Good afternoon, distinguished Senators. Thank you for inviting me to this vital panel. I am Brian Schiefer, a former U.S. Air Force Tactical Air Control Party (TACP) member who served in Afghanistan in 2003 and in Iraq from 2005–2006 and 2006–2007.

In 2008, during a pre-deployment training exercise in California, my life was forever changed after a Humvee rollover accident left me with severe injuries including fractures of my spine at 4 different levels, multiple broken vertebrae, broken ribs, clavicle, and sternum, bilateral pneumothorax, torn shoulder ligaments, a skull fracture, and a severed sixth nerve in my left eye. Stabilized with chest tubes and airlifted to Loma Linda University's polytrauma center, I then underwent a spinal fusion surgery that took 14 hours followed by six weeks in the ICU where I was informed that I had less than a 1% chance of ever walking again.

While it is not possible to distill into 5 minutes my lived experience during the17 years since the accident, I am able to present those aspects that directly inform why I am here today. Despite the VA's various strengths and good intentions, the severity of my injuries equally revealed its limitations for veterans with complex injuries. It is my testimony that had I relied only on the standards of care within the VA, I would not be here today. Refusing to accept defeat, I instead became my own advocate, making it my mission to learn everything about my injuries and their impact on my new life. What ensued was a process of trying and in many cases, unambiguously benefiting from a range of underutilized therapies and activities that were unavailable, unknown or actively discouraged within the VA.

Through redefining my own recovery, I became committed to advocating for innovative therapies leading to my founding of SCI-DI, an organization empowering veterans and others with spinal cord injuries (SCI), traumatic brain injuries (TBI), and neurological conditions.

Despite having only one working eye and arm, my initial hospital-based postsurgical recovery was marked by continued work on my bachelors in International Relations, as well as relentless research on how to improve my condition. My recovery journey continued with five months at the La Jolla VA SCI inpatient unit followed by grueling therapy at the Detroit Medical Center's Center for Spinal Cord Injury Recovery. Measurable progress in my lowers was limited and TBI symptoms—cognitive fatigue, vision issues, and emotional strain from my skull fracture and nerve damage—complicated rehabilitation. In a 2009 ceremony, I was medically retired from active service by PACAF Commander Lt. Gen. Utterback. I then relocated to the Florida Panhandle to adapt to paraplegia, tackling challenges like thermoregulation, hand-controlled driving, and daily tasks—

grocery shopping, cleaning—without proprioceptive feedback, a constant struggle learning to deal with my paralyzed body.

In addition, cognitive struggles were persistent. Despite my medical history of a skull fracture and severely compromised lung function in the immediate aftermath of my accident, my cognitive struggles were attributed to the adjustment to paralysis. Then, in 2010, prompted by TACP colleagues receiving PTSD and TBI care under an Air Force Special Operations Command protocol in Destin, Florida, I secured a formal TBI diagnosis at the VA. This was nearly 2 years post-accident. With this new diagnosis, I enrolled in a hyperbaric oxygen therapy (HBOT) study under Dr. Eddie Zant at his private clinic in Destin. I experienced immediate improvements in cognition, sleep, memory, and relationships, no longer waking in a fog. With over 300 HBOT dives to date, therapeutic benefits include enhanced TBI recovery, tissue healing, and post-surgical outcomes. For years, I traveled to UCLA for surgeries, including shoulder reconstructions and spine procedures. My former TACP team members, who served under me, flew in for weeks to carry me post-op, a humbling act of brotherhood addressing gaps the VA overlooked during my inpatient stay. My experience with UCLA Operation Mend exemplified comprehensive care, as specialists collaborated to address my complex symptoms, setting a gold standard and model for veteran healthcare.

The VA's care, even for basic needs like wheelchairs, seating cushions, catheters and hand controls, has been problematic at best. Procurement often required me to navigate, essentially alone, bureaucratic hurdles for essential prosthetic devices and general medical care. Over the years, there have been situations that required my persistent attention for weeks, months and sometimes even years before resolution. I continue to advocate and push for innovative approaches to ensure no one endures the hardships and misery I've faced, pressing for systemic changes to make VA care more responsive and effective for veterans with complex injuries. Such advocacy includes over a decade of service as a Consumer Reviewer for the Congressionally Directed Medical Research Programs (CDMRP), evaluating grants for SCI, TBI, orthopedic outcomes, and neurological conditions. This role exposed critical research gaps, particularly in the underfunded fields of SCI and TBI with Veterans three times more likely to suffer a SCI than their civilian counterparts.

In 2018, I discovered adaptive scuba diving and working with a small team, pioneered techniques tailored to my needs. Underwater, in a barrier-free 3D environment, I found liberation—reduced pain, better sleep, and relief from TBI-related cognitive fog, akin to HBOT but with the freedom of floating and movement. I now have nearly 100 scuba dives to date. A final example of how I

benefited from an unorthodox therapy is my personal experience with psychedelics. Among the many benefits was an unexpected and remarkable restoration of a sense of connection to my body's lost sensation and proprioception. I noticed less inflammation in my body, improved cognition and sleep and a deeper sense of connection and wellbeing with others around me. This further inspired me to found SCI-DI in 2022, with nonprofit status filed in 2025, to make adaptive diving and innovative therapies like HBOT, psychedelics, noninvasive neuromodulation, and ketones accessible to others.

SCI-DI bridges medical science, adaptive sports, and cutting-edge technology to empower the 294,000 Americans with SCI, including 42,000 veterans, and 17,730 new cases annually. Our team of medical, academic, and military experts collaborates in "skull sessions" to explore bold ideas, from standardizing HBOT protocols to researching psychedelics for inflammation reduction using objective measures like cytokines. Driven by a "don't talk about it, be about it" ethos, SCI-DI partners with institutions like the Lakeshore Foundation and Alabama Brain Lab, leveraging novel neuromodulation devices like BrainBuds and ELVis as new, scalable healing modalities. We continue to pursue grants through CDMRP, ARPA-H, and the DoD that align with our team's interests and skillsets. We've recently spoken at the 2024 and 2025 Aerospace Medicine Association meetings, hosting workshops and talks on neuromodulation, vagus nerve and photic stimulation, and psychedelics, sparking vital conversations with pilots, divers, and aerospace and hyperbaric medicine thought leaders and other consumers at the concurrent Undersea and Hyperbaric Conference.

Although the VA is not currently structured to provide therapies like HBOT or psychedelics veterans should not have to wait for historically slow systemic changes. A way forward is partnering with nonprofits like SCI-DI, which have the expertise and agility to deliver these treatments. For example, voucher systems or VA reimbursement to such organizations would ensure veterans gain timely access to life-changing therapies, bypassing bureaucratic delays.

My journey—from a near-fatal accident to championing alternative therapies was only possible by accessing these very therapies that not only promoted recovery, but flourishing. My experience underscores the urgent need for innovative, accessible solutions for inadequately served veterans with complex injuries. I'm here to share how HBOT, adaptive sports, psychedelics, and non invasive neuromodulation can transform lives, urging this committee to support research, funding, and policies to bridge these gaps for our nation's heroes. Thank you for your time.