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Photo courtesy of Karin Collins and Ken Ryan

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to embrace the struggle
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your life. It's not someone
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Now in its 80th year and the official publication of Paralyzed Veterans of America, *PN* is a national, monthly magazine that covers news, health, research, lifestyle and issues of interest and concern to veterans and others with spinal cord injury and disease. Anyone interested in submitting an article to *PN* should consult the Contributors Guidelines found on our website at pnonline.com. *PN* neither endorses nor guarantees any of the products or services advertised in the magazine. Readers should thoroughly investigate any product or service before making a purchase.

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JANUARY

Editor's DESK

Happy New Year! The beginning of a new year elicits a strong sense of anticipation for the future because the key word of that simple phrase is "new." While each of us has his or her own new to look forward to this year, PVA Publications has plenty of new for you — starting with this issue.

First, January is when we travel to Las Vegas for the gigantic consumer technology trade show called CES to find new accessible tech. However, you don't have wait to read about innovations from there. *AI & Accessibility* on page 28, written by prominent bioengineer, inventor and Paralyzed Veterans of America member Rory Cooper, PhD, PLY, looks at some of the amazing assistive technology he's working on with the Human Engineering Research Laboratories of the University of Pittsburgh and the Department of Veterans Affairs (VA).

The new year also brings a renewed focus on health for many people, and the other two feature articles this month are focused on where to find the right VA medical care and how to get the most out of your kitchen. *Hubs & Spokes* on page 16 looks at the differences in facilities within the VA's spinal cord injury and disease system of care. And *Get Cookin'* on page 22 helps you explore the many options for better cooking at home.

As always, there's plenty more great content in this month's issue, and we hope it all helps you get the new year off to a great start.



Andy Nemann, Managing Editor

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DIGITAL HIGHLIGHTS

TOP TECH

This month, the PVA Publications team makes its yearly pilgrimage to Las Vegas for the mega consumer technology trade show called CES. We'll be scouring more than 50 football fields of exhibitions throughout multiple venues to find the latest and greatest adaptive technology. Make sure to visit pnonline.com for stories and photos from our finds.

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PVA from the TOP

ROBERT L. THOMAS JR.
NATIONAL PRESIDENT

Keep It Going

We've effectively made another trip around the sun, and with that, a happy new year is in order to all. A new year brings new beginnings; or simply put, out with the old and in with the new. It also gives us an opportunity to reflect on the past.

For Paralyzed Veterans of America (PVA), this calendar year marks our 80th anniversary as an organization. In 1946, World War II veterans were left living with paralysis, navigating a world that wasn't ready or accessible for them, so they started the work to change that.

They stormed Capitol Hill to demand changes in the way they were being treated and to fight for benefits they deserved as men and women who agreed to sacrifice their lives for this country.

In 1954, they started the early implementation of the Department of Veterans Affairs (VA) automobile grants. In 1971, they got PVA congressionally chartered, putting our mission into law. In 1990, PVA worked to get the Americans with Disabilities Act signed by then-U.S. President George H.W. Bush.

PVA has focused on and funded studies, such as those at the Center for Neuroscience and Regeneration Research at Yale

Paralyzed Veterans of America (PVA) National President and Chair of the Board Robert L. Thomas Jr., helped present the 2025 PVA Barrier-Free America Award to U.S. Bank Stadium in Minneapolis.

School of Medicine in New Haven, Conn., and the Human Engineering Research Laboratories at the University of Pittsburgh, to assist researchers in their efforts to improve the lives of those with disabilities.

We've also had architects assist in making buildings and stadiums, such as U.S. Bank Stadium in Minneapolis, more accessible for visitors with disabilities.

PVA has partnered with the VA to co-host the National Veterans Wheelchair Games since 1985 to help bring veterans with spinal cord injury and disease (SCI/D) together to compete in accessible sporting events.

Those are just a few of the countless areas PVA concentrated on to help veterans with SCI/D and the broader disability community.

There's still
so much
work to be
done, but
PVA is here
to keep
it going.

COURTESY OF PARALYZED VETERANS OF AMERICA



To date, PVA still fights for veterans with catastrophic disabilities. We're continuously trying to move the needle to help better serve our members. Last August, PVA successfully hosted its 13th Healthcare Summit + Expo. It is one of the only organizations focusing on improving health care for those with SCI/D.

In September, the Access to the Skies event occurred to inform those working in the aviation industry about the barriers those living with disabilities face while traveling and how to break them down.

Also last year, Yale's School of Medicine with research partner Stephen Waxman, MD, PhD, had a breakthrough on a pain relief drug called Journavx, which has the potential to help veterans and others function without addictive side effects.

And we've testified on Capitol Hill, fighting to keep our VA benefits and health care in place.

Over PVA's tenure, we've established various committees to focus on specific areas of need, such as our Field Advisory Committee, Anita Bloom Women Veterans Committee and our Multiple Sclerosis Committee. These, along with our other committees, are vital in their work to reach all of our members and ensure we have the necessary programs where the need is present.

There's still so much work to be done, but PVA is here to keep it going. I'm grateful and proud to be a part of this organization, as its mission affects so many of our brothers and sisters who have served and those yet to come.

Here's to 2026 being a year of positive change and crucial influence as PVA moves forward into our 80th year of productivity. ■



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reasons & remarks

AL KOVACH JR.
EDITOR-IN-CHIEF

Plane Boredom

I was headed home on a Southwest Airlines flight with a dead cellphone. Seated in the first row, my view was of the bulkhead, and the guy next to me had fallen asleep after consuming copious cocktails prior to boarding the plane.

There was no chance of a substantive conversation with my intoxicated neighbor and with no means of accessing the plane's complimentary Wi-Fi, I achieved a state of profound boredom before the plane could reach its cruising altitude.

Under normal circumstances, I try to avoid being bored, but sometimes I think it can be quite pleasant and productive. I've learned that boredom isn't always the villain. Matter of fact, I think it can be the unsung hero of human creativity, deep thought and intrinsic motivation for writing.

It would be another five hours before my flight was scheduled to land in San Diego, so I asked the flight attendant for some paper and a pen and began jotting down my thoughts on the benefits of boredom at 35,000 feet.

To begin with, I think boredom gets a bad rap, especially in our hyper-connected world. But let's pause, literally and figuratively. Imagine no music, no podcasts, no games, no scrolling. Just the sound of the jet engines.

I'm convinced my dead-cellphone-on-a-plane scenario might actually do me some good. Experts say that instead of mindlessly scrolling on your phone, embracing the boredom of a flight can lead to several mental benefits, such as enhanced creativity, increased self-awareness and improved mental well-being.

Enhanced creativity: When boredom strikes, your brain's "default mode network" kicks in, allowing your mind to wander off-leash like a happy puppy and make novel connections. This can lead to breakthroughs in problem-solving and foster innovative ideas that might not emerge if you're too busy checking your emails. Notable creators such as novelist J.K. Rowling, who conceived *Harry Potter* while on a boring train ride, credit these moments of idle thought.

Increased self-awareness: Without external distractions, boredom forces introspection and reflection. It's a lot like finally getting glasses after a lifetime of blurry vision. Suddenly, you can see everything — all your flaws, bad habits and questionable life choices become crystal clear. It's a gift and a curse, but this reflection can reveal what is truly important and potentially motivate you to search for more meaningful activities.

Improved mental well-being: In a hyper-connected world, constant busyness can lead to stress, anxiety and burnout. By embracing boredom, you can give your mind some needed rest, calming your frazzled nervous system and recharging your cognitive resources. This practice of "doing nothing" is actually productive, allowing your brain to relax and achieve a healthier mental balance.

So, next time your phone dies on a plane, don't panic, just embrace it. The potential for boredom isn't a problem to be solved with internet access but is rather a gift to be welcomed. It's a chance to think, dream and discover what your mind can create when it's finally given the space to wander.

Behind every bored person is a great idea. For me, it's the sense of accomplishment after completing a 538-word thesis on the glorious upside of being bored on a plane.

As always, please share your thoughts with me at al@pvamag.com. ■

The potential for boredom isn't a problem to be solved with internet access but is rather a gift to be welcomed.

! Creativity

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Self-Awareness

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A Look Back & Ahead

As we embark on a new year, it's important to reflect on the progress made last year in Washington, D.C., on behalf of veterans with spinal cord injuries and disorders (SCI/D).

Last year was a time of significant change in the nation's capital. The new administration rolled out changes to reform the size and scope of the federal government. Lack of agreement in Congress on funding for fiscal year 2026 resulted in a lengthy government shutdown.

While 2025 was a difficult year in terms of moving Paralyzed Veterans of America's (PVA) priorities forward, the organization worked diligently to highlight PVA members' needs and ensure that the needs of veterans with disabilities are met.

Educating Leaders

Due to the climate in Washington, D.C., PVA has been forced to find new ways to connect with elected officials and government leaders to educate them about and promote the needs of veterans with SCI/D.

For example, in February 2025, *The Independent Budget* veterans service organizations (PVA, Disabled American Veterans and Veterans of Foreign Wars) released their annual joint report providing recommendations for funding the Department of Veterans Affairs (VA).

For decades, the report served as a comprehensive roadmap to ensure the VA is fully funded and capable of carrying out its mission. Unfortunately, the appropriations process on Capitol Hill is so broken that PVA has decided to shift its focus in 2026 from developing *The Independent Budget* to advocating directly for the issues that uniquely support veterans with SCI/D.

PVA's top priority is to protect the VA's SCI/D system of care to ensure it remains strong. That's why PVA launched a petition as part of PVAction Force (pva.org/research-resources/pva-action-force) to oppose any efforts to dismantle the SCI/D system of care.

At the beginning of March, PVA National President and Chair of the Board Robert L. Thomas Jr., testified before Congress regarding PVA's public policy priorities. Thomas stressed the importance of restoring the VA's specialized care services, which are in dire need of adequate funding and staffing, and the vital role that VA-provided care and life-sustaining research play in PVA members' lives.

In his testimony, Thomas announced that PVA had received thousands of signatures on its petition. It continues to grow, and the number of new advocates on PVAction Force has significantly increased.

Thomas' Testimony

While in Washington, D.C., Thomas and other PVA Executive Committee members met with leaders of the House and Senate Veterans' Affairs Committees to express concerns about the status of the VA's SCI/D system of care.

