series incorporates education, practical tips, and strategies for specific health topics. Each session will have a lecture, breakout group discussion, and a hands-on activity to help drive motivation, promote healthy habits, and build support among peers. The group will meet weekly and individuals will also receive 1:1 coaching calls to support goal achievement.

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

woundedwarriorproject.org



- **PH&W Non-Coached Programming**
  - Virtual Education Classes: As an alternative to our coaching program, virtual courses provide education on wellness, fitness, and nutrition topics that allow warriors to follow resources independently at a self-guided pace.
  - In Person Events: Wellness, fitness, and nutrition education and learning opportunities in the community to support skill-building, connection, and collaboration amongst peers.
  - WWP Live: Online forums to share wellness tips, recipes, and event opportunities with registered warriors and family support members.
- **Soldier Ride**
  - Soldier Ride is an all-inclusive multi-day adaptive cycling event created to engage, connect, and get warriors excited about physical movement. Soldier Ride offers a variety of rides, including traditional soldier rides, skills development camps, road cycling, mountain biking, skiing, and snowboarding.
- **Adaptive Sports**
  - Adaptive Sports empowers warriors to unleash their highest potential by participating in single and multi-day adaptive sport clinics. Warriors learn to use adaptive sports equipment and develop athletic skills, designed for their individual abilities. Additionally, warriors are connected with local resources and introduced to seasoned adaptive sports athletes. This lays the groundwork for them to continue improving their physical fitness while connecting with other veterans and their community through sport. Conditions that qualify for the WWP Adaptive Sports program include but are not limited to: limb amputation; limb salvage with significant ataxia or orthopedic impairment; visual impairments; severe neurological impairment stemming from injury, stroke, multiple sclerosis, or other causes; severe spinal cord injury; and severe traumatic brain injury.

#### **Evidence Demonstrating the Benefits of Adaptive Sports for Veterans with Disabilities**

For wounded veterans, recovery does not end with clinical care. Adaptive sports offer an essential pathway to healing that addresses the physical, mental, and social challenges many veterans with disabilities face long after leaving military service. Peer-reviewed studies of VA adaptive sports programming demonstrate meaningful, measurable outcomes for veterans with disabilities. A VA study examining participation in a single-day adaptive kayaking and sailing event found that veterans reported immediate improvements in perceived overall health, quality of life, and social quality of life following participation.<sup>1</sup> These outcomes reflect what wounded

<sup>1</sup> Alexis N. Sidiropoulos et al., *Acute Influence of an Adaptive Sporting Event on Quality of Life in Veterans with Disabilities*, PLOS ONE (Nov. 2022), available at <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0277909&type=printable>.

veterans consistently report: adaptive sports provide renewed confidence, restored purpose, and a sense of belonging often lost after injury or illness.

### **Mental Health and Quality of Life Outcomes for Veterans**

Additional evidence shows particularly strong mental health benefits from adaptive sports for veterans living with PTSD. An evaluation of the VA's National Veterans Summer Sports Clinic found that veterans with probable PTSD experienced statistically significant reductions in PTSD symptoms following program participation, along with same-day decreases in anxiety and depression and increases in positive affect for all participants.<sup>2</sup> Beyond recreation, these adaptive sports programs give warriors a chance to rebuild resilience, form meaningful peer connections, and to regain their confidence for participants with and without service-connected injuries.

The broader body of evidence reinforces these findings. In a post-9/11 cohort of Operation Iraqi Freedom and Operation Enduring Freedom veterans, participation in a week-long adaptive sports and recreation program was associated with improvements in psychological health, overall quality of life, and mood states including reductions in depression and anger.<sup>3</sup> Adaptive sports leverage the proven benefits of physical activity while adding critical elements of peer support, teamwork, and goal-setting that align closely with military culture and are especially effective for veterans with invisible wounds.

Federal law and VA policy appropriately recognize the value of these programs. The VA Office of National Veterans Sports Programs and Special Events is statutorily authorized to facilitate participation in adaptive sports and to expand opportunities through national events and community-based grants. These programs are expressly intended to optimize independence, community engagement, well-being, and quality of life for veterans with disabilities.<sup>4</sup>

### **Supporting Elite Veteran Athletes Through the Veteran Monthly Assistance Allowance**

For veterans who pursue sport at the highest levels, the Veteran Monthly Assistance Allowance (VMAA) provides critical support that enables continued training and competition. Administered through a partnership between VA and the U.S. Olympic and Paralympic Committee, this allowance offers a monthly stipend to eligible veterans with physical or visual disabilities who meet established performance standards and are actively training or competing in Paralympic sports, as authorized by section 703 of the *Veterans' Benefits Improvement Act of 2008*.<sup>5</sup>

The VMAA has been an effective and well-targeted tool in supporting veterans who are training and competing in Paralympic sports. By tying the allowance to existing VA subsistence

<sup>2</sup> Kristen H. Walter et al., *The Effectiveness of the National Veterans Summer Sports Clinic for Veterans with Probable Posttraumatic Stress Disorder*, FRONT. PSYCH. (July 2023), available at <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1207633/full>. Note that "probable PTSD" is a term commonly used in screenings, surveys, and preliminary assessments, but not in formal diagnosis.

