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WOUNDED WARRIOR PROJECT

Statement of
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On

"Life After Limb Loss: Examining VA Amputee Prosthetics Care"

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

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Chairwoman Miller-Meeks, Ranking Member Brownley, and Members of the Subcommittee – thank you for inviting the Wounded Warrior Project to share its perspective on the issues that post-9/11 combat amputees requiring prosthetics are facing with the Department of Veterans Affairs (VA). My name is Jose Ramos, and I am the Vice President of Government and Community Relations at Wounded Warrior Project. In 2004, while deployed to Iraq as a Navy Hospital Corpsman attached to a United States Marine Corps Sniper team, I became a casualty of war and lost my right arm below the elbow. As an amputee who is heavily dependent on prosthetics and adaptive equipment, I bring over 20 years of personal experience on this issue.

For 20 years, WWP has been dedicated to our mission to honor and empower wounded warriors. In addition to our advocacy before Congress, we offer more than a dozen direct service programs focused on connection, independence, and wellness in every spectrum of a warrior's life. These programs span mental, physical, and financial domains to create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection. Our reach extends to more than 200,000 veterans who are being served in various ways across the United States.

According to our 2022 Annual Warrior Survey, about one in 70 WWP warriors indicated amputation as a service-related injury (1.4%), and 3.5% indicated they have a prosthesis. Among those with a prosthesis, 23.1% are amputees, like myself, as a result of post-9/11 military service.[1] WWP provides several impactful programs and services for these warriors, including our Physical Health & Wellness and Mental Health programs. At WWP, we understand well the intertwined connection between physical and mental health and its significant impact on quality of life. Additionally, WWP's Adaptive Sports program provides veterans with certain

[1] WWP 2022 Annual Warrior Survey, https://www.woundedwarriorproject.org/media/ylwhpx4h/wwp-2022-annual-warrior-survey-full-report.pdf

conditions, including amputations, the ability to participate in modified athletic opportunities designed for their individual abilities.

We recognize and appreciate the great work VA has done as well to help this population of veterans. VA demonstrates its commitment to improving the health and well-being of our nation's amputee veterans by providing high-quality care and support to this population every day. There are certain areas of improvement that can further strengthen VA prosthetic care to help veterans rebuild function and reintegrate back into the community more quickly and effectively. To that end, we recommend that VA take several key actions to provide amputee veterans full restoration of normal human function and empower them to live fulfilling lives.

1. ***Separate Characterization for Amputees:*** Recognize the unique needs of amputees and provide specialized care, rather than including them with other prosthetics users.
    a. ***Establish a Dedicated Amputee Prosthetics Center for Excellence at VA:*** Institute an Amputee Prosthetics Center for Excellence, independently led by VA, to provide care specifically for amputees.
    b. ***Increase Hiring of Prosthetists within VA:*** Bolster VA's capacity to provide timely and effective medical care for amputees by hiring more prosthetists.
    c. ***Fabricate Amputee Prosthetic Devices In-House at VA:*** Source needed prosthetics internally to improve standardization and timely delivery of services.
    d. ***Unify Management of Amputee Prosthetics Services at VA:*** Prioritize amputee care at VA through assuming in-house departmental responsibility for handling prosthetics, reducing the need to refer veterans to the Department of Defense (DoD) and community providers.

2. ***Customized Care Plans:*** Develop tailored care plans to meet the unique needs of each amputee, recognizing individual challenges and requirements. Implement proactive and personalized healthcare plans for amputees to address their specific health needs effectively.

3. ***Holistic Health Maintenance:*** Promote and support holistic healthy lifestyles for amputees, ensuring they remain active and healthy. This includes providing necessary adaptive equipment without forcing enrollment in rehabilitative programs.

4. ***Pilot Programs:*** Provide increased funding to support and expand the Mobile Prosthetic and Orthotic Care (MoPOC) program and other essential services for veterans. Extend the reach of the MoPOC services to urban areas to benefit a larger population of veterans.

By implementing these recommendations, VA can significantly improve its provision of amputee prosthetics care and improve veteran quality of life and mental health.