PVA leaders also discussed the importance of long-term services and supports for veterans with catastrophic disabilities and the need for Congress to ensure proper implementation of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. Passage of the Elizabeth Dole Act was a top priority for PVA in 2024.

In mid-September 2025, Thomas testified before the Senate Veterans' Affairs Committee (SVAC) in a hearing for which PVA advocated on the state of the VA's SCI/D system of care.

In his oral testimony, Thomas focused on PVA's primary concerns about the VA's ability to continue serv-

ing catastrophically disabled veterans both now and in the future: ongoing staffing vacancies, delayed

infrastructure improvements and the continued shortage of specialty long-term care beds. This was a great opportunity for PVA to educate senators about the care needs of its members and seek support for improvements.

At the end of October, PVA's advocacy extended to defending veterans' benefits following media attacks on the VA's disability compensation system.

At an SVAC hearing, PVA testified about the system and noted that the organization has gone on record numerous times to discuss ways to make the disability compensation system less vulnerable to fraud and waste, while ensuring that veterans are fairly compensated for their conditions.

At the beginning of November, Thomas participated in a House Veterans' Affairs Committee roundtable on this same issue, where he told leaders not to blow up the disability compensation system but to tune it up and make refinements.

Disability Access

In addition to advocacy on VA care and benefits, PVA also continued to focus on disability access, particularly in transportation.

In mid-February, airlines filed a lawsuit in federal court disputing the Department of Transportation's (DOT) authority to issue certain provisions in the final rule, Ensuring Safe Accommodations for Air Travelers with Disabilities Using Wheelchairs.



Robert L. Thomas Jr.

COURTESY OF PARALYZED VETERANS OF AMERICA

PVA joined the suit to protect the needs of passengers with disabilities. Later in the year, the DOT announced that it would delay enforcement of four specific provisions in the rule and its intent to revise the requirements of these provisions.

In the meantime, PVA secured a public clarification from the DOT that airlines continue to have an obligation to repair or replace mishandled wheelchairs or scooters.

In addition to fighting to improve access to air travel, PVA also served on a panel of experts on accessibility and ground transportation sponsored by the National Council on Disability at the end of August in Washington, D.C.



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Discussions included advocating for increased disability access in ground transportation, steps that ride-share companies can take to improve the travel experience and the future of accessible transit.

In 2026, PVA will continue to fight to raise awareness of the needs of veterans with SCI/D to ensure continued access to the care and benefits PVA

members have earned and deserve, as well as defending the freedom of disabled veterans.

Next month's On the Hill article will provide more information about PVA's 2026 priorities.

Heather Ansley, Esq., MSW, is PVA's chief policy officer in Washington, D.C. ■

A healthcare worker in blue scrubs is assisting a male patient into a white and blue tub slider. The patient is sitting on the slider, which is positioned over a toilet. The slider has a control panel and a footrest.

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Trakz-AT

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- 15-minutes setup without tools

Trakz-AP

- Non-tilt model

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people

BRITTANY MARTIN

Generating A Purpose

Being born with a spinal cord injury (SCI) has never slowed down Eric Kenning.

At 57 years old, the Mesa, Ariz., resident defied doctors who said he wouldn't live past age 18, competed in the Paralympics and found his calling as a licensed social worker.

But the path to get there wasn't easy.

Willing To Fight

Kenning, who has partial paralysis at level T11-T12 due to a traumatic

birth, was born breech two months early and weighed just 2.5 pounds.

Growing up on a 40-acre farm in small-town Lincoln, Minn., he says his mom, Jeanne (Smith), was a



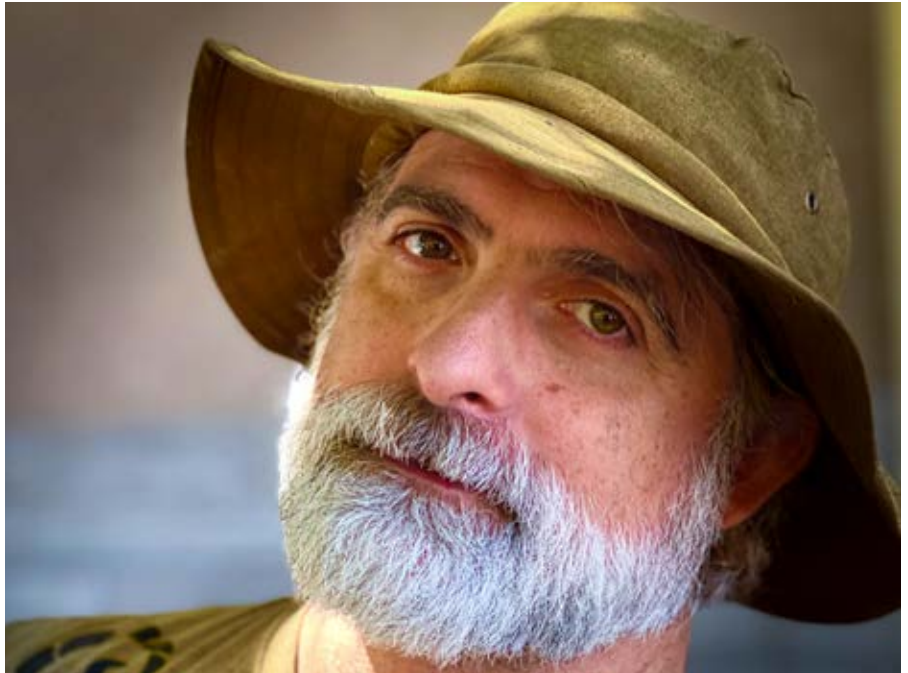
Eric Kenning grew up in Lincoln, Minn.

“battle mom” who was willing to fight the school system to get him the services he needed.

“Even though I was born with it, it was still hard to come to grips with because you see how society looks at you,” Kenning says. “You see how society’s arranged to not work for you at times.”

He says there were very low expectations for him to excel in school, and issues with bowel and bladder control caused a lot of embarrassing moments.

“There’s still this view that there’s only so much you can do, or ‘We don’t expect much of you because you’re going to be a drain on the system,’”



Eric Kenning, 57, sustained a level T11-T12 spinal cord injury due to a traumatic birth and is now a licensed social worker.

Kenning says. “That’s a generalization of course, but I find that that generalization seems to be what people actually say behind closed doors, sort of thing.”

From Paralympian To Bohemian

After recovering from multiple surgeries on his back and hips to correct scoliosis at ages 13 and 14, he joined the swim team in high school to redevelop his arm muscles. Upon graduating, Kenning started attending the University of Minnesota-Duluth.

“My first year, I almost flunked out because, honestly, I became a social butterfly. I just wanted to meet

everyone,” Kenning says. “I grew up in the country, and I didn’t know a lot of people. So, for me, this was like a bonanza.”

But by his second year, he began honing his swimming with an eye



Eric Kenning competed in swimming at the 1992 Paralympic Games in Barcelona, Spain.

toward competing in the Paralympics, which he did in Barcelona in 1992 in the men's SB4 100-meter breaststroke, placing fifth. Kenning returned to college after taking a year off for the Games and graduated with a degree in psychology.

"Then, I was greatly dissatisfied with kind of where I was going. I didn't feel like I was ready," Kenning says. "So, I hopped in my vehicle with \$500, and I drove down to Galveston, Texas, and lived in my Jeep-Eagle for about six months. Just lived on the seawall and journaled and was really Bohemian."

Kenning then moved back to Minnesota for a year but decided he couldn't handle the winters anymore. So, he moved to Flagstaff, Ariz., and lived in his van in the forest for three years while working three jobs to pay off his student loans. He even played keyboards for a heavy metal band for a while.



Eric Kenning says he's "what you would call a survivor."

"I was on Social Security Disability [Insurance] through college, and I canceled all those services for myself so that I could not have any restrictions on my life," Kenning says. "But it also required me to make a commitment, you know, live or die. I've got to do it by my own steam. I've got to figure it out. And so, that was the commitment that I had to make, and I made that in the woods."

Embrace The Struggle

Around 2007, Kenning moved to Phoenix and met his wife, Lourdes Garcia. She encouraged him to join a local wheelchair basketball team and supported his decision to go back to school for a master's degree in social work and become a licensed social worker. He earned his degree from Arizona State University in 2016.

Kenning says until he moved to Phoenix, he didn't want to be involved in the disability community.

"Once I got here, though, I really found that I could relate to people in ways that I wasn't even relating to myself. So, it really helped me to get to know myself," he says. "And so, I'm very grateful that I am a part of this community, because I've learned little things that I didn't know."

Kenning says when he was younger, he set a goal to live to be at least 82 years old.

"I'm what you would call a survivor. I do what I have to do to survive," he says. "I wasn't even supposed to live to be 18, for crying out loud. So, for me, that's why setting a goal to live to be 82 was like, 'OK, well, I guess now that I'm not going to die by the time I'm 18, let's see how long I can live.'"

Kenning says generating a purpose in life is one of the greatest things people with disabilities can do for themselves.



Eric Kenning met his wife, Lourdes Garcia, in 2007.

"I'm trying to really live the role of being a social worker because it really jibes with who I am," Kenning says. "And so, what keeps me going is this desire to be of service to my community to the best of my abilities."

For anyone who's experienced an SCI, he says it can be overwhelming, and it takes time and baby steps to figure out how to rebuild a life.

"I try to encourage people to realize that life is struggle. If you're not struggling, you're not living," Kenning says. "Do everything you can to embrace the struggle of your life because it's your life. It's not someone else's life to live."

For more stories from people like Kenning who sustained SCIs more than 30 years ago, read *Life Lessons* in the December 2025 issue of *PN*. ■

HUBS & SPOKES

FREEPIK

How the VA's SCI/D network connects veterans to specialized care nationwide.

by Lynne Switzer

If you're a veteran living with a spinal cord injury or disease (SCI/D), understanding how to navigate your care within the Department of Veterans Affairs' (VA) hub-and-spoke network is essential.

Formalized in 1996, this model was designed to balance specialized expertise with local access, ensuring every veteran receives the right care, in the right place, at the right time. Knowing how this system works can make all the difference in maintaining long-term health and independence.

