

U.S. PARALYMPIC MILITARY PROGRAM

HEARING

BEFORE THE
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
OF THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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U.S. PARALYMPIC MILITARY PROGRAM

THURSDAY, MARCH 13, 2008

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Subcommittee met, pursuant to notice, at 1:10 p.m., in Room 334, Cannon House Office Building, Hon. Stephanie Herseth Sandlin [Chairman of the Subcommittee] presiding.

Present: Representatives Herseth Sandlin, and Boozman.

Also Present: Representative Reyes.

OPENING STATEMENT OF CHAIRWOMAN HERSETH SANDLIN

Ms. HERSETH SANDLIN. Good afternoon, ladies and gentlemen. The Committee on Veterans' Affairs Subcommittee on Economic Opportunity hearing on the U.S. Paralympic Military Program will now come to order.

Today's hearing will give the Subcommittee the opportunity to learn more about Paralympic programs and how they are assisting our servicemembers and our veterans to heal from the wounds of war.

The price of war is not paid by money alone, it is the servicemember that is called upon to serve on behalf of our country who pays the price. This is especially true for those that have made the ultimate sacrifice of life and injuries sustained while in service.

In my State of South Dakota, we have had at least 3,100 National Guard soldiers, 730 airmen and women from the Air National Guard, and countless others serving in active-duty components that have served in support of the Global War on Terror.

Twenty-six of these servicemembers have lost their lives and many others have been wounded. I had the honor of meeting some of these wounded servicemembers from my home State of South Dakota, servicemembers such as Specialist Brian Knigge, a South Dakota National Guard soldier who served with Yankton's Battery C, 1st Battalion, 147th Field Artillery in support of Operation Iraqi Freedom.

On May 8, 2006, Brian sustained injuries to his arm and leg that resulted from an improvised fired projectile. This soldier was later flown to Walter Reed Army Medical Center to be treated for his injuries and receive rehabilitative physical therapy.

We owe it to servicemembers like Specialist Knigge to provide them the best training and equipment to ensure they complete their mission successfully and provide post-military services to help them live a healthy and active lifestyle in their civilian life.

Most of my colleagues would agree that the U.S. Department of Veterans Affairs (VA) provides world-class care to our injured servicemembers and veterans.

Knowing this, I would like to explore ways for the VA to continue to play a key role in the Paralympic Military Program to help this population through a difficult transition in their lives. All veterans should be afforded an opportunity to have a rewarding and fulfilling life after their service to our country.

I look forward to working with our distinguished Ranking Member, Mr. Boozman, and Members of this Subcommittee to explore how rehabilitation programs assist our servicemembers and veterans to recover from their injuries.

I now recognize Mr. Boozman for his opening remarks.

[The prepared statement of Chairwoman Herseth Sandlin appears on p. 31.]

OPENING STATEMENT OF HON. JOHN BOOZMAN

Mr. BOOZMAN. Thank you, Madam Chair. Today's hearing topic is a little bit unusual, not quite ordinary for us. But it is something I have really been looking forward to and listening to some very interesting testimony. So we really do appreciate you guys being here.

Everyone is aware of the upcoming Olympics in Beijing, China. What most of us are not aware of is that shortly after the Olympic games conclude, a very special brand of athlete will compete on the same venues recently used by our Olympic team.

These special athletes are those who have lost limbs or have other disabilities, such as spinal cord injuries, that qualify them for the United States Paralympic Team.

The Paralympics originally began as a program to assist wounded veterans in 1948 when German neurologist Sir Ludwig Guttmann created an athletic competition in England for World War II veterans with spinal cord injuries. By 1960, the Paralympic Games officially began in Rome, providing Olympic-style athletic events for disabled athletes. In 1976, the Paralympic Winter Games were introduced.

Today, the Paralympics are held the same year and in the same location as the Olympic games and feature elite, international competition in 19 different sports.

In the 2004 Paralympic Games in Athens, 3,806 athletes from 136 different countries competed. Returning to the disabled veteran routes of the Paralympics, the United States Paralympic Committee has formed a military program, which provides mentoring and support to injured servicemen and women by reintroducing them to sports with adaptive techniques that fit their lifestyles.

By the 2012 Paralympic Games, some estimate that veterans from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) could comprise up to 15 percent of the U.S. Paralympic Team.

Our witnesses will raise some interesting points about the importance of sports and rehabilitation. I am eager to hear about the progress made to use sports at all levels to advance the rehabilitation of disabled veterans.

I am also concerned about an issue raised by Mr. Imus that VA is considering revising a regulation to reclassify hand cycles as wheelchairs, and hope that Dr. Scott from the VA will address that issue.

Thank you very much, Madam Chair.

[The prepared statement of Congressman Boozman appears on p. 31.]

Ms. HERSETH SANDLIN. Thank you, Mr. Boozman.

I would like to welcome the witnesses on both of our panels testifying before this Subcommittee today. I would like to remind all our panelists that your complete written statements have been made part of the hearing record. Please limit your remarks so that we may have sufficient time to follow up with questions once everyone has had the opportunity to provide their testimony.

Joining us in our first panel is Mr. Andy Krieger, Director of Sports and Recreation for the Paralyzed Veterans of America (PVA); Adrian Atizado, Assistant National Legislative Director for the Disabled American Veterans (DVA); and Mr. Jose Ramos, a veteran from El Paso, Texas, who is accompanied by Ms. Julia Ray, Manager of the Wounded Warrior Disabled Sports Project for Disabled Sports USA (SD/USA).

If you could all join us at the witness table. As you are making your way up, I would also like to welcome the distinguished Chairman of the House Permanent Select Committee on Intelligence, Silvestre Reyes of El Paso, Texas.

As some of you might know, Chairman Reyes served in the United States Army as a helicopter crewmen in Vietnam. Several of us had the pleasure of working with Chairman Reyes when he was a Member of our full Committee.

We understand that you have a demanding schedule today, Mr. Chairman, so we would like to give you the opportunity now to introduce your constituent, Mr. Ramos, at this time.

OPENING STATEMENT OF HON. SILVESTRE REYES

Mr. REYES. Thank you, Madam Chairwoman and Ranking Member Boozman. I guess I need to—in fairness of disclosure, I am still a Member of this Committee. I am just on a leave of absence while I have this great privilege of being the Chairman of the Intelligence Committee. So for me it is like coming home. And I appreciate the opportunity to be here this morning, to introduce to the Subcommittee an outstanding young man, and one that I think will provide some very poignant testimony about the subject of this hearing.