SEPARATE CHARACTERIZATION FOR AMPUTEES

The Department of Veterans Affairs (VA) Prosthetic and Sensory Aids Service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world. In fiscal year (FY) 2023, more than 55 percent of the veterans treated across the Veterans Health

Administration (VHA) received 21.7 million prosthetic devices, items, and services.[2] VA's website highlights that, "although the term 'prosthetic device' may suggest images of artificial limbs, it actually refers to any device that supports or replaces a body part or function."[3] In fact, PSAS provides a full range of equipment and services to veterans, including artificial limbs as well as other items worn by veterans such as hearing aids; items that improve accessibility, such as ramps and vehicle modifications; and items surgically implanted in veterans, such as hips and pacemakers.

This generalized definition of "prosthetic device" has hindered VA's ability to care for veterans in need of amputee prosthetics who suffered amputation during or after their military service. The broad size and structure of PSAS leads to competing priorities, and unfortunately, does not prioritize amputee prosthetics. To address VA's primary challenges in providing prosthetics care to amputees, we are focused on the areas outlined below.

Establish a Dedicated Amputee Prosthetics Center for Excellence at VA

VA is a worldclass leader in providing mental and physical healthcare, including through emerging technology, and amputee prosthetics should be no exception. Between 2009 and 2019, the number of veterans with limb loss who received care at VA increased by 34 percent.[4] In FY 2022, VA provided care to 97,095 amputee veterans; approximately half of those (44,171) had at least one major limb amputation (an amputation at or above the wrist or ankle).[5]

Despite the growing number of amputee veterans receiving care at VA, the Department does not have the infrastructure to adequately address the need for amputee prosthetic services for this group. Amputations have serious implications for the veteran and his or her family, including medical, physical, social, and psychological. Yet, amputee veterans are treated along with other prosthetic device users with very different needs, who may use PSAS for a hearing aid or eyeglasses. Without a Center for Excellence dedicated to amputee prosthetics services and independently led by VA, veterans often choose or are even encouraged to seek care elsewhere, such as at DoD or out in the community. These options to receive amputee prosthetic care outside VA provide a less holistic care experience, are less convenient, and for veterans who must use community care, are often more expensive.

Following the needs of veterans returning from Operation Enduring Freedom (OEF), Operation and Operation Iraqi Freedom (OIF), in 2008, VA established a formal Amputation System of Care (ASoC) to improve the quality and consistency of rehabilitation care for amputee veterans. This integrated system, housed under PSAS, provides specialized expertise through an interdisciplinary team approach. A limited number of ASoC facilities are located across the country which provide veterans with full continuum of care services, including surgical care,

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[2] Department of Veterans Affairs. Coalition for Government Procurement, https://thecgp.org/images/2024/05/2024-Spring-CGP-5.5.24-version-2.pdf

[3] Department of Veterans Affairs. Prosthetic & Sensory Aids Service (PSAS), https://www.prosthetics.va.gov/psas/index.asp

[4] Webster et al. "Ten-Year Outcomes of a Systems-Based Approach to Longitudinal Amputation Care in the US Department of Veteran Affairs." NIH. National Library of Medicine, https://pmc.ncbi.nlm.nih.gov/articles/PMC7473733/

[5] CRS Report. "Department of Veterans Affairs Amputee System of Care: An Overview." July 18, 2024.

prosthetic fitting, rehabilitation, mental health support, and long-term care management for veterans who have experienced limb loss.[6]

ASoC includes four levels of care: Regional Amputation Centers (RACs); Polytrauma Amputation Network Sites (PANS); Amputation Clinic Teams (ACTs); and Amputation Points of Contact (APOCs). RACs provide the highest level of care and are required to have certain capabilities, including the ability to provide clinical expertise, to fabricate and repair prosthetic limbs on site, and to provide inpatient rehabilitation services. PANS provide a range of specialized prosthetic care services, and ACTs include amputation specialty teams. Despite providing the highest level of expertise, there are only seven RAC sites across the country, while there are 18 PANS and 101 ACTs, which provide more limited care options. Some states, especially those in rural parts of the country, do not contain any ASoC facilities.[7]

ASoC provides needed care and support, but VA does not have enough ASoC facilities, particularly RACs, to address the needs of all amputee veterans. While the number of ASoC facilities has grown overall since its establishment, and the number of PANS has increased from 15 to 18, the number of RACs is still seven, the same amount that were in existence when ASoC was first created. VA lacks funding to launch these comprehensive care sites in additional locations. When veterans cannot access amputation care or services at an RAC, VA often offers those services through contracted community providers.