Bridging The Distance

At the center of this nationwide network are 25 regional SCI/D centers, known as hubs, supported by more than 130 community-based sites,

known as spokes. Each hub serves a specific region, helping ensure that veterans with SCI/D have access to specialized care through their nearest spoke site — no matter where they live.

To visualize how this works, think of it like a bicycle wheel. At the center are the hubs — major medical centers with comprehensive resources and specialists, typically in urban areas. These facilities are staffed with multidisciplinary teams of professionals with expertise in SCI/D, offering advanced diagnostics, complex medical treatments, surgical capabilities, intensive rehabilitation programs and annual comprehensive evaluations.

Branching out from the hub are the spokes — smaller facilities that bring care closer to

VA's Spinal Cord Injury and Disorder System of Care

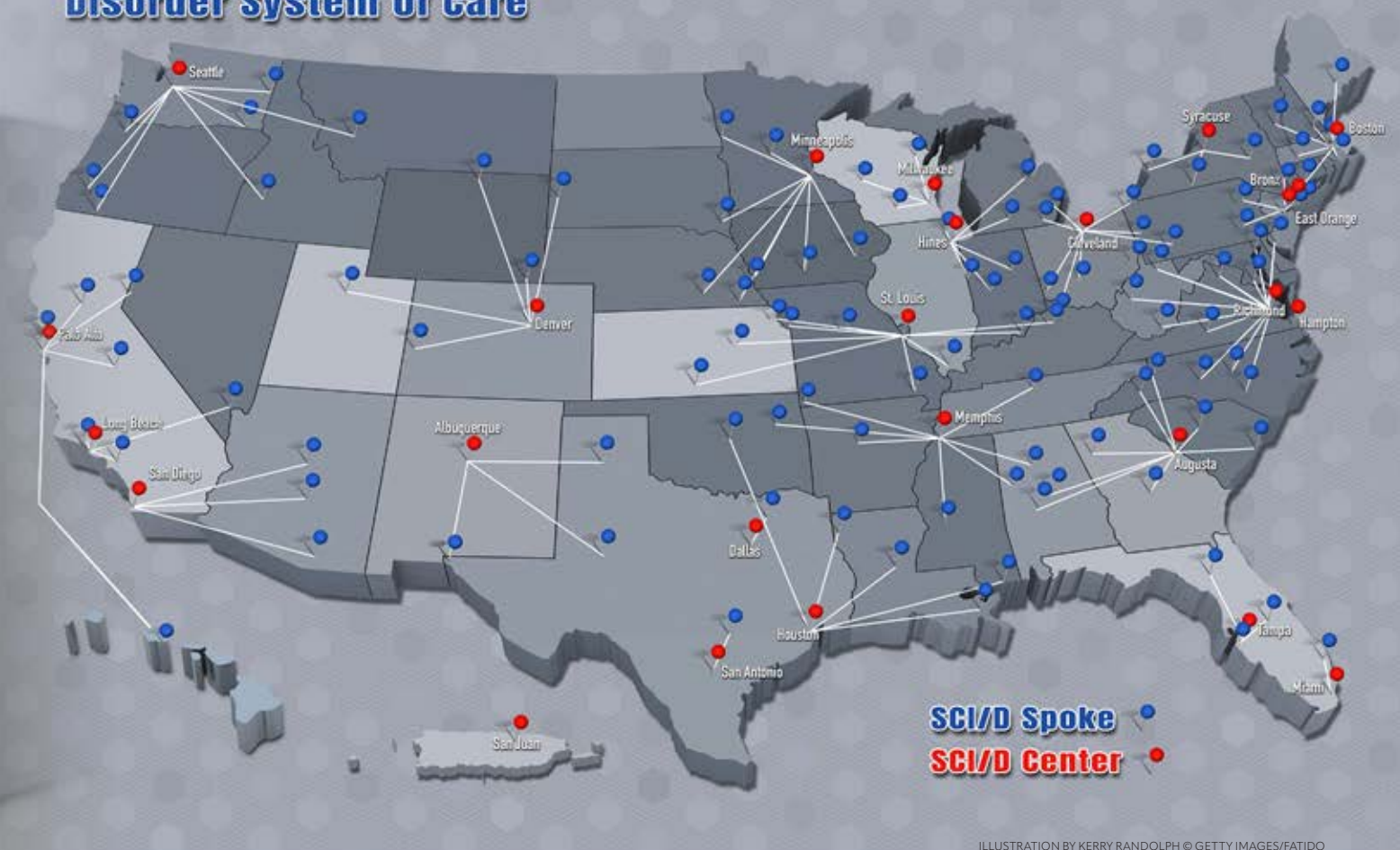


ILLUSTRATION BY KERRY RANDOLPH © GETTY IMAGES/FATIDO

home. These community-based outpatient clinics (CBOCs) and satellite facilities handle routine care: prescription refills, regular checkups, mental health appointments, preventive services and stable chronic disease management. When you need specialty care, they connect you to the hub through telehealth or coordinated referrals.

The hub and the spoke are designed to complement each other, providing veterans with consistent, specialized care wherever they live.

"It bridges distance and ensures that expertise in spinal cord injury isn't confined to one location — it's shared, coordinated and focused on continuity of care," says Angela Weir, Paralyzed Veterans of America (PVA) director of medical services and health policy.

When To Go Where

Knowing when to go to your local spoke and when to head to the hub can help you stay healthier and avoid unnecessary trips or delays.

Start at your local spoke for:

- Routine checkups and medication refills
- Preventive screenings and vaccinations
- Mental health counseling and wellness programs
- Basic wound checks and pressure ulcer prevention
- Durable medical equipment coordination and device checks

Go to the hub for:

- New or worsening complications related to SCI/D
- Complex medical evaluations involving multiple specialists
- Surgical planning or procedures
- Intensive inpatient rehabilitation or ventilator care
- Annual comprehensive evaluations



Paralyzed Veterans of America Senior Benefits Advocate Winston Woodard III assists veterans at the Edward Hines Jr. VA Hospital near Chicago.

“The hub is where veterans receive the most comprehensive assessment of their health,” says Winston Woodard III, a PVA senior benefits advocate at Edward Hines Jr. VA Hospital near Chicago. “The hub’s interdisciplinary team looks at your whole body — from skin and lungs to equipment, medication and mental health.”



PVA PUBLICATIONS FILE PHOTO

But for veterans in rural areas, traveling to a hub can be difficult. Cost, transportation limitations or physical barriers can discourage visits. Woodard emphasizes that those appointments are worth it.

“In some cases, veterans can qualify for VA travel reimbursement, and the preventive care received during annual hub visits can help avoid unplanned hospital stays or complications later in the year,” Woodard says.

He also emphasizes that coordination between hubs and spokes is essential.



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“If a veteran is discharged from a hub with new care requirements, that information should go directly to the spoke provider,” says Woodard. “Likewise, if a spoke team identifies an issue that requires advanced SCI/D expertise, they should reach out to the hub immediately. The team-approach communication style is what keeps veterans safe and care seamless.”

Weir agrees, adding that PVA regularly collaborates with VA leadership to improve communication protocols.

“Our goal is to strengthen how information moves,” Weir says. “Veterans deserve to understand their care plan and know who’s responsible for what. The best outcomes happen when everyone — veteran, spoke and hub — stays connected.”

If you’re unsure whether your concern requires hub-level care, call your local spoke facility first. Staff members know the system and can quickly determine if you need specialized services. They’ll either address your needs locally or fast-track your referral to the appropriate specialist at the hub.

Telehealth

One of the most significant advances in the hub-and-spoke model is telehealth’s integration. Veterans no longer need to choose between local convenience and specialized expertise.

The VA’s telehealth network allows patients to:

- Meet virtually with hub specialists for follow-up visits
- Participate in case conferences between hub and spoke providers
- Get rapid consults for new symptoms or equipment issues
- Join educational or peer support sessions remotely

“Telehealth is a powerful tool for veterans with SCI/D,” says Weir. “It is life-changing, especially for those with transportation difficulties or in remote areas.”

If technology feels intimidating, local staff can help set up or facilitate appointments. Many spoke sites now have dedicated tele-



Telehealth allows veterans to meet virtually with hub specialists.

health rooms where veterans can meet virtually with hub clinicians without leaving their local community.

Here are some other tips get the most from the hub-and-spoke model:

- Establish care at both levels. Make sure you're connected to your local spoke and registered with your regional hub.
- Plan ahead. Schedule annual evaluations early and combine appointments to minimize trips.
- Leverage telehealth. Use it for follow-ups and consults whenever possible.
- Stay organized. Keep copies of discharge summaries, prescriptions and adaptive equipment authorizations.
- Communicate proactively. If you notice gaps between your spoke and hub, bring them to your local PVA national service officer's (NSO) attention.

PVA's Role

PVA plays a critical advocacy and oversight role in the VA's SCI/D system. PVA's staff of medical experts and highly trained, field-based NSOs monitor care quality, identify gaps and advocate directly with VA leadership to fix problems.

Each hub undergoes regular site visits and quality assessments by VA's national SCI/D office and external partners like PVA to

ensure compliance with clinical standards, staffing ratios and accessibility requirements. If there is a delay in care, a breakdown in communication or a policy that isn't working, PVA steps in to advocate for improvements.

The hub-and-spoke model was developed from decades of lessons learned caring for veterans with complex SCIs. Before 1996, access to consistent SCI/D expertise varied widely across the country. Some veterans had to travel hundreds of miles for health care

Paralyzed Veterans of America conducts regular assessments of Department of Veterans Affairs spinal cord injury and disease hubs.



PVA PUBLICATIONS FILE PHOTO



Paralyzed Veterans of America works directly with Department of Veterans Affairs leaders to fix problems.

or see providers who were unfamiliar with paralysis-related complications. The hub-and-spoke system changed that, establishing national standards for staffing, training and care coordination.

Today, those standards ensure that every veteran with SCI/D receives care guided by the same evidence-based protocols, and PVA works to ensure the system is operating at the highest levels. That uniformity saves lives, as expertise travels through the network.

Connecting with your NSO can also be a huge benefit when it comes to navigating the system.