And thank you for holding this hearing, because I think it is readily important that more people knowingly understand the kinds of programs that are so important to our wounded young men and women coming back from Iraq and Afghanistan.

I am proud to be here with my constituent, who appropriately is a student at George Mason University. They are known as the Patriots. So I can think of no better example of a patriot than this young man, although there are so many of them, some of which joined us this morning at the ceremony at the Capitol.

I wanted to let the Committee know that Jose Ramos is a native El Pasoan. He was assigned to a Marine unit during Operation

Iraqi Freedom. On July 28th, 2004, Jose suffered a life-threatening injury when he was hit with a rocket from a shoulder-fired weapon.

And we are very fortunate that this young man was not a casualty of war in the sense that he made the ultimate sacrifice. But because of the type of weapon that he encountered, it took first-class medical care and treatment to help Jose survive his injuries.

Although he has lost his left arm as a result of injury, this young man, I think, represents the spark that drives so many of our wounded warriors where even after the loss of a limb or limbs, looming in the case of Jose, this did not diminish his spirit, or his passion, or set him back in any way.

He applied himself. While he was being treated for his wounds, he participated in the Wounded Warrior Disabled Sports Project. As a result of his dedication, and his training, and discipline, he has demonstrated an impressive athletic ability, which I suspect he already possessed. Knowing also that he graduated from Montwood High School in El Paso. And their mascot is the Rams. I don't see any scars on his forehead, so he must have had the better deal of all those encounters as well.

And we are just very proud of this young man and the fact that he comes from El Paso. The fact that he is pursuing a degree in international affairs with a minor in languages. I have had an opportunity to talk to Jose.

He comes from a pretty dynamic family. He has a sister that is living in Australia, another one that is living in Mexico City, and a brother who lives in San Antonio. His mom and dad still live in El Paso. And as such, are constituents of mine. And I know how proud they are of Jose.

Thank you for the courtesy of allowing me to introduce this outstanding young man to the Subcommittee.

And I appreciate, again, the fact that the Committee continues to do very outstanding work and working toward providing opportunities and very much-deserved and well-earned benefits to our warriors.

And I look forward to coming back to the Committee in the future. Thank you.

Ms. HERSETH SANDLIN. Well thank you, Mr. Chairman. It is an honor for us to have you as our guest here today. While we look forward to welcoming you back after your leave of absence, we certainly appreciate your hard work and leadership as Chairman of the Intelligence Committee.

We appreciate the laudatory remarks regarding Mr. Ramos, and the relationship that you have with him and his family. We look forward to his testimony today, as we all work together to ensure the best for our Nation's servicemen and women and veterans.

Mr. Chairman, thank you, again, very much.

Mr. REYES. Thank you. And I just would ask you to excuse me. I came here from my own hearing.

Ms. HERSETH SANDLIN. Yes.

Mr. REYES. But I did not want to pass up the opportunity to recognize an outstanding young man like Mr. Ramos.

Ms. HERSETH SANDLIN. Most certainly. Thank you.

Mr. REYES. Thank you.

Ms. HERSETH SANDLIN. A point of personal privilege. When I first came to the Congress almost 4 years ago, Mr. Reyes was very accommodating to ensure that I had a position on this Committee. Thank you for that as well.

Again, we know you have another hearing to get to. We will look forward to reporting back to you on how well we know Mr. Ramos will do today in his testimony. Thank you.

Mr. Krieger, why don't we begin with you. You will be recognized for 5 minutes. Again, your entire written statement has been made part of the hearing record.

STATEMENTS OF ANDY KRIEGER, DIRECTOR OF SPORTS AND RECREATION, PARALYZED VETERANS OF AMERICA; ADRIAN M. ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS; AND JOSE RAMOS, EL PASO, TX (VETERAN), ON BEHALF OF KIRK M. BAUER, J.D., EXECUTIVE DIRECTOR, DISABLED SPORTS USA; ACCOMPANIED BY JULIA RAY, MANAGER, WOUNDED WARRIOR DISABLED SPORTS PROJECT, DISABLED SPORTS USA

STATEMENT OF ANDY KRIEGER

Mr. KRIEGER. Chairwoman Herseth Sandlin, Ranking Member Boozman, and Members of the Subcommittee, I am pleased to be here today on behalf of the Paralyzed Veterans of America (PVA) to offer our views on rehabilitation through sports and recreation for severely injured servicemembers and veterans.

Since its inception in 1946, PVA has recognized the important role that sports and recreation play in the spinal cord injury rehabilitation process.

In fact, it was paralyzed veterans during World War II who first started playing pick-up games of wheelchair basketball in VA hospitals. Doctors quickly realized the significance of these types of activities and the powerful therapeutic benefits on the physical, mental, and social levels that could be derived from participating in wheelchair sports.

PVA sponsors a wide array of sports and recreation events to improve the quality of life and health of veterans with severe disabilities. Most notable of these activities is the National Veterans Wheelchair Games, which PVA has cosponsored with the Department of Veterans Affairs for the last 23 years.

PVA also runs a number of other sports and recreation programs meant to get severely disabled veterans involved, including the National Bass Fishing Tour and the National Trap Shoot Circuit to name just a few.

In the past 5 years, PVA has conducted significant outreach at the U.S. Department of Defense (DoD) and VA hospitals to make its sports and recreation programs available to recently injured Operation Iraqi Freedom and Operation Enduring Freedom veterans.

In fact, PVA was recognized just last year by the staff at Walter Reed for our important work with the men and women being treated at that facility.

The mission of PVA's sports and recreation program is to expand the quantity and quality of sports and recreation opportunities, es-

pecially those that promote lifetime fitness and a healthy lifestyle for PVA members and others with disabilities.

Although elite competition has its place in a comprehensive sports and recreation program, PVA's primary goal for its sports and recreation program is all about healthcare and rehabilitation first, something that we do not believe is the ultimate focus of elite athletics.

As far as expanding veteran participation in the various sports and recreation programs administered by the VA, we would like to offer a few recommendations.

First, it is critically important to remove barriers to participation. In order to further facilitate seamless transition, newly injured veterans should be provided timely access to education and training regarding sports and recreation opportunities. One such educational material would be PVA Sports and Spokes Magazine, the Sports Illustrated for Disabled Sports, which was handed out recently to all of you I hope.