WWP recommends that VA provide a separate and distinct characterization of prosthetics for amputees, including by establishing a separate Center for Excellence at VA for amputee prosthetics to improve provision of specialized care. We believe developing a separate Amputee Prosthetics Center for Excellence at VA would be best suited for serving the needs of this veteran population. Such a facility, similar to those which have been created for mental health, geriatric care, epilepsy, multiple sclerosis (MS), and Parkinson's at VA [8] would allow VA to fabricate its own prosthetic equipment in-house and provide a veteran-centric approach to amputee prosthetic care. DoD facilities, such as the Walter Reed Army Medical Center (WRAMC), the Naval Medical Center San Diego (NMCSD), and the National Intrepid Center of Excellence (NICoE), may also serve as models.[9] An independently-led dedicated center would enable VA to better focus on the unique needs of all amputee veterans and provide the specialized care that is greatly needed to maximize function and community integration.

Increase Hiring of Prosthetists within VA

VA's challenges to properly provide prosthetic services for amputees are a result of not only how VA defines "prosthetic" but also the funding structure for PSAS. Currently, the primary purpose of PSAS is to provide logistics and procurement for prosthetics, not clinical care. The size of the staff and budget reflect that VA's prioritization is procurement of prosthetic devices, while using outside sources – such as DoD or the community – to provide the actual

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[6] Department of Veterans Affairs. Rehabilitation and Prosthetic Services, https://www.rehab.va.gov/asoc/
[7] Department of Veterans Affairs. Amputation System of Care (ASoC), https://www.prosthetics.va.gov/asoc/
[8] Department of Veterans Affairs. Veterans Health Administration: Clinical Organizations, https://www.va.gov/health/landing_clinical.asp
[9] Department of Defense, Centers of Excellence, https://health.mil/Military-Health-Topics/Centers-of-Excellence

care needed. Although a small amount of funding for clinical care is provided for PSAS, this funding is nested under procurement and logistics and is not enough to provide adequate clinical care for amputees, resulting in inadequate resources, including staff and equipment.

The lack of funding for and attention to clinical care often results in long wait times and an inconsistent standard of care, often leading to a perception among veterans that VA is neither knowledgeable nor prepared to meet their needs. WWP's 2022 Annual Warrior Survey revealed that 14.2% of warriors experienced an inability to get prosthetic-related medical care.[10]

VA does not have the ability to correct this funding imbalance between procurement and clinical care on its own. Congress must give VA the funding to build the capacity for in-house amputee prosthetic clinical care for veterans to expand amputee prosthetics at VA from primarily a procurement department into one with force-building capabilities. WWP recommends that Congress provide funding to bolster VA's capacity to hire more prosthetists to provide timely and effective care for amputee prosthetics. We also believe that this funding must be for dedicated clinical care and not stem from a procurement funding stream.

Fabricate Amputee Prosthetic Devices In-House

Veteran amputees often face significant wait times for VA prosthetic services, including appointments, approvals, fittings, and repairs, sometimes waiting 90 days or more. The timeliness of care is generally substantially faster at DoD facilities compared to VA. Experiences of WWP Alumni reveal that warriors who utilize both VA and DoD systems of care receive new, repaired, or replaced prosthetics faster from DoD. On average, DoD delivers new or replacement prosthetics to veterans in 28.8 days and repairs prosthetics in 29.8 days, while VA takes 87 days to deliver new or replacement prosthetics and 66.4 days for repairs.

Moreover, in November 2023, the *Denver Post* reported on several disturbing issues taking place at the VA Eastern Colorado Health Care System in Aurora, Colorado, including that the PSAS Chief directed staff to delete purchase orders and close consults prematurely; that some prosthetics orders remained untouched and pending for months; and that expired prosthetic implants were sitting on the shelf, and one was even placed in a patient.[11]

We are aware that VA conducted a report substantiating these allegations and providing additional conclusions and recommendations, including that Aurora, CO, does not have adequate staff for the volume of work in PSAS. The VA Eastern Colorado Health Care System was asked to complete the review of inappropriately canceled orders, determine the ongoing needs of veterans, and make necessary purchases to fulfill the orders.