“We help veterans by becoming their official representative [using VA Form 21-22], which gives us access to their VA medical records,” says Jason Stephenson, a PVA senior veterans health and benefits specialist at the Minneapolis VA Medical Center. “This lets us see what the VA is saying about their case, double-check the information with the veteran and explain what steps they need to take next. Our deep knowledge of VA laws and regulations helps us advocate effectively on their behalf.”

Stephenson advises veterans to contact a PVA representative prior to a VA appointment. This way, PVA can help veterans navigate various benefits, like travel reimbursement, as well as acquire medical opinions and notes from their doctors that could help increase their benefits or unlock new ones they didn’t know they were qualified to receive.

The bottom line? The hub-and-spoke model is only as strong as its connections — and veterans are at the center of it. Staying

The Rocky Mountain Regional Department of Veterans Affairs Medical Center Spinal Cord Injury & Disorders Center in Aurora, Colo., is one of 25 hubs in the United States.





Paralyzed Veterans of America national service officers are trained to help veterans navigate the Department of Veterans Affairs spinal cord injury and disease system of care.

"Your service has earned you appropriate and timely medical care, and that's exactly what we'll fight for." — Aaron Stevens

informed, engaged and connected to your care team ensures that expertise follows you wherever you go.

"If you ever feel stuck due to a delay, a missed appointment or confusion about your care plan, reach out to your local PVA NSO right away," advises Aaron Stevens, a PVA senior ben-

efits advocate at the Louis Stokes VA Medical Center in Cleveland. "Your service has earned you appropriate and timely medical care, and that's exactly what we'll fight for."

For more information on the VA's SCI/D system of care, visit sci.va.gov/VAs_SCID_System_of_Care.asp.

To find a PVA NSO, see the roster on page 33 or visit pva.org/find-support/national-service-office.

Lynne Switzer is a writer, content strategist and founder of Porchlight Stories, specializing in human-interest narratives that illuminate how ordinary people navigate extraordinary challenges, particularly in the disability community. ■



The Department of Veterans Affairs' hub-and-spoke system established national standards for staffing, training and care coordination.

GET COOKIN'



PHOTOS OF UTENSILS COURTESY OF CRAIG HOSPITAL
ILLUSTRATION BY KERRY RANDOLPH

Let's face it — everyone

needs to eat. Beyond simple nourishment, learning how to cook is a valuable skill that offers many benefits, such as greater control over ingredients and nutrition, potential cost savings and opportunities for creativity or family bonding.

But people who have sustained a spinal cord injury or disease (SCI/D) often encounter difficulties when independently preparing food due to various limitations, including lack of hand grip strength or dexterity and environmental barriers. Fortunately, there are a variety of tools and techniques that can make the process easier, safer and more enjoyable.

Fun & Satisfying

For Karin Collins, staying organized and having a plan are the keys to cooking.

The 56-year-old Toronto resident, who was diagnosed with multiple sclerosis 30 years ago and uses a power wheelchair, has always enjoyed cooking and started a recipe website (kitchendivas.com) with her husband, Ken Ryan, in 2015. The site features more than 2,500 recipes she's adapted from her grandmothers' recipes.

People
with SCI/D
have many
options to
help them
prepare food.

Collins says she and Ryan plan what they're going to eat throughout the week, and she makes double or triple batches of meals to portion out and freeze. When she's ready to cook, Collins puts all her ingredients and tools out on the counter and uses a wheeled cupboard to access pantry items and utensils. Her kitchen is also equipped with pull-down shelves and a lowered spice rack and table.

"I find also now with the wheelchair, and I have one hand that doesn't work well, my dominant hand, that I have to plan everything. And I always have a backup plan," Collins says.

by Brittany Martin



At left, a variety of adaptive kitchen tools are available. Below, Karin Collins, seated, and her husband, Ken Ryan, prepare a meal together.

She frequently uses a multicooker with slow cooker, searing and air frying capabilities.

"I always have one extremely, extremely simple two- or three-ingredient slow cooker crockpot one [recipe] that I can just throw everything in and let it cook, and then I usually have one that's more involved," Collins says.

When she can, she uses vegetable choppers or pre-cut vegetables or fruits. To stir, Collins says big wooden spoons and utensils with long rubber handles are easier for her to grip. She also uses lightweight pots and pans so she can drag them instead of lifting them from the stove to an oven mitt on the counter. Foil pans make cleanup easier for



COURTESY OF KARIN COLLINS AND KEN RYAN



Karin Collins, seated, started a recipe website, kitchendivas.com, with her husband, Ken Ryan, in 2015.

PHOTOS THIS PAGE COURTESY OF KARIN COLLINS AND KEN RYAN

Below, top row, Karin Collins prepares rotisserie chicken soup. Bottom row, Collins makes a croissant French toast bake.

her, and she only uses the top portion of her oven. Her bowls have rubberized bottoms to prevent them from sliding off the counter, and she keeps her cutlery standing upright so it's easier to grab.

Collins has tried meal kits, both delivered and premade from the grocery store, and

sometimes adds spices and other ingredients to the dishes. But they've been hit and miss.

"I like them, though, because everything's included, and if I don't feel like adding some extra garlic or extra anything to it, I don't really have to and they're edible," Collins says.

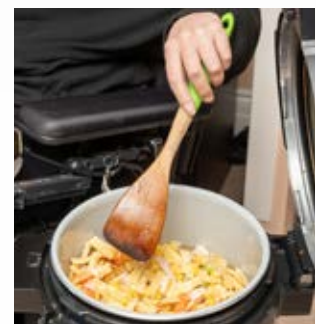
Ryan often shares the cooking duties, especially when Collins is fatigued. She says it's important to pace yourself and not feel pressured to get everything done.

"Some days I feel like I have tons of energy and other days I barely have any, so it's just about recognizing in your body what you're capable of that day and being OK with it and just doing the best I can," Collins says.

She says the main thing to remember is "you're never too sick to have fun in the kitchen." Even if someone else is helping with the physical work, the other person can direct and make suggestions.

"I think people just have to not be afraid to experiment and to try to do the best they can, because it can be so much fun and so satisfying," she says.

For a few of Karin Collins and Ken Ryan's recipes, visit pnonline.com.



Ashley Jack, a patient education assistant at Craig Hospital, demonstrates how she uses a Quadtools reacher/grabber to lower a shelf.

Accessible Kitchen & Tools

Clinicians and patient educators at Craig Hospital in Englewood, Colo., do their best to ensure spinal cord injury (SCI) patients there learn to have fun in the kitchen, too — starting with the proper workspace, tools and safety.

In the hospital's therapy kitchen, patients can practice making a simple meal, such as a personal pizza or sandwich, to determine what adaptations they might need in their own home.

Katie Hunt, a certified occupational therapy assistant at Craig Hospital, says an accessible kitchen should have multi-height countertops with rounded edges, electrical outlets that are at least 18 inches off the floor, rocker-style switches mounted within reach range, bright lighting, an open floor plan with nonslip flooring, roll-under space for cabinets and sinks and pull-down or pull-out shelving. Cabinets should also have U-shaped or D-shaped handles, or a loop can be attached for those with limited hand dexterity. If a lower countertop isn't an option, an additional roll-under table could be set up as a workstation.



PHOTOS THIS PAGE COURTESY OF CRAIG HOSPITAL

Hunt says stoves should have touch controls or knobs in the front, and she suggests mounting a mirror above the stovetop if patients can't raise their wheelchair seat to observe the food inside pots or pans. A lap tray, apron or towel provides a layer of protection against burns when pulling hot pans out of an oven or microwave. There are also counter-height ovens available and small appliances like microwaves or microwave drawers that can be mounted under counters for better accessibility.

In addition, Hunt says purchasing a side-by-side or drawer-style refrigerator and adding a loop to the handle can make access easier.

Some other helpful tools Hunt recommends are a Dycem nonslip mat (dycem-ns.com) or shelf liner under bowls or cutting boards, adaptive cutting boards that have spikes to secure food, rocker knives that can be used with one hand, electric or battery-powered can openers and pepper mills and jar openers that assist with grip.

For people without hand strength or dexterity, a company called Quadtools (quadtools.com) makes custom,



Adaptive tools such as a reacher/grabber, left, and universal cuff/grip assist can make cooking tasks easier.



Ashley Jack uses a rocker knife to cut a muffin in the Craig Hospital therapy kitchen.

Rachel Wilson, a patient education assistant at Craig Hospital, uses heat-resistant gloves and an oven rack puller.



wrist-actuated reacher/grabbers, tongs, spatulas and knives, and Dining With Dignity (diningwithdignity.com) offers adaptive silverware. Utensil handles can also be built up with foam tubing, or EaZyHold handles (eazyhold.com) can be attached to utensils or cups to assist with grip. Craig Hospital has a video on other helpful cooking tools at tinyurl.com/4bbkjuv.

Hunt emphasizes that people should use smart home technology, including timers and wireless thermometers, to their advantage as much as possible.

"They have ovens now that you can control from your phone, from your smart speakers, microwaves that you can also control that way and refrigerators," she says. "So, I guess it just depends on the patient, their needs, what they're able to afford or what they are invested in."

Rachel Wilson, a patient education assistant at Craig Hospital who sustained a level T12 SCI from 1993 scoliosis surgery, enjoys baking and says one item she can't live without is a pair of heat-resistant oven gloves.

Craig Hospital spinal cord injury patients start with simple meals, such as making a sandwich.



PHOTOS THIS PAGE COURTESY OF CRAIG HOSPITAL

The 47-year-old Littleton, Colo., resident says cooking and baking can be fulfilling hobbies.

"It's something you can do safely in your home, and you could even entertain guests and invite people," Wilson says. "Because what I find is it's really hard to go to other people's houses for dinner, so I'm the host almost all the time. I'm the hostess, and I bring everyone together at my house because I need the accessibility, and I need the accessible toilet and all that."

Ashley Jack, also a patient education assistant at Craig Hospital, sustained a level C6-C7 SCI in a 2018 car accident. The 36-year-old Lone Tree, Colo., resident reminds patients to listen to their body to be aware of potential burns on areas without feeling. She likes cooking with a toaster oven instead of a regular oven because it's safer for her.

Jack suggests that people who are new to cooking start by helping others with small tasks, such as cutting vegetables with an adaptive knife and a cutting board.

"You don't have to cook a whole dinner your first go at it, but I think just being in that environment is a good place to start, but it also makes you feel like you're contributing, as well," she says.