Furthermore, the VA and DoD should facilitate outreach efforts of legitimate organizations promoting sports and recreation opportunities by improving their access to newly injured veterans.

We also believe the VA should develop and implement a broad-based, comprehensive program that appeals to all veterans, especially our newly injured veterans who are more inclined to participate in non-traditional sports activities.

For example, we have found that a number of these men and women would rather participate in activities like fishing and hunting, as opposed to a more traditional sport like wheelchair basketball.

Furthermore, the VA should develop and implement a standardized curriculum for recreation therapy to support VA national programs and special events. We do not believe that VA recreation therapy programs are consistent across the board. This new emphasis will provide the training and awareness on the local levels to support these programs and maximize their benefits.

I would like to thank you again for the opportunity to testify. And I would be happy to answer any questions that you might have.

[The prepared statement of Mr. Krieger appears on p. 32.]

Ms. HERSETH SANDLIN. Thank you very much, Mr. Krieger. Mr. Atizado, you are now recognized for 5 minutes.

STATEMENT OF ADRIAN M. ATIZADO

Mr. ATIZADO. Ms. Chairwoman, Ranking Member Boozman, I thank you for inviting the Disabled American Veterans (DAV), an organization of 1.3 million service-disabled veterans, to discuss at this important hearing disability rehabilitation through sports.

We appreciate the opportunity to share our experience with the Winter Sports Clinic. The clinic is the largest annual disabled learn-to-ski clinic in the world. And it is a rehabilitation program first and foremost.

It is open to servicemembers and veterans with spinal cord injuries, amputations, visual impairments, traumatic brain injury, certain neurological problems, and other disabilities.

Now just a few years after the first Winter Sports Clinic was held in 1987, with about 20 staff members and 90 veterans, it became apparent to our organization that more support was needed due to the therapeutic benefits and the popularity of the clinic. The DAV answered that, and has become a cosponsor with the Department of Veterans Affairs of the event since 1991.

The clinic has grown tremendously over the past 20 years. In fact, last year more than 360 participants, including 82 injured OEF/OIF servicemembers and veterans, attended from across the country along with 200 certified disabled ski instructors and several members of the U.S. Disabled Ski Team.

It is expected there will be more than 450 disabled veterans, including—at least nearly 120 OEF/OIF servicemembers and veterans who will ski the Rocky Mountains this year, actually at the end of this month, out of Snowmass Village, Colorado.

Skiing with adaptive ski equipment is integrated with other exploratory activities, rock climbing, scuba diving, trap shooting, horseback riding, snowmobiling, golf, just to name a few.

In fact, the U.S. Secret Service also teaches self-defense courses to participants who are in wheelchairs or are visually impaired.

In addition, the clinic holds a race training and development program to help veterans develop their skills in skiing to an elite level. The ultimate goal of this training and development program is to qualify for the U.S. Paralympic Team. Several participants who learned to ski at that clinic are now members of the U.S. team.

I invite you to view the 2007 National Disabled Veterans Winter Sports Clinic DVD. It is available to everybody in the public as well as the Members of this Committee. While it does not do justice to what can only be described on miracles on a mountainside, it does give you a sense of the profound impact this program has, not only on the participants, but on the volunteers themselves.

Some of these veterans have never skied before. Most have spent months in hospitals and convinced that their lives are over. And a great many have been told that they would never walk again.

Every year since 1992, our organization has given DAV Freedom Award to the veteran who makes the most progress during the week, shows outstanding courage and accomplishments in taking a giant step forward in his or her journey of rehabilitation.

Last year's recipient was Jason Poole. He was a Marine infantryman on patrol in Iraq when he was injured by an improvised explosive device. Madam Chairwoman, he placed himself in harm's way for our Nation before even being fully vested as a citizen of this country. After 2 months of being in a coma, Jason woke up. He was blind in his left eye, deaf in his left ear, and suffered from traumatic brain injury where he couldn't talk, speak, or even walk. He received his topnotch care at the VA Polytrauma Center at Palo Alto, California.

And he progressed enough to where he could actually participate in his first Winter Sports Clinic. And this was in 2006. He went back and encouraged his friends, his OEF/OIF servicemembers and veterans in Palo Alto to come with him. And they did go to the 2007 Winter Sports Clinic in which he won the DAV Freedom Award.

The Winter Sports Clinic itself capitalizes on rehabilitation through sports and fosters in each participant the extrinsic motivation of excitement and camaraderie. But more importantly, it fosters the intrinsic motivation in each participant to find their strength of purpose and achieve miracles on a mountainside.

Madam Chairwoman, these participants learn and are proof positive that empowerment allows them to determine their own fate. In this we wholeheartedly support as an organization. This concludes my statement. I thank you for this opportunity and would be happy to answer any questions you may have.

[The prepared statement of Mr. Atizado appears on p. 34. The video presentation entitled, "2007 National Disabled Veterans Winter Sports Clinic DVD," is being retained in the Committee files.]

Ms. HERSETH SANDLIN. Thank you very much. Mr. Ramos, welcome to the Subcommittee. We look forward to your testimony. You are recognized for 5 minutes.

STATEMENT OF JOSE RAMOS

Mr. RAMOS. Mrs. Chairman, Ranking Member Boozman, I would like to thank you for the opportunity to present today. I would also like to thank my Representative, Congressman Reyes, for such an honoring introduction.

It is an honor to speak to you today on behalf of Kirk Bauer, Disabled Sports USA, and the Wounded Warrior Disabled Project. As a member of the U.S. Olympic Committee, Disabled Sports USA was established in 1967 to serve the war injured and later civilian, youth, and adults with disabilities.

DS/USA now has 92 community-based sports chapters operating in 37 states, offering over 20 different year-round sports programs.

For the past 5 years, Disabled Sports USA, in partnership with its chapters and Wounded Warrior Project, has conducted the Wounded Warrior Disabled Sports Program or Project.

Under the program, severely wounded servicemembers are provided the opportunity to learn over 20 different sports as part of their rehabilitation, while in the hospital and while they return to their communities.

Over 1,600 wounded family members and servicemembers have been served. Disabled Sports USA endorses the Veterans Administration's support of the Winter Sports Clinic and the PVA Summer Wheelchair Games as top sport events to help disabled veterans become active and competitive. It endorses Paralympic sports festivals for disabled veterans and active duty military at the U.S. Olympic Training Center.