WWP is concerned with the events that took place at the VA Eastern Colorado Health Care System and encourages the committee to ensure such errors do not reoccur. We also

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[10] WWP 2022 Annual Warrior Survey, https://www.woundedwarriorproject.org/media/ylwhpx4h/wwp-2022-annual-warrior-survey-full-report.pdf

[11] "Head of Aurora VA's prosthetics department canceled veterans' orders to eliminate backlog, ex-employees allege." *Denver Post*. April 18, 2024, https://www.denverpost.com/2023/11/12/aurora-va-hospital-veteran-affairs-prosthetics-department-colorado/

advocate for in-house prosthetic fabrication by VA to address these issues; this would standardize the process to help VA provide timely delivery of services and maintain adequate supplies to cover the needs of amputee veterans.

In some instances, VA prosthetic clinics do fabricate the needed prosthetic devices within an in-house facility. However, this is based on the available prosthetic limb components, and often a contracted community provider is responsible for fabricating all items required by a VHA prosthetic prescription. Currently, the seven RACs are the only ASoC facilities which are required to have the capability to fabricate and repair prosthetics on site. PANS and ACTs may have on site facilities or can choose to establish contracts with community providers.[12]

Additionally, while some Veterans Integrated Services Networks (VISNs) contractual performance work statements specify deadlines for the provision of prosthetic limbs from community providers, this is not required by all, leading to a lack of standardization and timeliness. When given an itemized prescription from providers, VA should be able to produce the necessary prosthetics in-house. Sourcing prosthetics internally will improve efficiency, reduce delays, and help ensure timely provision of needed items.

VA currently has the potential to source more prosthetics in-house by utilizing certain existing manufacturing labs through VHA's Office of Advanced Manufacturing (OAM).[13] This office has the ability to assist veterans with amputations by leveraging innovative healthcare solutions. For example, OAM and its Central Virginia VA Health Care System opened a new advanced manufacturing lab in Richmond, Virginia in 2024. The newly-opened Richmond Office of Advanced Manufacturing (ROAM) and IDEAS Center has the capability to 3D print devices and ship them across the country as well as to design 3D products that can be printed in other VA facilities. ROAM's care team, made up of rehabilitation engineers and led by an occupational therapist, produces customized 3D-printed solutions that have increased veterans' quality of life and independence. The office's emphasis on producing versus purchasing devices for veterans encompasses the outlook that would best serve amputee veterans in need of prosthetics.

Despite leading the way in ground-breaking solutions for severely disabled veterans, ROAM's manufacturing lab is underutilized, and most veterans don't know of its existence. WWP's Government & Community Relations (GCR) team highlighted ROAM in our Spring 2024 newsletter for veterans, but it is not clear how to connect veterans to these types of innovative solutions. Moreover, WWP was disappointed to learn that ROAM is facing budget cuts in FY25. Rather than cutting innovative solutions for veterans, VA should be investing in – and more importantly educating veterans about – the resources available to them.

Amputee veterans would greatly benefit from the ability to learn more about state-of-the-art prosthetic technology, equipment, and device options likely to be most appropriate to meeting their needs. This is another area in which WWP recommends that VA use DoD as a model. DoD regularly conducts outreach to amputee veterans to engage with them about new technologies and encourage them to learn about new devices. WWP recommends that VA

[12] CRS Report. "Department of Veterans Affairs Amputee System of Care: An Overview." July 18, 2024.
[13] Department of Veterans Affairs. Office of Advanced Manufacturing, https://www.innovation.va.gov/oam/

similarly connect with amputee veterans regarding new equipment to have them test it and provide feedback. This will help ensure that VA is providing the highest level of veteran-centric prosthetic care.