<sup>3</sup> Neil R. Lundberg et al., *Outcomes of Adaptive Sports and Recreation Participation among Veterans Returning from Combat with Acquired Disability*, THERAPEUTIC REC. J. (2011), available at [https://www.va.gov/adaptivesports/docs/lundberg\\_final.pdf](https://www.va.gov/adaptivesports/docs/lundberg_final.pdf).

<sup>4</sup> Nancy Greer et al., VET. HEALTH ADMIN., U.S. DEP'T OF VET. AFF., ADAPTIVE SPORTS FOR DISABLED VETERANS (Feb. 2019), available at <https://www.hsrd.research.va.gov/publications/esp/adaptive-sports-REPORT.pdf>.

<sup>5</sup> 38 U.S.C. § 322.

frameworks, Congress ensured that the benefit could be implemented quickly, flexibly, and in a manner consistent with other veteran rehabilitation and training supports. When administrative challenges arise, they are primarily related to the complexity of coordinating sport-specific certification and reporting across multiple governing bodies rather than flaws in the program itself. VA has acknowledged these operational realities and has taken affirmative steps to modernize and clarify the program's regulatory framework, including efforts to improve transparency and streamline application processes. It is essential to build on this progress and strengthen delivery of an allowance that is already helping veteran athletes remain focused on training, recovery, and representing our nation.

With the upcoming Winter Olympic and Paralympic Games, it is especially important to recognize and sustain these programs. Adaptive sports and Paralympic pathways do more than build athletes. They change lives by restoring hope, strengthening mental health, and ensuring that wounded veterans continue to thrive long after service. Building on the success of these programs, Congress now has the opportunity to strengthen and sustain what is working by advancing legislation that improves program consistency, addresses VA's uneven implementation, and ensures that wounded warriors can fully benefit from adaptive sports and Paralympic pathways.

***Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act, or Veterans SPORT Act (S. 3138)***

Wounded Warrior Project strongly supports the *Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act* (the *Veterans SPORT Act*), legislation that would modernize VA's definition of "medical services" by adding adaptive prostheses and athletic specific terminal devices for athletic and recreational use. Current law (38 U.S.C. § 1701) recognizes wheelchairs, artificial limbs, trusses, and similar appliances within "medical services," and VA provides those devices to veterans. It does not explicitly include adaptive prostheses or terminal devices for sports and other recreational activities, which often leaves veterans with limb loss paying out of pocket for costly equipment that enables participation in therapeutic recreation and sustained physical activity.

Adaptive prostheses and terminal devices empower veterans with limb loss to engage in running, biking, swimming, and other activities that build strength, mobility, and confidence. These devices can be tailored to a user's activity level, strength, and flexibility, and terminal devices can be designed for specific activities, including contact sports and other recreational pursuits. Although VA clinicians regularly work with veterans to identify appropriate recreation activities and adaptive equipment tied to rehabilitation goals, VA will not provide adaptive recreation equipment if its purpose is personal enjoyment. Under 38 C.F.R. § 17.3230(a)(1), VA provides adaptive prosthetics and terminal devices for sports and recreation only if the device is needed to promote, preserve, or restore the veteran's health, serves as a direct and active component of medical treatment and rehabilitation, and does not solely support comfort or convenience. As a result, veterans who wish to use adaptive recreation equipment must do so in support of rehabilitation goals and must be enrolled in a VA rehabilitation program.

This requirement can be a deterrent from pursuing healthier lifestyles. Many veterans cannot travel or devote the time to recurring rehabilitation programs, and the process can be repetitive when they must be retrained for replacement equipment despite having completed similar training in the past. These barriers discourage some veterans from obtaining or replacing adaptive recreation equipment, limiting their ability to maintain active, healthy lives. In 2018, WWP raised concerns in public comments about proposed rulemaking, noting the shift from “promote, preserve, and restore,” which reflects quality of life, toward a narrow medical necessity standard and a redefinition of adaptive recreation equipment.<sup>6</sup> WWP cautioned that this shift could have significant negative long-term impacts on veterans’ quality of life and, by extension, their overall health and medical goals.