There are, however, a few changes that we recommend are made. Disabled Sports USA recommends that the VA consider expanding support programming, to include recreational activities in and near the communities where the disabled veterans live.

The focus should be directed to providing activity, healthy recreational activities for disabled veterans, with less emphasis on competitive Paralympic sports. By expanding its sports programs to include activities that are recreational in nature and close to home, the VA will better serve disabled veterans, promote fitness, and provide a healthy lifestyle, leading to success in life.

These sports programs are already in existence through Disabled Sports USA chapters, Wheelchair Sports USA, U.S. Association of Blind Athletes, and others. All are members of the U.S. Olympics Committee and should be partnered with to offer community programs to veterans.

Support should be offered by the U.S. Paralympic and the VA to capitalize and expand this existing structure. Studies have shown that 70 percent of our most severe illness, including diabetes, heart disease, high blood pressure, and obesity, and certain cancers are due to lack of regular exercise and poor eating habits. Maintaining regular physical activity and better eating habits, will reduce these diseases in veterans and reduce health costs for the veterans organizations.

I know from personal experience how important it is to be physically active, both during and after rehabilitation. I don't believe that my recovery would have been as successful without such programs.

In addition, with severe illnesses stated earlier, as an amputee I face an additional challenge. If my weight fluctuates ten pounds either way, I have to be refitted for a new prosthetic. This is not only time consuming, but it can also add to the expenses that the VA faces now.

Once again, I want to thank this Subcommittee for the support and dedication. And I would be willing to answer any questions you may have. Thank you.

[The prepared statement of Mr. Ramos appears on p. 36.]

Ms. HERSETH SANDLIN. Thank you very much, Mr. Ramos.

Well, let me just start out with a question, both for Mr. Krieger and Mr. Atizado, in terms of your cosponsorship of these programs that you have discussed, both the Winter Sports Clinic as well as the National Veterans Wheelchair Games, along with the Department of Veterans Affairs.

Mr. Atizado, how many total sponsors are there for the Winter Sports Clinic?

Mr. ATIZADO. Madam Chairwoman, I believe the total sponsorship actually hit an all-time high for this upcoming event. I think there was about 75 corporate sponsorship. But there are individual donors as well that aren't—I am including that number.

Ms. HERSETH SANDLIN. That aren't included? So 75—

Mr. ATIZADO. Corporate sponsors.

Ms. HERSETH SANDLIN [continuing]. Corporate and then individuals. Okay.

Mr. ATIZADO. I believe so, yes.

Ms. HERSETH SANDLIN. Mr. Krieger, what does that entail for PVA to be a cosponsor with the Department of Veterans Affairs for the National Veterans Wheelchair Games?

Mr. KRIEGER. The Wheelchair Games started in 1981 as a program of the VA. In 1985, PVA was asked to join in a partnership with them, due to the fact that we had an expertise in wheelchair sports programs. Also we could come—we could bring to the table a professional development department that could cultivate and solicit a host of sponsors that would help to pay for this event, which currently is anywhere close to \$400,000 from the VA side and PVA side alike.

So it is nearly a \$1 million program that is held on an annual basis. So there are considerable funds that go into it that need to be raised and contributed both from the VA and the PVA side.

In addition to that, I just want to add real quickly, is that over 80 percent of the participants are PVA members. So those are all spinal cord injured military veterans that participate in this event.

Ms. HERSETH SANDLIN. You had mentioned in your testimony, both written and verbal today, the issue of your outreach efforts and talking about the need to improve access for outreach to injured servicemembers.

Has the PVA at any time over the last 5 years met any resistance in their outreach efforts, either at DoD or VA hospitals and facilities?

Mr. KRIEGER. No, not at all. I think PVA is an established organization. I think the VA and DoD recognized that. I have seen where some organizations that have—may have not been around so long—are also asking for those injured servicemen and women to participate in their programs that may have developed more recently than ours.

So we have been recognized for our good work. And they know what we have to offer those injured troops. But that doesn't mean they could go further to, you know, establish a process to be able to welcome legitimate organizations into the rehab process. They are being hit up so hard right now from competing organizations and agencies and groups that want to associate themselves with injured men—servicemen and women.

So they have to be hesitant to who they let have that access. But PVA hasn't experienced that.

Ms. HERSETH SANDLIN. You had mentioned in your testimony, Mr. Krieger, and then, Mr. Ramos, the issue of different types of recreational activities and where they are located to be able to be accessed by folks more readily.

You had specifically mentioned, Mr. Krieger, hunting and fishing. I don't know if that is something that any of you would like to comment on. Mr. Ramos, in your testimony, if that is something that either you or others that you have interacted with over the last few years have expressed a particular interest in certain types of activities that they feel as readily able to access now.

I would be interested in hunting and fishing and the sort of sportsmen and women who are out there looking for those opportunities. And whether or not you are familiar with organizations that are trying to facilitate more opportunities either for those types of activities or others that weren't mentioned yet?

Mr. KRIEGER. I thought you might appreciate the hunting and fishing aspect of it. But, no, it is true. Things have changed. I mean there have been disabled sports around for a very long time. Wheelchair basketball was the first and most popular.

But times have changed. And the demographics that today's servicemen and women have, you know, are different. And they have an interest in hunting and shooting programs. And I think we have to be flexible to accommodate the needs of all the injured troops that are coming back.

And we have adjusted our programming accordingly to the needs of our members. And the suggestion is that in order to facilitate

the rehab process, you have to have a program in place in an event or an activity that appeals to everybody. So it doesn't matter if it is ping-pong, or deer hunting, bass fishing, or whatever.

You have to have something that appeals to that person to get them out there, to participate in the event, and from there, the therapeutic benefits come to them.

Mr. RAMOS. I would like to add that not only has it been my experience but from the experience of the Wounded Warrior Disabled Project, that servicemembers of this generation are leaning more toward what you would consider extreme sports, scuba diving, rock climbing, hiking, rafting, wakeboarding, snowboarding, kayaking, hunting, and fishing. There are programs now that offer that. But it is not something that is offered through the VA or the U.S. Paralympic Committee obviously.

These are the sports that are not only physically challenging to do, hiking up a hill to go hunt, it can be strenuous for an amputee, but they also promote a healthier lifestyle, so you can be able to get out there and do that now.