Jack says having groceries delivered can make it easier to cook at home, but going to the grocery store is also an excuse to get out of the house and not be isolated. Putting in the effort rather than relying on convenience will make a difference in the long run.

"It's one thing to take advantage of where we're



Pre-cut meats and cheeses, along with an adaptive utensil, can make meal preparation less time consuming.

at today as a society where we do have things like DoorDash or Grubhub available, but that can be very expensive, especially lately, but also just to know what's in your food and know what you're actually getting," Jack says. "There's something to be said about going out, going grocery shopping. All of those things can add to the experience."

Healthy Eating

Joanne Smith understands the importance of quality nutrition and cooking for people with SCI/D. The 55-year-old Toronto resident sustained a level L1 SCI in a 1988 car accident and has been a nutritionist for 16 years.

Smith, a longtime *PN* contributor and co-author of the Paralyzed Veterans of America-supported *Eat Well, Live Well with Spinal Cord Injury*, tries to come up with ways she and her clients can eat healthy meals without expending a great deal of energy and time.

One method she's discovered within the last year and a half is a multifunctional appliance called a Thermomix. The device has a touchscreen and thousands of recipes built into it.

"It can chop, it can blend, it can make ice cream. It's a dough-maker. And literally, you throw everything in, and it's preset to the power, to the blend," Smith says. "The measuring cups are all built in, so you don't have to pull out measuring spoons, measuring cups. You add it in, and it counts to tell you how much is there and when you've added enough."

She says because weight gain is so prevalent after sustaining an SCI, it's important to look at food quality and the ratio of fats, proteins and carbohydrates in one's diet.

"Keep your grain sources of carbohydrates down to help prevent weight gain," Smith says. "And it's hard because a lot of foods in our society are carbohydrates. They're fast, they're easy, they're cheap, so they're easy to grab and go, but they're really not very nutrient-dense."



COURTESY OF JOANNE SMITH

Most of them don't have a lot of fiber and don't have a lot of vitamins and minerals. They've been stripped. So, it's just really being hyper-aware of what you're eating, and read the ingredient packages, read the nutrient facts on your labels." ■

Nutritionist Joanne Smith likes to keep meals simple and healthy.

AI & ACC

HERL is working to make assistive technology safer, smarter, more affordable and empowering.

Most people think about artificial intelligence (AI) in the context of self-driving cars or automated customer service.

But for millions of people living with spinal cord injury and disease (SCI/D), and other conditions affecting mobility, AI is about something much more personal — greater independence, fewer injuries and more confidence navigating daily life. At the Human Engineering Research Laboratories (HERL) of the University of Pittsburgh and U.S. Department of Veterans Affairs, that's exactly the goal.

HERL's focus is developing real solutions for the real challenges that wheelchair users and others with mobility limitations encounter every day. That work was featured at last July's United Nations' AI for Good Global Summit in Geneva.

HERL took part in the Switzerland summit that's the world's leading platform dedicated to showcasing technologies that can move society toward a more promising and inclusive future.

Meet The MEBot

For HERL, AI only matters when it improves lived experience.

Our philosophy is simple: Start with the person using the technology, understand his or her goals, pain points and ambitions, and then design tools that enable those goals while reducing barriers. Every project HERL showcased follows this same human-centered vision that we call participatory action design and engineering — placing safety, usability, prevention and affordability front and center.

*by Rory A. Cooper,
PhD, PLY, director
of Human
Engineering
Research
Laboratories*

COURTESY OF AI FOR GOOD GLOBAL SUMMIT 2025, ITU.AIFORGOD.IT/UNT

POSSIBILITY



Above left, Rory A. Cooper, PhD, PLY, director of the Human Engineering Research Laboratories (HERL), speaks about HERL's inventions, including the Mobility Enhancement Robotic Wheelchair, left.



One of the technologies presented at the summit was the Mobility Enhancement Robotic Wheelchair (MEBot), a robotic mobility platform designed to auto-

matically keep the user upright and stable while crossing uneven terrain.

Wheelchair users know that a small curb or crack in the pavement can create a major obstacle. A slick ice patch, a tilted ramp or a rough sidewalk can suddenly become dangerous.

HERL researchers have engineered the MEBot to use multiple sensors and advanced control strategies to detect changes in slope and surface height, then adjust the wheels and suspension in real time to maintain a level seat and stable posture. The aim is to prevent tipping and falls, reduce physical strain and eliminate the stress that comes

COURTESY OF HUMAN ENGINEERING
RESEARCH LABORATORIES

from navigating difficult environments. This innovation does more than just improve performance — it helps people feel safer and more willing to explore, knowing that their chair is actively working to protect them.

ALL IMAGES THIS PAGE COURTESY OF HUMAN ENGINEERING RESEARCH LABORATORIES



HERL-Town is a board game designed to prepare wheelchair users for everyday mobility decisions.

At HERL, we recognize that independence isn't only about physical safety, it's about feeling confident moving through the community. That's why we designed an educational board game called HERL-Town, which prepares wheelchair users for the kinds of mobility decisions that arise during bus trips, ride hailing services, driving or navigating crowded sidewalks.

Instead of learning through trial and error in the real world, players encounter realistic scenarios in a safe and playful environment that encourages strategy and collaborative problem-solving. Family members, caregivers and health professional students can join the game, too, which helps them better understand the barriers mobility device users regularly face. The result is greater preparedness, stronger communication and fewer unwelcome surprises during community outings.

A Seating Coach

A third project featured at the summit tackles a medical challenge that affects many long-term wheelchair users: pressure injuries. These wounds develop slowly and silently, often becoming severe before they are even noticed.

To combat this, HERL worked with clinicians and industry partners to create the Virtual Seating Coach (VSC), a system embedded in some powered wheelchairs. The VSC tracks sitting duration and seating positions and provides gentle reminders and guidance to ensure users perform effective weight shifts.

The system gives clinicians important insight into whether recommended pressure-relief routines are happening consistently and effectively. This kind of preventive support helps people stay healthy and avoid the painful and costly consequences of pressure ulcers. It is a clear example of how AI can be used not to replace human care, but to enhance it in ways that preserve quality of life.

Another innovation that underscores HERL's inclusive mission is a wheelchair design inspired by kirigami. While high-performance chairs can be incredibly functional, too many people still rely on ill-fitting or uncomfortable options because custom manufacturing remains expensive and slow.



This Japanese kirigami-inspired wheelchair could reduce wheelchair costs and production time.

COURTESY OF AI FOR GOOD GLOBAL SUMMIT 2025, ITU, AIFORGGOOD.ITU.INT



HERL's kirigami-inspired design and engineering reimagines the process from the ground up. Inspired by the Japanese art of cutting and folding paper, laser-cut materials are shaped into lightweight, durable wheelchair frames that can be tailored to a user's size, preferences and lifestyle, all while significantly reducing cost and production time.

This is largely achieved by using complex computing, reducing the tooling required and removing the need for specialized jigs. Truly individualized chairs can be made at scale and for lower cost. Better fit means less pain and strain, fewer overuse injuries and more active living. The hope is to make chairs that not only meet medical needs but express personal identity, as well — because a mobility device should feel like part of you, not just a piece of equipment.

The Mission Is More

Taken together, these innovations show what's possible when emerging technology, rehabilitation research and personal experience all inform the design process. But HERL is already looking beyond what's possible today.

Our next major initiative — the Robotic Assistive Mobility and Manipulation Platform, or RAMMP — represents an ambitious leap forward in independence. RAMMP will seamlessly combine robotic mobility features with robotic manipulation, meaning it will not only help people get from place to place but also will assist with everyday tasks, such as picking up objects, opening doors, preparing food or operating household devices.

The core concept behind RAMMP is semi-autonomy. Users will retain full control, but the technology can take over specific actions

Rory A. Cooper, PhD, PLY, gives a presentation at last July's United Nations' AI for Good Global Summit in Switzerland.

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RESEARCH LABORATORIES



The Robotic Assistive Mobility and Manipulation Platform includes a controller for a robotic arm.

when asked or when it senses the need. For individuals who lose strength or dexterity over time, such as those with amyotrophic lateral sclerosis, multiple sclerosis or who are aging with spinal cord injuries, this could reduce reliance on caregivers and restore important aspects of daily self-sufficiency.

RAMMP will be powered by a new, open-source assistive technology operating system (ATOS) designed to unify and connect different assistive tools into a single platform that can evolve with user needs. Rather than each manufacturer building its own isolated software, ATOS will allow developers, engineers and clinicians everywhere to innovate and integrate new options more quickly and at a lower cost.

This approach has the potential to accelerate progress across the entire field of assistive robotics. Alongside ATOS, HERL and its team of collaborators are creating a digital twin environment — a virtual simulation of an individual's mobility device, home and daily routines — where the system can learn, adapt and be tested safely before ever performing tasks in the real world. By allowing personalized training and adjustment without risk, RAMMP can arrive fully prepared to support the independence and preferences of its user on day one.

The implications for everyday life are enormous. Imagine navigating your home as thresholds and tight spaces become manageable because your chair automatically compensates for the terrain. Picture a dropped utensil being retrieved by a robotic arm without needing to call someone for help. Think about changing seating positions without straining tired muscles, or asking the system to take over for a moment when fatigue sets in.

HERL's goal isn't to eliminate the role of caregivers — far from it — but to ensure that people using mobility devices can decide

when and how they want help. That kind of choice preserves dignity, supports health and improves long-term quality of life.

Ultimately, HERL's mission isn't about robotics or software. It is about protecting the freedom to control your own life, the freedom to leave the house without worrying about a sidewalk or the lack thereof, the freedom to stay healthy without constant vigilance over skin integrity, the freedom to be part of a community without barriers — and to get through the day without relying as much on others for every small task. These technologies aim to give people the ability to say, "I've got this," and to genuinely mean it.

HERL actively invites wheelchair users, families, caregivers, clinicians and advocates to stay involved in shaping the future of assistive mobility. There will be opportunities to participate in user testing, provide feedback during development and contribute ideas that influence the next generation of solutions. The voice of the disability community doesn't just matter in our processes — it drives it.

AI is often talked about as a distant future. But for people whose independence depends on technology, the future needs to arrive on time — and it needs to work. HERL's work demonstrates what becomes possible when researchers and engineers design with people, not just for them.