The *Veterans SPORT Act* responds directly to these concerns by amending 38 U.S.C. § 1701 to explicitly authorize VA coverage of adaptive prostheses and terminal devices for sports and recreational use. Notably, the House has already passed this legislation as part of H.R. 1969, the *No Wrong Door Act*. Senate action is now imperative to ensure this longstanding gap in VA care is finally addressed. Doing so would reduce financial barriers for veterans with limb loss, strengthen VA and community-based adaptive sports programs, and align VA policy with the realities of a young, mobile, and active post-9/11 population. Improving quality of life holistically should be the highest priority for amputees requiring prosthetics.

***Automotive Support Services to Improved Safe Transportation (ASSIST) Act (S. 1726)***

Wounded Warrior Project strongly supports the *Automotive Support Services to Improved Safe Transportation (ASSIST) Act*, legislation that would address persistent barriers faced by veterans with limb loss who struggle to afford the adaptive vehicle modifications necessary to travel safely and independently. Without access to appropriate automotive adaptations, many veterans are effectively restricted from participating in recovery and reintegration programs. Beyond the utility for sports and recreation, many of our nation’s most severely wounded veterans will benefit from enhanced vehicle adaptation benefits. For warriors with spinal cord injuries and residuals of moderate and severe TBIs, mobility can be foundational to daily living, employment, and community engagement.

Current law limits VA coverage of automotive adaptive equipment to a narrow statutory list of automobile adaptations that has not kept pace with advances in adaptive technology or the complex mobility needs of today’s veterans. The *ASSIST Act* would modernize this framework by expanding the statutory definition of medically necessary automotive adaptations to include lowered floors; ramp, kneeling, and mobility lift systems; ingress and egress modifications; and adaptive seating. For veterans with bilateral amputations, multiple limb loss, or complex mobility impairments, these adaptations are not conveniences but essential tools that enable safe travel, independence, and full participation in rehabilitation and adaptive sports programs.

Ensuring reliable transportation is inseparable from ensuring access to health care, rehabilitation, employment, and adaptive sports opportunities. For these reasons, WWP urges the 119th Congress and this Committee to pass S. 1726 and advance this legislation into law, strengthening mobility, independence, and quality of life for veterans with disabilities.

<sup>6</sup> Prosthetic and Rehabilitative Items and Services, 83 Fed. Reg. 61,137 (Nov. 28, 2018) (to be codified at 38 C.F.R. pt. 17).

**Veterans Prosthetics Advancement and Reform Act (S. 2981)**

Wounded Warrior Project thanks Chairman Moran for his leadership in advancing the *Veterans Prosthetics Advancement and Reform Act*, legislation that directly responds to longstanding challenges in VA prosthetic care. Veterans with limb loss continue to face significant variation in the quality, timeliness, and availability of prosthetic services across VA Medical Centers and Veterans Integrated Service Networks (VISNs). These disparities are driven by the absence of a unified national framework to guide procurement, contracting, and service delivery, resulting in inconsistent access to technology, uneven clinical experiences, and delays that directly affect veteran health and independence. WWP supports the intent of S. 2981; however, we look forward to working with the Committee to ensure that this legislation ensures a standardized national framework fully integrated into VA's Whole Health approach and its model of care for warriors with limb loss.

A modern national prosthetics framework is essential to ensure that veterans receive consistent, high-quality care regardless of where they live. However, one current challenge is the fragmentation of VA prosthetic procurement that varies across the different VISNs. Instead of VA prosthetics operating under a single coordinated system, purchasing is divided between national offices and local VISNs which has led to current variations in pricing, overlapping and duplicative contracts, and supply chain inefficiencies. Because each VISN maintains its own contracting processes and item list, VA clinicians and warriors encounter barriers when trying to access the most appropriate prosthetic device for their individualized needs. Modernizing VA's procurement national structure would streamline operations and ensure that warriors with limb loss receive consistent, high quality prosthetic healthcare at VA.

The legislation can also be strengthened by addressing VA's heavy reliance on external and third-party contractors for prosthetic fabrication. While S. 2981 authorizes VA to enter into contracts in support of a national prosthetics formulary, it does not build internal VA capacity to design, fabricate, and customize advanced prosthetic devices, including those used for adaptive sports and independent living. We recommend adding provisions to support in-house fabrication of amputee prosthetic devices within VA. Expanding internal fabrication capacity would promote true standardization across VISNs, reduce wait times for replacement prosthetics, improve quality control, and enable collaboration between VA prosthetists, clinicians, and fabrication teams to enhance customization, fit, and durability. It would also decrease reliance on third-party vendors, resulting in more consistent and timely care for veterans with limb loss.