Just a quick example, from the beginning of the scuba diving program that they started at Walter Reed, within the first couple of months, we have had over 50 participants go through the program and certify as scuba divers. And it is actually one of the fastest growing programs that they have now.

For anyone that has been scuba diving, you know that takes a lot of effort to do, especially for someone missing a leg or an arm.

Ms. HERSETH SANDLIN. Thank you very much. I am out of time. I may come back for another question or two. Before recognizing Mr. Boozman, I think he agrees.

We sometimes hear, whether it is in testimony here at this Subcommittee, the full Committee, or when we are back in our districts, this whole kind of concept of each generation of servicemembers and veterans are slightly different in terms of how the VA adapts to best meet their needs.

I think you use that exact language in terms of what this generation may be looking for and how they have been socialized to seek out different recreational activities. I appreciate both your responses very much.

Mr. Boozman.

Mr. BOOZMAN. Thank you, Madam Chair. Well it is encouraging that you can tell us about Walter Reed actually providing that course, in the sense that is not something that I was aware of. But those are the kind of things that we really do like to hear about.

What sports have you been active in? What do you aspire to be better at? The Professional Golf Association has been very helpful in wanting to lend its expertise with instruction and equipment.

And I was telling one of my buddies here that they were doing this. And he said, yeah, that he had been frustrated. That he placed and he had played with a person who was legally blind. And the guy just beat him like a drum. So it is amazing that with learning different techniques, what one can accomplish, which is really what we are hearing about today.

But tell us what you would like today?

Mr. RAMOS. Well, sir, myself personally, I have been involved more with the extreme sports. I have done snow boarding, cycling,

rock climbing, scuba diving. I used to be an avid rock climber and scuba diver prior to my injury. But I still do participate in traditional sports as cycling, and running, and swimming.

Due to the nature of my injury, I need to keep my core stronger just to keep my body in line. But I guess as I stated earlier is we are looking for more than just the types of sports that the Paralympic Organization or Committee or you can compete in.

Mr. BOOZMAN. Right.

Mr. RAMOS. Not many veterans are interested in sitting there and lifting weights or—

Mr. BOOZMAN. Right.

Mr. RAMOS [continuing]. Things of that nature. We are more—

Mr. BOOZMAN. I think in your testimony, Mr. Ramos, and you are here with Ms. Ray, that you had 20 sports that you offered in your program. What are the top five or six most popular to the people that are out there?

Mr. RAMOS. I think Ms. Ray can answer more to that. But from my personal experience, I think skiing and snowboarding is probably one of the top most demanded sports. Scuba diving has been as well. And more snowboarding and things of that nature that we do are starting to pick up steam as we—

Mr. BOOZMAN. What about for non-athletic guys like Mike and I?

Mr. RAMOS. Well—

[Laughter.]

Mr. BOOZMAN. Go ahead.

Mr. RAMOS [continuing]. They are partnered up with golf as well. And I think that is something that the more non-athletic guys like to do is go out there and hit a couple of golf balls. But I am sure Ms. Ray can answer that a little better than I can.

Ms. RAY. Mr. Ramos is exactly right. We have offered a very successful golf program in partnership with the PGA. And he mentioned about the scuba diving, snow boarding, skiing. Extreme sports are very popular.

We are about to take a group down to do the Bataan Death March at the end of this month, which involves hiking 26 miles in the White Sands Missile Range.

So certainly we are noticing this younger generation being very proactive in demanding what types of things they like to see. We usually ask them to complete an evaluation after every activity. They tell us what they want to do. And that is how we have formulated these sports that we offer.

Mr. BOOZMAN. Very good. I think Mr. Krieger mentioned that you felt like there was some inconsistency with the VA recreation programs throughout the country.

Are the rest of you experiencing that also? Do you all agree with that?

Ms. RAY. Oh, sorry.

Mr. BOOZMAN. I am sorry.

Ms. RAY. Sorry, could you repeat the question?

Mr. BOOZMAN. He mentioned that there was inconsistency in the VA recreation programs throughout the country. Do you all agree that you see inconsistency also with the quality of the programs that are out there?

Ms. RAY. Yeah. I would say so. What we are seeing is a need for there to be more offered at the community level. The PVA Summer Games and the DAV Winter Games are both very high-quality events. But we think there is more of a need for ongoing community programs throughout the year.

And so that is what we are suggesting through our testimony is that there is a need through all these organizations that are performing these programs to do more ongoing work, rather than just the big flagship events.

Mr. BOOZMAN. Do you agree with that? Does DAV also agree with that or—

Mr. ATIZADO. Well, Ranking Member Boozman, we—there is some variability. It really depends on who the servicemember gets in touch with at the local facility. There is some variability with them.

But once the servicemember identifies a sport or has identified the equipment that he or she needs, I think the prosthetics and the department in VA has been very—supportive is not the word. Has been very accommodating. They have actually met with wounded servicemembers from Walter Reed in a panel-like setting and on a semi-regular basis in fact. And they are trying to work pretty aggressively, because we have been involved in that panel with addressing what, obviously, Mr. Ramos here has talked about, which is the extreme sports.

You know, hand wheels, and sports wheelchairs, and snowboards, and mono-skis, and things of that nature are not very—I mean it is expensive enough to get involved in sports. But these are specialized equipment. So there is a price tag that is involved.

I think Chairwoman Herseth Sandlin had mentioned an issue with regards to access. I think the issue is more with regard to barriers, and identifying those barriers, and taking them away. And I think VA, through these panels, are trying to do that.

Mr. BOOZMAN. Good. Thank you very much. I appreciate all of you being here. The work that you are doing is so important. I think it goes so in hand with the medical rehabilitation. Getting people where they are interested in something else, pursuing a goal. And then along with that is getting the meaningful employment. It makes so much difference down the line and prevents so many other problems. And whatever cost there is in getting the equipment that we need is going to be made up for many times in the future with preventing problems.

So, again, thank you very much for what you are doing. Like I said, it is an important mission. Something you can be very proud of. Thank you.