Also of concern is VA policy, established by recent regulations, which only allows the provision of one prosthetic item to veterans without a clinical determination of need for a spare.[14] It is critical that veteran amputees have a functional replacement at all times, especially considering the long wait times that veterans experience with VA replacement prosthetics and repairs. WWP recommends that VA establish a policy to enable every veteran who receives a primary assistive prosthetic device, required for mobility or to perform activities of daily living, to be furnished with an identical secondary prosthesis. In-house fabrication capabilities would enhance VA's ability to provide spares so that amputee veterans are not immobilized or forced to live in chronic pain while waiting for a replacement.

Unify Management of Amputee Prosthetics Services at VA

VA faces several additional issues affecting the quality of care for amputee veterans, many of which center around care coordination. Veterans often experience inconsistent case management, characterized by a lack of consistent points of contact (POCs), leading to fragmented care. Veterans frequently find themselves alternating between different providers, causing miscommunication and delays. Some veterans feel victimized or unfairly treated by their VA healthcare providers, exacerbating trust issues. As a result, veterans often trust outside healthcare providers more than those within the VA system, undermining confidence in VA services.

Amputees often need to advocate for their own needs per VA regulations (38 CFR § 17.3250), but many are unsure of the specific questions to ask for proper care. Additionally, amputees do not receive an adequate number of needed supplies for their prosthetics, as mandated by regulations (38 CFR § 17.3200), and VA does not consistently adhere to recent regulations[15], which impact the quality of care provided to veterans.

There are also unique challenges in managing lower limb versus upper limb amputations. VA is not well-equipped to handle the variety of limb technologies available and lacks DoD's innovation in prosthetics advances. VA clinicians responsible for prescribing assistive devices reflect wide variability in their knowledge of, and experience with, new prosthetic technologies, and are often unable to provide veterans informed recommendations. In my own experience, I was told by my local VA, where I sought assistance for my myoelectric prosthetic, that I was the only veteran with this type of prosthetic device and would be able to receive better care from DoD.

Since the beginning of Global War on Terrorism (GWOT) conflict, DoD has treated 1,743 amputee veterans, like myself, including 1,440 veterans with lower extremity conflict-related amputations (82.6%); 203 veterans with lower extremity amputations (11.6%); and 100

[14] Federal Register. "Prosthetic and Rehabilitative Items and Services." December 28, 2020, https://www.federalregister.gov/documents/2020/12/28/2020-27014/prosthetic-and-rehabilitative-items-and-services
[15] Ibid.

veterans with both upper and lower extremity amputations (5.7%). DoD has also provided 92 patients (119 limbs) with osseointegration (OI) surgeries.[16]

Despite VA having 145 rehabilitative centers compared to DoD's three, many veterans – who are often dual-eligible for both DoD and VA – prefer DoD facilities for their prosthetic needs. Approximately 43% of veterans use only DoD for their prosthetic services, 30% use both DoD and VA, and 26% use only VA. Rapid access to prosthetics, a full interdisciplinary healthcare team, connection with peers, and other factors motivate patients to remain at or return to a DoD facility for their prosthetic needs. WWP believes that VA should be the first and only place veterans want to go for prosthetics care. We recommend that VA take complete responsibility for handling amputee prosthetics for veterans, focusing solely on patient care and reducing the need to refer veterans to DoD as well as the need for community providers.

Managing the needs of amputee veterans' requires a comprehensive and coordinated delivery of services throughout the continuum of care to help restore function and improve quality of life. Implementing the aforementioned recommendations – to establish a dedicated Prosthetics Center for Excellence, hire more prosthetists, and fabricate prosthetic devices in-house – will allow VA to unify management of amputee prosthetic services and provide specialized care for amputee veterans.

CUSTOMIZED CARE PLANS

Prosthetics are not just functional devices; they are integral to a veteran's mobility and quality of life. The journey of an amputee veteran is deeply personal and unique, shaped by the specifics of the injury as well as his or her physical health, mental well-being, and individual goals. A personalized care approach addresses all of these facets to minimize burdens and empower veterans to focus on living fulfilling lives.