From smarter wheelchairs and supportive coaching tools to disruptive fabrication methods and revolutionary robotics, the mission remains consistent: more independence, more participation, more dignity and more life. That is the promise of AI for Good — and it is a future worth building together.

For more information on the summit, visit aiforgood.itu.int, and for more information on HERL, visit herl.pitt.edu.

A prominent bioengineer and inventor, Rory A. Cooper, PhD, PLY, is the director of HERL, an Army veteran and member of Paralyzed Veterans of America. ■

For assistance, please refer to the directory below to identify the Paralyzed Veterans of America (PVA) Service Office nearest you. Also, you may contact the PVA Veterans Benefits Department located at our headquarters in Washington, D.C., at 866-734-0857.

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334-213-3433

ARIZONA

VARO, Phoenix
602-627-3311

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VARO, North Little Rock
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CALIFORNIA (Hawaii, Manila)

VAMC, Long Beach
562-826-8000, ext. 23774

VARO, Los Angeles
310-235-7796

VAMC, Mather
916-843-2602

VAMC, Palo Alto
650-493-5000, ext. 65046

VARO, Rancho Cordova
916-364-6791

VAMC, San Diego
858-552-7519

VARO, San Diego
619-400-5320

Veterans Career Program

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202-416-6477*
(covering AK, AZ, CA, HI, ID, NV, OR, WA)

COLORADO (Wyoming)

VARO, Denver
303-914-5590

DELAWARE

VARO, Wilmington
302-993-7252

DISTRICT OF COLUMBIA

PVA National Office
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386-755-3016, ext. 2236

VAMC, Miami
305-575-7180

VAMC, Orlando
407-631-1000, ext. 11835

VARO, St. Petersburg
727-319-7470

VAMC, Tampa
813-978-5841

Veterans Career Program

Tampa*
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VARO, Atlanta
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VAMC, Augusta
706-823-2219

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VAMC, Hines
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VARO, Des Moines
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VARO, New Orleans
504-619-4380

MAINE (Vermont, New Hampshire)

VAMROC, Augusta
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VAMC, St. Louis
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VARO, St. Louis
314-253-4480

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716-857-3353

VARO, New York
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VAMC, Syracuse
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215-381-3057

VARO, Pittsburgh
412-395-6255

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VACHS, San Juan
787-641-7582 ext. 11566

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803-647-2432

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TENNESSEE

VAMC, Memphis
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VARO, Nashville
615-695-6383

TEXAS

VAMC, Dallas
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VAMC, Houston
713-794-7993

VARO, Houston
713-383-2727

VAMC, San Antonio
210-617-5300, ext. 16819

VARO, Waco
254-299-9944

Veterans Career Program

San Antonio
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(covering CO, KS, NM, MO, OK, TX, UT)

VIRGINIA

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VAMC, Richmond
804-675-5316

VARO, Roanoke
540-597-1707

Veterans Career Program

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VARO, Seattle
206-220-6149

Veterans Career Program

Seattle
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VARO, Huntington
304-399-9393

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VARO, Milwaukee
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3D-Printed Scaffolds For SCI

For the first time, a research team at the University of Minnesota Twin Cities demonstrated a groundbreaking process that combines 3D printing, stem cell biology and lab-grown tissues for spinal cord injury (SCI) recovery.

The study was published in the July edition of *Advanced Healthcare Materials*, a peer-reviewed scientific journal.

A major challenge in SCI is the death of nerve cells and the inability for nerve fibers to regrow across the injury site. This new research tackles this problem head-on.

The researchers' method involves creating a unique 3D-printed framework for lab-grown organs, called an organoid scaffold, with microscopic channels. These channels are then populated with regionally specific spinal neural progenitor cells (sNPCs), which are cells derived from human adult stem cells that have the capacity to divide and differentiate into specific types of mature cells.

"We use the 3D-printed channels of the scaffold to direct the growth of the stem cells, which ensures the new nerve fibers grow in the desired way," says Guebum Han, a former University of Minnesota mechanical engineering postdoctoral researcher and first author on the paper who currently



New research combines 3D printing, stem cell biology and lab-grown tissues for possible treatment of spinal cord injuries.

works at Intel Corporation. "This method creates a relay system that, when placed in the spinal cord, bypasses the damaged area."

In their study, the researchers transplanted these scaffolds into rats with spinal cords that were completely severed. The cells successfully differentiated into neurons and extended their nerve fibers in both directions — rostral (toward the head) and caudal (toward the tail) — to form new connections with the host's existing nerve circuits.

The new nerve cells integrated seamlessly into the host spinal cord tissue over time, leading to significant functional recovery in the rats.

While the research is in its beginning stages, it offers a new avenue of hope for those with SCI. The team hopes to scale up

production and continue developing this combination of technologies for future clinical applications.

Contributor: Kalie Pluchel, University of Minnesota

Oregon Earns Accessibility Verified Status

The Oregon Tourism Commission (Travel Oregon) has worked with Wheel the World, a travel platform specializing in accessible tourism, to earn the state of Oregon a landmark designation: the first U.S. state to become "Accessibility Verified."

This milestone follows a coordinated statewide effort to evaluate, promote and improve the accessibility of tourism businesses, from hotels and outdoor adventure experiences to cultural attractions and culinary experiences, across seven of Oregon's tourism regions. Oregon is now the first state to



offer visitors with disabilities and/or mobility challenges the opportunity to plan travel itineraries through an online resource that keeps their needs top of mind.

Through this coordinated statewide effort and previous local efforts, including the Tillamook Coast's endeavor featured in the July 2025 issue of *PN*, Wheel the World assessed more than 750 hotels, restaurants and tourism businesses in 43 communities across the state (with more to come), as well as all Travel Oregon welcome centers.

These assessments are available on Wheel the World's website to offer visitors with disabilities the ability to plan trips knowing their needs will be met at each destination along the way.

Through Wheel the World's Accessibility Verified program, accessibility features of local hotels, experiences and attractions have been made available online through traveloregon.com and wheeltheworld.com. Wheel the World's Accessibility Verified program uses a structured, on-site evaluation process backed by physical measurements across multiple dimensions of accessibility.

The partnership with Wheel the World is part of Travel Oregon's broader strategy to make the state

more inclusive and welcoming for both visitors and residents with disabilities. With accessibility data now visible and bookable online, travelers can explore detailed listings, use Wheel the World's artificial intelligence-powered accessibility profile, utilize 24-hour customer support and receive tailored recommendations based on their specific needs.

ALS May Be Autoimmune Disease

Scientists at La Jolla

Institute for Immunology (LJI) in San Diego and Columbia University Irving Medical Center in New York have uncovered evidence that amyotrophic lateral sclerosis (ALS) may be an autoimmune disease.

The researchers discovered that inflammatory immune cells, called CD4+ T cells, mistakenly target certain proteins that are part of the nervous system in people with ALS.

"This is the first study to clearly demonstrate that in people with ALS, there is an autoimmune reaction that targets specific proteins associated with the disease," says LJI professor Alessandro Sette, Dr.Biol.Sci., in an October La Jolla Institute for Immunology release. Sette co-led the study with David Sulzer, PhD, of the Columbia University Irving Medical Center.



Alessandro Sette, Dr.Biol.Sci.

The researchers found that people with ALS produce high numbers of CD4+

T cells that target a specific protein (called C9orf72), which is expressed in neurons. This kind of "self-attack" is the defining feature of autoimmune disease.

"There is an autoimmune component to ALS, and this study gives us clues as to why the disease progresses so rapidly," says Sulzer. "This research also gives us a possible direction for disease treatment."

The new study was published in the Oct. 1 edition of *Nature*.

By examining T cell responses in ALS patients,

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the researchers were surprised to find two distinct patient groups. One group had shorter predicted survival times. Their inflammatory CD4+ T cells were quick to release inflammatory mediators when they recognized C9orf72 proteins.

The second patient group also had harmful inflammatory CD4+ T cells, but they also had higher numbers of different T cells, anti-inflammatory CD4+ T cells. This second group also had significantly longer projected survival times.

Anti-inflammatory CD4+ T cells are important because they can regulate disease. When the immune system fights a viral infection, for example, it churns out inflammatory T cells to eliminate the infected cells. Once the immune system clears the virus, anti-inflammatory CD4+ T cells step in to prevent overzealous T cells from damaging healthy tissues.

The scientists weren't expecting to observe this same process in ALS patients. The new research suggests that CD4+ T cells may reduce harmful autoimmune responses and slow ALS progression.

Future ALS therapies might boost protective CD4+ T cell responses and dial back harmful inflammation, says LJI research technician Tanner Michaelis, who served as the study's first author.

DoD Funds SCI Therapy Study

The U.S. Department of Defense (DoD) has awarded a research grant to Tiziana Life Sciences, Ltd., to study the use of intranasal anti-CD3 therapy in traumatic spinal cord injury (SCI).

Tiziana Life Sciences, Ltd.'s lead development candidate, intranasal foralumab, is a fully human, anti-CD3 monoclonal antibody that's also being studied in a Phase 2a, randomized, double-blind, placebo-controlled, multicenter, dose-ranging trial in patients with nonactive secondary progressive multiple sclerosis.

This noninvasive therapy, delivered through the nose — avoiding surgery or infusions — is designed to rebalance the immune system, reduce microglial-driven inflammation in the injured spinal cord and support functional recovery.

The DoD award will support a three-year study of intranasal anti-CD3 in the acute SCI phase. Complementing this, a two-year Stepping Strong Breakthrough Award will expand research into the chronic phase, focusing on patients living with persistent neurological deficits.

"SCI is not a one-time event — it is a chronic inflammatory disease. Our findings suggest that intranasal anti-CD3 could change the trajectory of

injury by addressing the immune cascade that continues to damage the spinal cord long after the initial trauma," says Saef Izzy, MD, FNCS, FAAN, critical care neurologist at Mass General Brigham in Massachusetts and head of the program, in a September Tiziana Life Sciences, Ltd., release.