Ms. HERSETH SANDLIN. Thank you, Mr. Boozman. I have a couple of follow-up questions. This whole idea of enhancing community opportunities, the programs at the community level on an ongoing basis throughout the year. In your experience either Mr. Ramos or Ms. Ray, if you would like to respond, what is the best model to use to try to develop something like that? Assuming for the time being, we had some resources to expend here to make this available to as many disabled veterans as possible, who should take the lead? Should this be something that the VA takes the lead in its outreach, because they are able to identify where that injured

servicemember or veteran may be, and then coordinate with the local chapters, either of DAV or PVA? Is this something that you think already has been and will continue to be better handled by local organizations, perhaps VSOs, or other groups that are supportive of the particular injured veteran, disabled veteran, and his or her family in that community? And then the VA would come in later to supplement, through some resources?

This relates to a question that I wanted to pose to you, Mr. Krieger. In terms of whether or not your organization has identified an overall level of funding that may be necessary, if indeed, if we were able to have a separate line-item appropriation for sports and recreational activities and development for disabled veterans?

Mr. KRIEGER. First of all, I believe that when you are talking about a seamless transition, it is important to have timely access. And in terms of PVA, that is—what I can speak to is that when there is a situation, our veterans benefits officers are in the hospitals to identify those people that are eligible for PVA membership.

At that time, hopefully we can get with them to set up a schedule of rehabilitation programming and all their benefits. So if, in fact though, if we are not able to be—identify and they get shipped out to the local VA hospitals, there is a gap in service there.

So what we are suggesting is that as soon as this—as soon as this process starts, the organizations—PVA are notified, so we can start providing the necessary treatment, and get the benefits, and the recreation programs established in order to prevent these people from falling through the cracks and going home.

And then, you know, getting into the situation where they may be involved in drugs or alcohol, or feeling sorry for themselves, depression, or whatever. It is critically important that they be introduced to some sort of sports and recreation so they can experience and achieve a level of success and confidence that will carry through to help them mainstream into normal life.

So that is how we see the role of sports and recreation at that level and when it needs to be introduced.

Ms. HERSETH SANDLIN. Thank you. Ms. Ray.

Ms. RAY. Yeah. I would just like to add to Mr. Krieger's comments. I can speak to, as far as what Disabled Sports USA, and we would—we have been working with the major military medical centers, like Walter Reed and Brooke Army Medical Center, since 2003, and actively get servicemembers signed up to the programs through that outreach.

Once they are finished with their rehab inside the hospital, they then return home, at which point we plug them into our chapters, which are located throughout the United States, or other disabled sports organizations, depending on what that individual veteran is interested in doing.

So, like Mr. Krieger said, it is very important that we don't lose touch once they do return home. And we feel very proud that we haven't done that at all over the 5 years. And we have been very successful in integrating Wounded Warriors into their home communities and various disabled sports organization within that.

So that is just what I wanted to say. Thank you.

Ms. HERSETH SANDLIN. Thank you. Mr. Atizado, what kind of follow up occurs for the folks that participate in the Winter Sports Clinic? You identified someone in your testimony who participated in 2006 and received the Freedom Award when he came back and brought some other folks with him in 2007. During that time, was there follow up directly by folks affiliated with the program with him throughout the year?

Mr. ATIZADO. I am not that intimately familiar with the program outside the actual 6-day event. I do know that VA is very good at taking very keen steps to ensure that the veterans that go through it, and the active servicemembers that go through the—to the Winter Sports Clinic, are followed up upon.

In fact, I know in the 6-day event, the schedule is so jam packed that they have to shepherd them from one event to the next, because, I mean, first and foremost it is a rehabilitative event. I understand there are bands. And there are a lot of entertainment. But it is to rehabilitate themselves from their disabilities.

But my—I was struck by what you—what was talked about earlier by this panel, as well as by the Committee, is the idea of who should take lead on at the community level.

I can't speak intelligently about it. But I can tell you that when I was rehabilitating, this was a while back, I had to choose a sport that was available to me. In other words, I couldn't just jump on a ski, because of my disabilities. It ended up having to either be swimming or cycling.

And I think what helped—what held me back in being able to get involved with sports was I was in school. I had no money. If, in fact, this was a rehabilitative program available to me at the time through the VA, I am sure I would have gotten involved with it much sooner and wouldn't be—I would probably be in better shape than I am now.

But it is an interesting question. I sure would like to see what the next panel would say about the whole access at the community level.

Ms. HERSETH SANDLIN. Thank you. I appreciate that insight, because whether we are talking about rehabilitative services—even a round table I had just 2 weeks ago with some OEF/OIF veterans as it related to education benefits, and they proactively brought up the issue of Post Traumatic Stress Disorder. One of the things they said is once you even overcome the avoidance issues, we may have to seek the counseling. We are in school full time, or we are working full time.

And, to try to have some flexibility, to try to work in, and be available either for the individual sessions or more group sessions. I think that is a very good point you make in terms of identifying the barriers as well.

Whether it is the sports that are available or that timely access that Mr. Krieger talked about through the VA and the partnerships that they have effectively developed. But also ensuring that we are giving the VA what they need to make maximum use out of these partnerships to ensure the seamless transition that Mr. Krieger mentioned.

I appreciate the comments and the responses.

Mr. Boozman, do you have anything further?

Mr. BOOZMAN. No thank you, Madam Chair. I think that we should send Juan and Mike though to accompany them on the 26-mile march.

[Laughter.]

Ms. HERSETH SANDLIN. I am glad you volunteered them and not the two of us.

Mr. BOOZMAN. Thank you all very much for all that you do.

Ms. HERSETH SANDLIN. Thank you. we appreciate your service to the country, and service to fellow veterans, and your insights today. We appreciate it very much.

Joining us on our second panel is Mr. Charles Huebner, Chief of U.S. Paralympics for the U.S. Olympic Committee (USOC); and Dr. Dan Scott of the Physical and Rehabilitation Service, the Denver VA Medical Center, the U.S. Department of Veterans Affairs.

Gentleman we appreciate it that you are with us. Again, your written statements have been made a part of the hearing record. We know that we have part of the presentation in a video presentation. I think you are going to offer some initial opening comments before we move to that.

To make sure, why don't we start with Dr. Scott, because I think it is Mr. Huebner, you have the video portion. Rather than coming back, we will start with Dr. Scott for his opening statement. Then we will recognize Mr. Huebner.

Dr. Scott, you are recognized for 5 minutes.

STATEMENTS OF DAN D. SCOTT, M.D., NATIONAL MEDICAL DIRECTOR, NATIONAL VETERANS WHEELCHAIR GAMES, VETERANS AFFAIRS EASTERN COLORADO HEALTH CARE SYSTEM, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND CHARLES HUEBNER, CHIEF OF PARALYMPICS, UNITED STATES OLYMPIC COMMITTEE

STATEMENT OF DAN D. SCOTT, M.D.