38 USC requires VHA "to provide for the specialized treatment and rehabilitative needs of disabled veterans," including veterans with amputations, "in a manner that affords those veterans reasonable access to care and services for those specialized needs."[17] It is important that this personalized approach include customized prosthetic solutions designed to fit the unique anatomy of each amputee, considering factors such as residual limb length, skin condition, and activity level. Providing adaptive equipment tailored to individual needs and training veterans on how to use these tools effectively is crucial as well; this might include specialized wheelchairs, mobility aids, or home modifications to enhance independence. Beyond prosthetics, customized care plans may include physical therapy, occupational therapy, and mental health support. In addition, the needs of amputees can change over time. Regular follow-ups are necessary to continually reassess function and satisfaction as well as lifestyle and interest changes and make adjustments accordingly. These follow-ups help ensure that the support provided evolves with the veterans' needs, helping them to maintain and improve their quality of life.

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[16] Data provided by Tony Joyner, Chief, Strategic Outreach, Communications and Public Affairs Division, Military Health System/Defense Health Agency, regarding Extremity Trauma and Amputation Center of Excellence, July 23, 2024.
[17] 38 USC § 1706(b)(1)

Customized care is also necessary as veterans with amputations are at greater risk for developing not only amputation-specific conditions, such as infection, skin irritation, muscle atrophy, and osteoporosis,[18] but also comorbid diseases and conditions. A VA Office of the Inspector General (OIG) report found that, after separation from active duty, over 80 percent of amputees had diagnoses in each of the following categories: mental health disorders, diseases of the musculoskeletal system and connective tissue diseases of the nervous system and sense organs.[19] A 2017 National Center for Biotechnology Information (NCBI) study, specifically focused on psychiatric comorbidity after traumatic limb amputation, found that the most common psychiatric comorbidities were major depressive disorder (71.2%), suicidality (30.5%), and posttraumatic stress disorder (PTSD) (20.3%).[20] Thus, veterans need customized care plans to manage the needs of both their amputations and comorbidities.

These specialized treatment plans must be effectively developed and implemented. VA's current policy[21] includes the development of treatment plans that begin with a comprehensive assessment of each veteran. An interdisciplinary Amputation Specialty Clinic Team assesses the amputee veteran's clinical needs and develops a treatment plan that includes prescribing and evaluating prosthetic devices over the lifetime of the veteran through annual follow-up appointments. However, there are inconsistencies in how VA follows its own standards and processes for carrying out this treatment plan; these continuity of care issues create challenges for veterans and can significantly impact their well-being and recovery. It is important that VA take accountability and adhere to established standards to help healthcare providers understand the specific needs of amputee veterans and develop appropriate care plans.

Several problems have also been identified that undermine VA's ability to implement these specialized treatment plans. As mentioned, many veterans experience inconsistent case management, find themselves alternating between different providers, and feel victimized or unfairly treated by their VA healthcare providers. Often, they find themselves acting as mediators between providers, having to advocate on behalf of their own needs. These issues arise because there is often no dedicated individual overseeing the case throughout the duration of a veteran's rehabilitation. Effective case management is key to providing a more supportive and streamlined care system.

One group which has historically experienced challenges receiving specialized prosthetic care is women veterans. VHA's national policy directive states that ASoC provides "patient-centered, gender-sensitive, lifelong, holistic care and care coordination for the Veteran or Servicemember who have undergone amputation."[22] However, the directive does not specify what gender-sensitive prosthetic care means. Most prosthetics are not purposefully designed for

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[18] Department of Veterans Affairs. Fact Sheet: Long-Term Care Following Traumatic Amputation, https://www.prosthetics.va.gov/factsheet/ASoC_Traumatic_Amputation_Fact_Sheet_Short_Version_Sec_508_9_20_12.pdf

[19] Department of Veterans Affairs. Office of Inspector General. Healthcare Inspection: Prosthetic Limb Care in VA Facilities, https://www.vaoig.gov/sites/default/files/reports/2012-03/VAOIG-11-02138-116.pdf

[20] Sahu et al. "A study of psychiatric comorbidity after traumatic limb amputation: A neglected entity." NIH. National Library of Medicine, https://pmc.ncbi.nlm.nih.gov/articles/PMC6058428/

[21] VHA DIRECTIVE 1172.03, https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=11629

[22] VHA DIRECTIVE 1172.03, https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=11629.