Finally, we respectfully request that S. 2981 be amended to explicitly recognize whole health and wellness as integral components of prosthetic care. While the bill permits clinicians to request nonformulary items when medically necessary, it does not clearly address the needs of amputees whose functional goals extend beyond narrowly defined clinical uses. Explicit statutory recognition of whole health ensures that warriors with limb loss can access adaptive equipment that support daily mobility, independence, recreation adaptive sports, and community reintegration.

For warriors who rely on adaptive sports, recreational therapy, advanced mobility programs, clearer guidance would expand access to this essential adaptive equipment such as

athletic-grade sockets, running blades, adaptive cycling components, and other specialized adaptive devices. Advocates and clinicians consistently observe that participating in these activities leads to improvements in physical health, mental well-being, independence in daily living, and social connection. Strengthening S.2981 in this way would ensure the legislation reflects the full range of veterans with limb loss and supports their long-term health and quality of life.

**Autonomy for Disabled Veterans Act (S. 1644)**

Wounded Warrior Project supports Congress's intent to modernize VA's Home Improvements and Structural Alterations benefit so veterans with disabilities can safely remain in their homes and live independently. Both the House (H.R. 2245) and Senate versions of the bill appropriately recognize that outdated benefit levels and static statutory frameworks no longer reflect the real costs veterans face when making necessary accessibility modifications. We prefer the Senate approach in S. 1644 because it advances a more comprehensive and durable reform. In addition to increasing benefit amounts, S. 1644 updates eligibility standard, accounts for real-world construction costs through an appropriate cost index, and works to address equity for veterans whose conditions are later determined to be service connected. Together, these provisions make the Senate bill better aligned with the lived experiences of today's veterans and more responsive to long-term accessibility needs.

As Congress moves forward, WWP recommends retaining the Senate bill's modernization features while ensuring flexibility for veterans with complex or evolving needs. Modest transparency measures, such as reporting on timeliness and regional variation, could help ensure consistent implementation across VA facilities without adding burden to veterans. Specifically, we support maintaining S. 1644's updated indexing method and eligibility clarifications. By preserving the Senate bill's stronger framework and incorporating these refinements, Congress can create a more consistent, future-ready benefit that promotes safety, dignity, and independence for veterans with disabilities.

While we are grateful that S. 1644 increases benefit amounts and aligns future adjustments with a construction index, we remain concerned that the current eligibility structure could create unequal treatment among veterans based solely on when they applied. Under the bill, a veteran who applied for the benefit before enactment as a service-connected applicant would be capped at a maximum of \$6,800. In contrast, a new applicant after enactment, regardless of service-connection status, would be eligible for \$10,000. This time-based distinction could result in service-connected veterans who applied earlier receiving lower support than non-service-connected veterans applying later, even when they have comparable or greater functional needs.

To address this disparity, we ask the Committee to include language that provides parity for service-connected veterans who applied before enactment. Specifically, we recommend authorizing a one-time supplemental payment of \$3,200, or the exact amount necessary to bring the veteran's total benefit to \$10,000. These veterans already qualified for the \$6,800 service-connected maximum under prior law, and providing the additional \$3,200 would ensure they are treated consistently with all post-enactment applicants. We also recommend eliminating

the bill's limit of three improvements or structural alterations, since an undefined cap could restrict necessary accessibility modifications over time or following a relocation.

**Concluding Remarks**

Wounded Warrior Project stands ready to work in partnership with the Senate Committee on Veterans' Affairs to ensure that every wounded warrior has meaningful access to adaptive sports and the full continuum of supports that make participation possible. Adaptive sports are not simply recreation. They are a life-changing component of recovery for post-9/11 warriors living with limb loss and other severe, service-connected injuries, helping restore physical strength, confidence, purpose, and connection. Through structured activity, peer engagement, and goal-driven training, adaptive sports reduce isolation, reinforce independence, and support long-term reintegration into civilian life.

Wounded Warrior Project appreciates the opportunity to submit this statement for the record and thanks the Committee for its continued leadership in advancing policies that expand access to adaptive sports and remove unnecessary barriers for the most wounded, ill, and injured warriors. We look forward to continuing to work with the Committee and its dedicated staff to strengthen adaptive sports programs and ensure these life-changing opportunities remain accessible to all who have earned them through their service.