Dr. SCOTT. Thank you, Madam Chairwoman and Ranking Member Boozman. I am here today to give a presentation on rehabilitation through sports.

There are four sporting events that the VA offers. And my written testimony has been submitted. I would request—I am going to do a PowerPoint presentation so you can see some pictures from the various events.

And I would like you to give me just a little bit more time, so I can finish this presentation. It is going to be a little more than 5 minutes.

Ms. HERSETH SANDLIN. I think Mr. Huebner's will be as well. Please try to keep it within about eight to ten at the most.

Dr. SCOTT. I can certainly do that.

Ms. HERSETH SANDLIN. Okay. All right, thanks.

Dr. SCOTT. Thank you. The objectives today are to give you an overview of the four National rehabilitation events. Rehabilitation is a process by which an individual is restored to maximum independence and maximum function.

The first event that I am going to talk about is the National Veterans Wheelchair Games. It was established in 1981. And PVA, as you heard earlier, joined us a cosponsor in 1985.

This event is dedicated to rehabilitating individuals through competition and sports. On an average, 25 percent of these individuals have never participated in a wheelchair sporting event. So they are brand new, novice athletes. This is considered the largest annual wheelchair sporting event in the world.

There are 17 medal events and one exhibition event, which offers the opportunity for people to experience new competitions as has been mentioned before. There are over 500 athletes that participate in the Summer Wheelchair Games each year.

Traumatic Brain Injury, spinal cord injury, and amputees, and other neurological disabilities, both static and progressive, such as multiple sclerosis. All branches of service are involved and veterans from World War II through the current conflicts of Iraq and Afghanistan.

Each year a new VA facility hosts these games. And this gives us an opportunity to have community involvement, as well as to have individuals from each VA hospital learn about rehabilitation and their mission and rededicate themselves to this mission of rehabilitation for veterans.

These games started out in 1981 with 74 veterans. And in 2007, we had 513 veterans in Milwaukee. Each year at the end of the games, they offer a Spirit of the Games Award, which is given by the athletes to the person who epitomizes the spirit of those games.

I am going to show you some pictures now of the various events.
[Slides shown.]

Dr. SCOTT. One of the events is nine ball. This gentleman is using his prosthetic limb to stabilize the pool cue to play pool.

Air guns is a very popular event. Both of these gentlemen have a spinal cord injury. One is a paraplegic and one is a quadriplegic. An opportunity to shoot—as I mentioned before, they are interested in hunting and fishing. Archery is a very popular event, both men and women, old and young. This gentlemen is stabilizing his bow with his prosthetic limb to shoot the arrows.

Basketball is another popular event as you have heard. It is a very traditional event. Tall is better as you see. This fellow here is a tall fellow. You can't jump from these chairs. So he has got an advantage over all of his colleagues.

The teams are made up of novices and experienced athletes so that there is no unfair competition here. Both men and women participate in the basketball event as well.

There is bowling and ramp bowling. Ramp bowling is for individuals who can't grip—who can't grip the ball. They actually roll the ball down a ramp here toward the pins.

Curling was the exhibition event in Milwaukee. It is a great event for those in the Midwest. They know it very well. The rest of us don't know it.

The field events were held on Lake Michigan. You see it is shot put, javelin, and discus. It was a great day out by Lake Michigan. Hand cycling is a great way to provide upper-extremity-aerobic exercise. And as you see, there are a variety of different hand cycles available.

The Motor rally is for individuals in power wheel chairs. This fellow is a triple amputee. And you see there is a great variety of people who participate in this event as well.

Power soccer, this fellow is using his chin to drive his power wheelchair. They use the white box at their feet to direct the ball through upright goals to score points.

Quad rugby is a very popular event. It is a very aggressive event. If you look at the yellow wheel covers, you will see they are all smashed in from running into each other. It is a great crowd pleaser, as well as a great pleaser for the athletes themselves.

Slalom is an obstacle course, which represents the obstacles that the individuals must overcome in their daily lives, such as curbs without curb cuts and stairs. They get points for going through the course.

Softball is a very popular event, very well attended. Last year we added a standing track and field event for amputees. There was a drill in the first one. These folks are throwing discus and javelin.

Swimming is another popular event for all disabilities, both quadriplegics, paraplegics, stroke, amputees, and a variety of other disabilities. Events include breaststroke, backstroke, and other events.

Table tennis, although not quite as aggressive, is a sedentary event. But as you see, he is having a great time.

Track, the fellow in the bottom left has a spinal cord injury. And the other fellow has a Traumatic Brain Injury. You see the community involvement here with the young cheerleaders from the high school, cheering the veterans on.

Trap shooting was an exhibition event. It became a medal event last year. Weightlifting, another medal event. There is a great deal of strategy in this event.

The Winter Sports Clinic, you have heard quite a bit about. I am going to show you a few pictures here. It was founded in 1987. You have to be a U.S. military veteran or active duty-personnel to be eligible to participate. The DAV came on as a sponsor in 1991.

In 2007, 370 participants were involved with 124 OEF/OIF veterans. There are ten events during the week, as well as a variety of clinics and workshops. And you see here Secretary Nicholson was involved.

This is downhill skiing. This fellow, if you will notice, is standing with a standing frame to ski in a standing position. The fellow behind is tethering, so he doesn't sail off down the hill. There are sit skis for those folks who have to sit to ski. You will notice that there are two skis in the yellow and green skis here and one on the others. Those are mono- and bi-skis.

Here they are in action coming down the hill again. Somebody tethering, the instructor behind, and at the end of the week there is a race down a slalom course for time.

The biathlon is a cross-country event where they stop and shoot at targets and move on.

Snowshoeing here is for the folks to get out and walk through the wilderness. It is great for visually impaired people.

If you look, there is snowmobiling, which all of us enjoy.

Sled hockey is another very aggressive event. You will see the fellow in the bottom right has fallen over out of his sled. And he is having a great time.

There is both scuba diving and rock climbing available here. If you will notice, the fellow in the upper left is a quadriplegic who is getting the opportunity to scuba dive at the Winter Sports Clinic.