HERL RAMMPs Up With \$41.5M

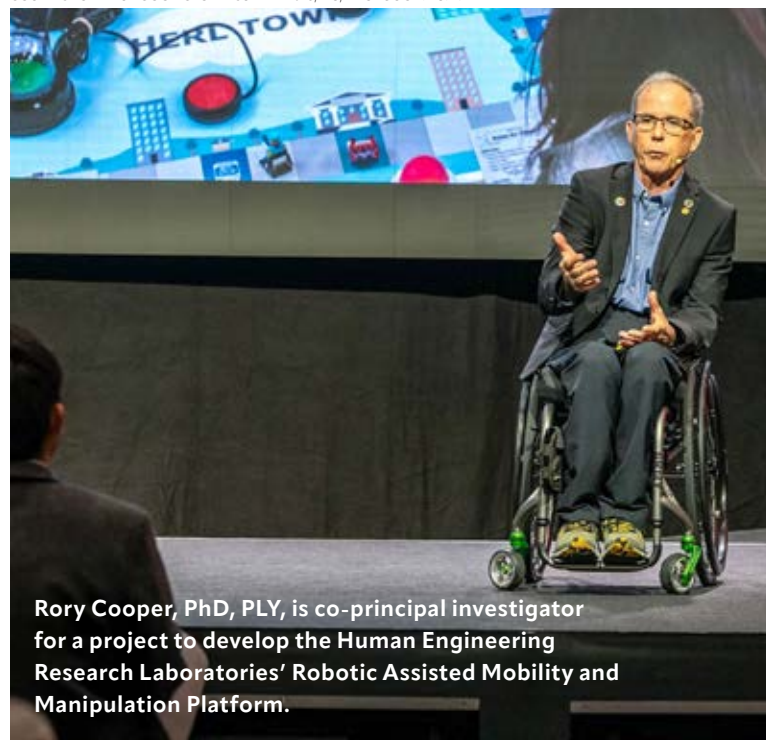
Researchers at the Human Engineering Research Laboratories (HERL), an institute under the University of Pittsburgh's Schools of Health Sciences and part of the Department of Veterans Affairs (VA), were

awarded up to \$41.5 million from the Advanced Research Projects Agency for Health to develop the Robotic Assisted Mobility and Manipulation Platform (RAMMP) system.

HERL will lead a team using next-generation robotics and new assistive technology to reimagine a wheelchair and assistive robotic arm that will improve independence, safety and quality of life for people with disabilities, including veterans.

The project's co-principal investigators are Rory Cooper, PhD, PLY, director of HERL and a Paralyzed Veterans of America Keystone Chapter member, and Jorge Candiotti, PhD, associate professor of physical

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Rory Cooper, PhD, PLY, is co-principal investigator for a project to develop the Human Engineering Research Laboratories' Robotic Assisted Mobility and Manipulation Platform.

medicine and rehabilitation at the University of Pittsburgh and research biomedical engineer at HERL and the VA.

RAMMP will integrate advanced robotics, artificial intelligence, a novel operating system and digital twin technology through the Robotic Assistive Mobility Manipulation Simulation (RAMMS) environment, a virtual platform that enables precise, safe and scalable testing and development within realistic simulated settings.

The RAMMP system will advance the design of powered mobility and manipulation devices by improving their function, obstacle detection and

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Alie B. Gorrie hosts the *Nothing Without Us!* podcast.

negotiation and seamless integration with robotic arms for more effective object interaction. Its real-time 360-degree environmental awareness and adaptive control features will allow users to navigate complex environments with enhanced capabilities, confidence and safety.

“We are redesigning everything from the ground up,” Cooper says in a November HERL release. “In terms of the seating system, the base, its robotic arm, the control system, the mechanical design, the operating system — everything will be new.”

RAMMP also will apply Participatory Action Design and Engineering (PADE) — a user-centered process that actively involves wheelchair users, clinicians and advocacy groups in codesigning solutions that meet real-world needs.

Joining Pitt in this national consortium are Kinova Robotics, LUCI Mobility, ATDev, Carnegie Mellon University, Cornell University, Northeastern University and Purdue University.

The five-year project, RAMMP: Robotic Assistive

Mobility and Manipulation Platform Providing Independence for People with Disabilities, launched in September.

To read more about HERL’s projects, read *AI & Accessibility* on page 28.

Nothing Without Us! Podcast

Lakeshore Foundation launched *Nothing Without Us!*, a disability advocacy podcast covering a wide variety of topics ranging from accessibility and inclusion to innovative solutions and policy reform.

New episodes will drop at 8 a.m. Central Time each Wednesday.

Nothing Without Us! is hosted by Alie B. Gorrie, a disability inclusion advocate, arts educator and performing artist based in Birmingham, Ala. Gorrie is the founder of Songs for Sight, an organization supporting young people with low vision in the state of Alabama.

“What excites me about the show is that audiences will hear from individuals in

all corners of the disability inclusion space — from athletes to advocates to CEOs and entertainers,” Gorrie says. “There’s something for everyone. I can guarantee you’ll learn something new along the way.”

The podcast’s first season was scheduled to run for eight weeks through Dec. 3, and a second season is already in production for early this year. Among the guests in the first season were Lakeshore President and CEO John D. Kemp, top-ranked adaptive golfer Chris Biggins and Kevin Spencer, a psychologist and award-winning performing magician who utilizes simple magic tricks in therapeutic applications for clients with disabilities.

The podcast is available on Apple, Amazon, iHeart, Spotify and other major podcasting applications, and the video version is available at youtube.com/@LakeshoreFoundation/podcasts. Follow the show on Instagram (@nothingwithoutuspod) for updates and behind-the-scenes content. ■



research **update**

FLORIDA ATLANTIC UNIVERSITY

Service Dog Benefits

People with spinal cord injury and disease often utilize service dogs to help them with everyday tasks, enhance their quality of life and provide a mental health boost.

However, a recent study focused on U.S. female veterans found the owner isn't the only one who benefits from working with a service dog. The results found that "man's best friend" may help slow biological aging in women.

This groundbreaking study is among the first to examine the impact of working with service dogs on this often-overlooked population.

By measuring biological indicators of stress, the researchers have uncovered a key insight: The way stress is felt emotionally doesn't always reflect how it affects the body at a cellular level.

While women have served in the U.S. military for generations, their roles have expanded dramatically since 1948. Yet despite their growing presence and unique experiences, most military studies still center on men — even as women report higher rates of post-traumatic stress disorder (PTSD).

Training For Others

Building on the need for focused research, Florida Atlantic University (FAU) researchers, in collaboration with the University of Maryland School of Nursing, the Medical College of Georgia and the nonprofit Warrior Canine Connection Inc. (warriorcanineconnection.org), conducted the study involving female veterans with PTSD. But instead of receiving service dogs, these women volunteered to train them for fellow veterans in need — offering support not just to others, but potentially to themselves.

The study, supported by the National Institutes of Health's Eunice Kennedy Shriver National Institute of Child Health & Human Development, examined whether this purposeful, mission-driven activity could reduce both biological and psychological stress, and whether previous combat exposure influenced those effects. Until now, the emotional and therapeutic benefits of such unique relationships have been largely unexamined in female veterans.

Female veterans ages 32 to 72 were randomly assigned to either the service dog training program group or a comparison group that watched dog training videos. Both groups took part in one-hour sessions each week for eight weeks. Researchers measured outcomes before, during and after the program.

To measure biological stress, researchers looked at telomere length (a marker of cellular aging) using saliva samples, and heart rate variability (HRV), a sign of nervous system balance, using wearable monitors in participants in the service dog training program group or the comparison group. Psychological stress was assessed using validated questionnaires measuring PTSD symptoms, perceived stress and anxiety at multiple points during the study.

Results, published in September in the journal *Behavioral Sciences*, revealed promising biological benefits associated with service dog training — particularly for veterans with combat experience — while improvements in psychological symptoms were seen across all participants, regardless of the intervention.



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Slowing Cellular Aging

One of the most striking findings involved telomere length. Veterans who participated in the dog-training program showed an increase in telomere length, suggesting a slowing of cellular aging. In contrast, those in the control group exhibited a decrease in telomere length, indicating accelerated aging.

Combat experience significantly influenced these results; veterans with combat exposure who trained service dogs experienced the greatest gains in telomere length, whereas those with combat exposure in the control group saw the most pronounced declines.

On the psychological front, both groups — those who trained dogs and those in the control group —

reported significant reductions in PTSD symptoms, anxiety and perceived stress over the eight-week period. However, these mental health improvements were similar across groups, suggesting that simply participating in the study and receiving structured attention may have offered therapeutic value. Unlike the biological findings, psychological outcomes did not appear to be affected by combat exposure.

“Female veterans face unique reintegration challenges that are often overlooked, and traditional PTSD treatments don’t always meet their needs,” says Cheryl Krause-Parello, PhD, first author,



The April issue of **PN** will feature candidate statements from Paralyzed Veterans of America (PVA) members seeking election to national offices for the **2026–2027** fiscal year term. If you intend to run for a national leadership position, please submit a written statement of up to 600 words. Your submission should include:

- A brief overview of your background and relevant experience.
- A description of the qualifications that make you a strong candidate for national leadership.
- A summary of your goals, priorities and vision for the organization, if elected.

In addition to your written statement, include a recent, high-resolution color headshot (minimum 300 ppi) suitable for print. All materials must be received by the **PN** editorial office no later than **Feb. 4, 2026**.

This is your opportunity to share your story, outline your leadership vision and connect with fellow members across the country. We look forward to featuring your submission in our upcoming issue.

MAIL TO: PN/Candidates | 7250 North 16th Street, Suite 100, Phoenix, AZ 85020

E-MAIL TO: Andy Nemann, andy@pvamag.com

Questions? Contact Andy Nemann, andy@pvamag.com





associate vice president for FAU research, associate executive director of the FAU Institute for Human Health and Disease Intervention and director of FAU's Canines Providing Assistance to Wounded Warriors, in an October FAU release. "Nontraditional approaches like connecting with animals can offer meaningful support. These relationships provide emotional safety and stability, which can be especially powerful for women. But not all veterans can care for a service animal, so animal-related volunteerism may offer similar healing benefits without the burden of ownership."

The study also suggests that the skills learned during service dog training — such as positive reinforcement

and reading animal behavior — may have strengthened participants' bonds with their own pets at home, offering additional emotional support. Unlike general volunteering, service dog training uniquely blends emotional healing with building a close relationship between veterans and their animals, providing therapeutic benefits that go beyond typical community engagement.