women; rather, they are designed for men and then scaled down. This results in several issues; for example, many women veteran with lower limb amputations face difficulty finding shoes that fit both a woman's foot and a much wider prosthetic device.[23]

The *Deborah Sampson Act*, passed as part of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* (P.L. 116-315), required VHA to provide a report on women veterans' ability to access specialized prosthetic devices. Findings of this December 2021 report further emphasized that women veteran amputees often felt that prosthetic devices were designed for men and didn't take their needs into account. Women veteran amputees reported experiencing problems with the fit and weight of the prosthetic devices, which led to mobility issues, wounds and infections, decreased usage of the device, and overall dissatisfaction. In addition, women veteran amputees reported a lack of social support resources, such as female amputee support groups.[24]

To address these challenges, WWP recommends that VA improve continuity of care, establish dedicated POCs to oversee care delivery, and prioritize gender-specific prosthetic care. These adjustments will more effectively address the specific health needs of amputee veterans, both male and female.

HOLISTIC HEALTH MAINTENANCE

Adaptive protheses and terminal devices empower veterans with limb loss to participate in a variety of sports and other recreational activities, such as running, biking, and swimming. Adaptive prostheses can be designed to fit the user's specific needs, including their activity level, strength, and flexibility, and terminal devices can be designed for specific activities, such as contact sports and other recreational activities. VA's definition of "medical services" (38 U.S.C. § 1701) includes wheelchairs, artificial limbs, trusses, and similar appliances, and accordingly, VA provides these devices to veterans. However, adaptive prostheses or terminal devices for sports and other recreational activities are not currently part of VA's definition of "medical services."

Although VA clinicians work with veterans to identify recreation activities and needed adaptive recreation equipment to support a veteran's rehabilitation goals, VA will not provide adaptive recreation equipment, including adaptive prostheses or terminal devices, if the purpose of the equipment is to support the veteran's participation in an activity for personal enjoyment.[25] Specifically, VA regulations only provide adaptive prosthetics and terminal devices for sports and other recreational activities for veterans if the device: 1) is needed to promote, preserve or restore the health of the veteran; 2) serves as a direct and active component of the veteran's medical treatment and rehabilitation; and 3) does not solely support the comfort or convenience of the veteran. (38 C.F.R. § 17.3230(a)(1)). Therefore, if a veteran wishes to use adaptive

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[23] GAO Report. "Agency Efforts to Provide and Study Prosthetics for Small but Growing Female Veteran Population." November 2020, [GAO-21-60, VETERANS HEALTH CARE: Agency Efforts to Provide and Study Prosthetics for Small but Growing Female Veteran Population]

[24] CRS Report. "Department of Veterans Affairs Amputee System of Care: An Overview." July 18, 2024.

[25] Federal Register. "Prosthetic and Rehabilitative Items and Services." December 28, 2020, https://www.federalregister.gov/documents/2020/12/28/2020-27014/prosthetic-and-rehabilitative-items-and-services

recreation equipment, he or she must use it to support rehabilitation goals and, accordingly, must be enrolled in a VA rehabilitation program.

The necessity to participate in such rehabilitation programs can be a deterrent for some veterans who may not be able to travel or devote the time required. These programs are also repetitive as they require that veterans be retrained to use replacement adaptive equipment for which veterans completed rehabilitation training in the past. For these reasons, some veterans may choose not to obtain or replace adaptive recreation equipment, hindering a veteran's ability to maintain an active and healthy lifestyle. WWP supports the *Veterans Supporting Prosthetics Opportunities and Recreational Therapy (SPORT) Act* (H.R. 9478), which would amend 38 U.S.C. § 1701 to add adaptive prostheses and terminal devices for sports and other recreational activities to VA's definition of "medical services."

Improving a veteran's quality of life holistically should be the highest priority for amputees requiring prosthetics. The ability to play sports and participate in other recreational activities is integral to a veteran's mobility and mental wellbeing. WWP has seen firsthand the positive and life-changing effects of adaptive equipment on a veteran's quality of life and mental health. Through WWP's Adaptive Sports and Soldier Ride programs, warriors learn to use adaptive sports equipment and develop athletic skills. WWP's Soldier Ride program allows veterans across the country the opportunity to engage in multi-day riding events using adaptive equipment that helps warriors build their confidence and strength through shared physical activities in a supportive environment.