"This research underscores the power of service dog training as a meaningful, nonpharmacological intervention to support the health and healing of female veterans with PTSD," says Krause-Parello. "It opens the door to more personalized approaches that nurture both the mind and body."

These findings also provide early evidence that nonpharmacological interventions — such as service dog training — may help reduce the physical toll of stress and slow cellular aging in female veterans.

Study co-authors are Erika Friedmann, PhD, corresponding author and professor emerita at University of Maryland School of Nursing; Deborah Taber, senior research project coordinator at University of Maryland School of Nursing; Haidong Zhu, MD, Medical College of Georgia; Alejandra Quintero, a PhD neuroscience student in FAU's Charles E. Schmidt College of Science; and Rick Yount, founder and executive director of Warrior Canine Connection, Inc. ■



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Group 4 VA Benefits

The Department of Veterans Affairs (VA) offers many health care benefits to veterans. But it can be confusing to figure out the exact ones you might be entitled to receive.

The first place to start is understanding which of eight priority groups the VA has assigned you to following your initial application for benefits. Your group depends on a number of factors, including any service-connected disability ratings from the VA.

Group 4 is one of the eight groups and is focused on veterans who have a non-service-connected catastrophic disability. Veterans who are assigned to Priority Groups 2 or 3 (service connected 30%-40% or 10%-20%, respectively) may also benefit from assignment to Priority Group 4.

What Is It?

The VA defines a catastrophic disability as “a severe, permanent disability that significantly impacts a veteran’s ability to perform essential daily living activities.”

This may include conditions that necessitate:

- Personal assistance: Help with bathing, dressing, eating, etc.
- Mechanical assistance: Use of specialized equipment for mobility or daily living
- Constant supervision: To ensure safety and prevent harm

There are several key features of being placed in Priority Group 4.



One of the biggest ones is copayment exemptions for services such as hospital care and prescriptions.

Other important highlights include receiving enhanced access to VA medical care and being in a group that focuses on veterans with severe disabilities that significantly impact their daily lives and require extensive medical care.

By providing enhanced access to care and eliminating copayment burdens, Priority Group 4 aims to significantly improve the quality of life for veterans with non-service-connected catastrophic disabilities.

Eligibility

As with any VA benefit of this type, there are eligibility requirements.

To be eligible for VA catastrophic disability benefits, you must meet specific criteria, including:

- Having a severely disabling injury, disorder or disease that permanently compromises your ability to carry out activities of daily living
- Having a disability so severe that you require personal or mechani-

cal assistance to leave home or bed, or constant supervision to avoid physical harm to yourself or others

The determination of whether a veteran is catastrophically disabled is made by the VA through medical record reviews or a comprehensive medical evaluation.

A Crucial Commitment

Priority Group 4 within the VA health care system represents a crucial commitment to the well-being of veterans with non-service-connected catastrophic disabilities.

Paralyzed Veterans of America (PVA) Government Relations was instrumental in what is now the historic work of eliminating copay requirements specific to catastrophic disability.

PVA's work before the VA served to improve Priority Group 4 access and ensure this particular group of veterans receives timely, comprehensive and high-quality health care.

This commitment improves PVA members' quality of life, while simultaneously honoring their service and sacrifice to our country.

For help with anything in this article or any benefits, contact the nearest PVA national service officer (NSO) from the roster on page 33.

Information for this article was gathered from public sources such as va.gov and Title 38 of the Code of Federal Regulations.

An Air Force veteran, Brent Follas started working for PVA in 2013 and is a senior NSO in Kansas City, Mo. ■

Fall Ball

Paralyzed Veterans of America hosted a wheelchair football camp in North Augusta, Ga., in October. Participants learned wheelchair football basics, worked on fundamental drills and competed in games.



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Hail To Heroes

Paralyzed Veterans of America (PVA) National President and Chair of the Board Robert L. Thomas Jr., far right, along with PVA Keystone Chapter member and Human Engineering Research Laboratories Director Rory Cooper, PhD, PLY, attended a University of Pittsburgh football game during their "Hail to Heroes" day. Pittsburgh faculty, staff, students and alumni, along with other community partners, including PVA, were honored.

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PVA Intro to Paracycling Series: Denver	October 3-4, 2025	Denver, CO
PVA Wheelchair Football Camp - Augusta	October 10-11, 2025	North Augusta, SC
PVA Off-Road Paracycling Camp: Pocahontas State Park	October 16-18, 2025	Chesterfield, VA
PVA Billiards Tournament Series: Mid-South	October 17-18, 2025	Memphis, TN
PVA Pickleball Camp	October 18-19, 2025	San Antonio, Texas
Paracycling: High Performance Road Racing Camp	October 27-31, 2025	Colorado Springs, CO

November 2025

Intro to Paracycling Series: Phoenix	November 12, 2025	Phoenix, AZ
PVA Off-Road Paracycling Camp: Phoenix	November 13-16, 2025	Phoenix, AZ
PVA Billiards Tournament Series: Buckeye	November 14-15, 2025	Westerville, OH

December 2025

PVA Bowling Tournament Series: Nevada	December 4-7, 2025	Las Vegas, NV
PVA Boccia Tournament Series: New England	December 6-7, 2025	Brockton, MA

January 2026

PVA-USA Boccia Regional Tournament	January 24-25, 2026	Tampa, FL
PVA Wheelchair Rugby Invitational	January 30-February 1, 2026	Louisville, KY

February 2026

PVA Boccia Tournament Series: Bayou Gulf States	February 7-8, 2026	Gulfport, MS
PVA Airgun Tournament Series: Central Florida	February 14-15, 2026	Orlando, FL
PVA Bowling Tournament Series: Florida Gulf Coast	February 25-27, 2026	Tampa, FL
PVA Outdoor Experience: Maine Winter Sports	February 25-March 1, 2026	Carrabassett Valley, ME

March 2026

PVA Bowling Tournament Series: Tri-State Tournament	March 13-15, 2026	Beaverton, OR
PVA Billiards Tournament Series: Mid-Atlantic	March 14-15, 2026	Midlothian, VA
PVA Bass Tournament Series: Southeastern Challenge	March 27-29, 2026	Appling, GA

April 2026

PVA Bass Tournament Series: Bluegrass Bass Bash	April 10-12, 2026	Kuttawa, KY
PVA National Air Gun Camp	April 13-17, 2026	Centreville, VA
PVA Off-Road Paracycling Camp: Pocahontas State Park	April 16-18, 2026	Chesterfield, VA
PVA Bass Tournament Series: Citrus Slam	April 17-19, 2026	Kissimmee, FL
PVA Bowling Tournament Series: Texas	April 22-24, 2026	San Antonio, TX
PVA Billiards Tournament Series: Mid-America	April 23-25, 2026	Oklahoma City, OK
PVA Wheelchair Pickleball Tournament	April 25-26, 2026	Franklin, WI

May 2026

PVA Bass Tournament Series: Land of Lincoln	May 1-3, 2026	Sesser, IL
PVA Bocchia Tournament Series: Puerto Rico (Year-End)	May 2-3, 2026	San Juan, PR
Intro to Paracycling Series: Salt Lake City	May 4-5, 2026	Salt Lake City, UT
Intro to Paracycling Series: Milwaukee	May 20-21, 2026	Milwaukee, WI
PVA Trapshooting Tournament Series: Vaughan	May 22-24, 2026	Whittington, IL
PVA Bass Tournament Series: Buckeye Bash	May 29-31, 2026	Cortland, OH
PVA Airgun Tournament Series: Texas	May 30-31, 2026	San Antonio, TX

June 2026

PVA Bass Tournament Series: Capital Clash	June 5-7, 2026	Marbury, MD
PVA Wheelchair Basketball Camp	June 8-14, 2026	Arlington, TX
PVA Trapshooting Tournament Series: Wisconsin	June 12-14, 2026	Green Bay, WI
PVA Outdoor Experience: Teton	June 22-26, 2026	Jackson Hole, WY
PVA Bowling Tournament Series: National Championship	June 25-28, 2026	Omaha, NE
PVA Trapshooting Tournament Series: Iowa (Year-End)	June 26-28, 2026	Cedar Rapids, IA

July 2026

National Veterans Wheelchair Games	July 9-14, 2026	Detroit, MI
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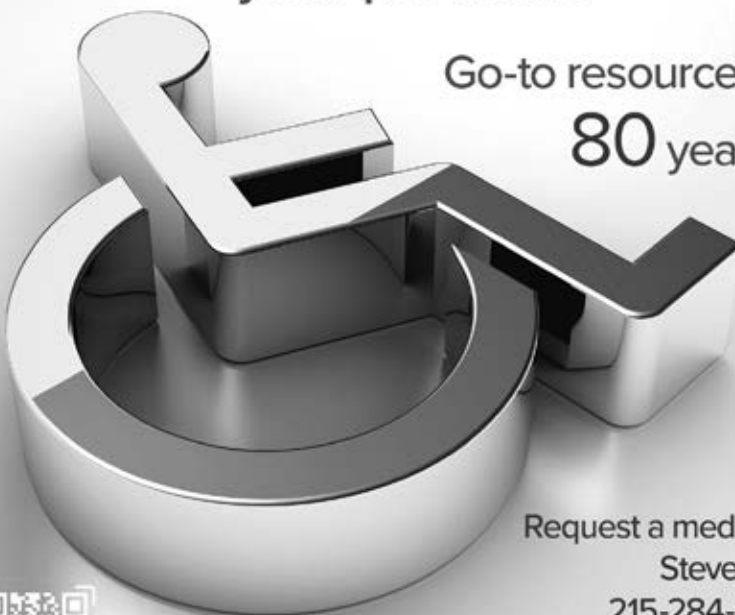
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COURTESY OF PARALYZED VETERANS OF AMERICA

Veterans Day Salute

From left, Paralyzed Veterans of America (PVA) National Vice President Lawrence "Louie" Mullins Jr., PVA National President and Chair of the Board Robert L. Thomas Jr., Army veteran Stephanie Williams and PVA National Vice President Marcus Murray helped lay a wreath for Veterans Day Nov. 11 at Arlington National Cemetery in Virginia.

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