Under VA's current regulations, veterans who wish to participate in such activities for personal enjoyment would not qualify for adaptive recreation equipment or prosthetic devices. These regulations focus on the clinical need for adaptive prosthetics rather than their potential to improve veterans' quality of life. In 2018, WWP submitted a public comment expressing concern with the proposed rulemaking regarding these regulations. WWP specifically expressed concern about the shift from "promote, preserve, and restore" – which takes into account quality of life – to medical necessity and the redefinition of adaptive recreation equipment. WWP expressed caution that these changes would have significant negative long-term impacts on veterans' quality of life and thus, negative long-term impact on the veterans' medical goals and overall health.

The current population of post-9/11 veterans is young, mobile, and active. WWP believes that VA should be building an ecosystem of care that is encouraging of such an active lifestyle versus a sedentary one. Adaptive equipment promotes and supports an active and healthy lifestyles for amputees. We recommend that VA authorize adaptive equipment for amputees without requiring that they be enrolled in a VA rehabilitative program for the profound physical and mental health benefits provided by sports and other recreational activities.

PILOT PROGRAMS

One significant way in which VA is addressing lag times and delays in prosthetics care for veterans is through the creation of the Mobile Prosthetics and Orthotics (MoPOC) team pilot program. This innovative initiative is designed to cater to veterans based on drive times and

population density, ensuring that those in rural and underserved areas receive the support they need. Currently, there are 15 operational MoPOC sites, with plans to open five more in the coming year. A cornerstone of this program is the Mobile OMP Shop, which travels three days a week for up to 1.5 hours to reach veterans who lack access to VA facilities. This mobile unit not only fabricates and repairs prosthetics but also conducts home visits one day a week to provide personalized care directly to veterans' doorsteps.

An evaluation team oversees the program, focusing on metrics, such as satisfaction rates, travel time, and prosthetic needs. Their efforts have yielded impressive results, with the program achieving over a 90 percent success rate. Additionally, a 2023 survey administered by the evaluations team highlighted the critical role that MoPOC plays, revealing that 20 percent of veterans using these services would have gone without them, if not for the program. This underscores the essential nature of MoPOC in providing necessary prosthetic services to veterans.

Despite its success, several issues hinder the program's efficiency. As with VA prosthetic care in general, logistics and procurement challenges arise as all prosthetics are grouped under PSAS. Additionally, VA's internal capacity building is hindered by congressional funding holds. Clinical care is nested under procurement and logistics, creating an internal dilemma as to whether VA should build or buy services for prosthetics. Moreover, VA has funds to purchase advanced prosthetic devices but lacks the internal capacity to hire the necessary personnel. The lack of money for clinical care, insufficient prosthetists, and inadequate support staff within VA further complicate matters.

To address these challenges, WWP emphasizes several recommendations already proposed for PSAS, including categorizing amputees separately from other prosthetic users, establishing a dedicated amputee prosthetics Center for Excellence at VA, and increasing the hiring of prosthetists within VA. Additionally, WWP recommends providing increased funding to support and expand the MoPOC program and extending the reach of the MoPOC services to urban areas to benefit a larger population of veterans.

Despite current challenges, MoPOC provides essential quality of life services while remaining cost-effective. Veterans greatly benefit from the convenience aspect, and providers offer a holistic approach, assisting veterans with needs that extend beyond prosthetics. Growing and refining the MoPOC program is essential for continuing to provide vital prosthetic services to veterans across the country. WWP applauds VA's use of MoPOC to reach veterans in rural and other underserved areas and hopes to see it further expanded.

CONCLUSION

Wounded Warrior Project thanks the House Committees on Veterans' Affairs Subcommittee on Health, its distinguished members, and all who have contributed to a robust discussion of prosthetics for those who suffered amputation during or after their military service. WWP stands by as your partner in meeting the needs of all who served – and all who support them. We are thankful for the invitation to submit this statement for record and stand ready to assist on these issues and any others that may arise.