You have heard about the Freedom Award. The Freedom Award is given to the individual who makes the most progress during the week and shows the most courage while on the hill. The Creative Arts Festival is a little bit different. It is a cultural event. And it is a combination of two prior events founded in 1989, cosponsored by the VA, the American Legion Auxiliary, and the Help Hospitalized Veterans. Over 2,800 veterans were involved in this event, with almost 100 VA medical facilities involved as well. The divisions involved here are visual arts, music, dance, drama, and creative writing.

Here are some of the projects that they have submitted during the event. During the week, the participants are involved with writing, producing, and performing in a stage presentation. There are also workshops such as this painting workshop, which are offered to help the veterans hone their skills.

The Golden Age Games are for veterans 55 years and up who are receiving care at the VA. In 1985, 115 veterans participated, in 2007, 602.

This shows our commitment to the geriatric rehabilitation projects. It is the premier senior rehabilitation adaptive event, cosponsored by the VA, Veterans Canteen Services, and Help Hospitalized Veterans. There are 14 events in this particular Games. You see they are quite active from swimming, bicycling, and on down to sedentary events of dominos, checkers, and croquet.

Here are some of the events. It works on agility. It works on balance. It works on their aerobic exercise. And you just want to make sure you stay out of the way of this lady on the bottom right. She is going to hit you if you don't get behind her.

So these just show the diversity of the events that we have. And the able-bodied and disabled personnel that are affected by these games.

I appreciate your time.

[The prepared statement of Dr. Scott appears on p. 38. The PowerPoint presentation, entitled, "Rehabilitation through Sports," submitted by Dr. Scott, Director, National Veterans Wheelchair Games, will be retained in the Committee files. The video presentation entitled, "National Disabled Veterans Sports Clinic," provided by the Department of Veterans Affairs National Rehabilitation Special Events, will be retained in the Committee files.]

Ms. HERSETH SANDLIN. Thank you, Dr. Scott. Mr. Huebner, you are recognized.

STATEMENT OF CHARLES HUEBNER

Mr. HUEBNER. Good afternoon, Madam Chairwoman and also Ranking Member Boozman.

I have some personal regards from my Chief Executive Officer who is from Mobridge, South Dakota. He passes on his well wishes to you. And also Mr. Register from the University of Arkansas. I

am not going to do any slogans or sing any fight songs today, Congressman. But he did say to say hello. He actually is in Britain presenting to their military and Paralympic organization on the importance of physical activity for injured military personnel. So that is why he is not here today.

Thank you very much for the opportunity. My name is Charles Huebner. I am the Chief of Paralympics for the United States Olympic Committee. I appreciate the opportunity to testify on our partnership with the Department of Veterans Affairs to serve those men and women rehabilitating from injuries suffered while serving their country.

Over the last decade, and because of the joint efforts and programs conducted by the USOC and a variety of Paralympic and veteran organizations, many are in this room today, the Paralympic movement has grown exponentially. More importantly than the Paralympic movement growing, the physical activity for persons with physical disabilities has grown exponentially. And that is a key message I want you to hear today.

The focus on the military program that the U.S. Olympic Committee has created is most appropriate, because the Paralympic movement began after injured veterans returned from World War II.

I want to use this opportunity to thank Chairman Filner for introducing H.R. 4255, the "United States Olympic Committee Paralympic Program Act of 2007," and Ranking Member Buyer for his Bill, H.R. 1370, the "Disabled Veterans Sports and Special Events Promotion Act of 2007."

Both proposals would provide veteran and Paralympic organizations with much needed tools and resources that would enable us to expand our existing efforts to provide in communities throughout the United States for injured military personnel.

Our primary focus in expanding programs at the U.S. Olympic Committee and, key word, in collaboration with numerous partners, many, again, which are in this room, is to provide veterans' programs in their local community.

There are numerous great events that have all been talked about today. And we have some of our own. We participate in many of the events that have been talked about today. Many of the organizations in the room today help us stage our events, primarily our Paralympic Military Sport Camps that we host at Olympic training centers. Those are critical.

What we are most concerned about and what the two legislative proposals will provide for is what happens when a veteran or injured military personnel go home, especially to rural areas.

It is our focus to create community-based programs targeted at military personnel that allow for injured military to attend and participate in programs at the community level on a daily basis. That is the primary emphasis of some of the new initiatives that we are promoting and implementing currently.

Today, our issue is more than just injured military personnel and veterans. Today there are 21 million Americans with a physical disability. Less than 10 percent of those Americans participate in daily physical activity.

We see on a daily basis with the pool of athletes and program participants the impact of physical activity on things way beyond representing your country at the Paralympic Games, life skills, self esteem, education, employment, all the other factors that make a successful human being. So we very much understand the importance of physical activity on persons with physical disabilities.

The U.S. Olympic Committee has deployed a plan to address this crisis with a specific emphasis on injured military personnel and veterans. In April of this year, the USOC is hosting the inaugural Olympic University Developing Amazing Leaders Conference to train community and military leaders on how to implement a community-based Paralympic program.

A key emphasis there when I talk about Paralympic community-based programs, although no doubt our emphasis is on 24 Paralympic sports, the community-based programs also provide sports and activities in the areas of recreation, hunting, fishing, rock climbing.

In June of this year, we will be hosting a Paralympic Military Sports Camp that will have skiing and shooting, trap shooting, that is not Paralympic sports. In October, we will be hosting a Paralympic Military Sport Camp that includes golf.

So when I talk about Paralympic Military Programs and Paralympic Programs as a whole, what I am really talking about is physical activity. Although our emphasis is on Paralympic sport, many of the organizations that we are partnering with and working with provide a broad array of recreational and sports activities. And that is critical and very important. And we agree with that assessment.

Our goal, our stated goal to our Chairman and our board, is by the end of this year we will have new programs in 75 communities. By the end of 2012, we will have new Paralympic community-based programs in 250 U.S. communities.

There are a lot of outstanding programs today. There is still a great need, specifically in rural areas for programs for persons with physical disabilities and especially for injured military personnel returning home.

This strategy is in collaboration with Paralympic and veteran organizations. I don't want to sit here in front of you and say the USOC is leading this initiative by itself. Many of the organizations in the room we are collaborating with on the conference, on the implementation of Paralympic sport programs.

Yesterday, I have spent the last 4 days, and hopefully some of you have met some of your representatives from the National Recreation and Parks Association, which has a footprint in 6,000 U.S. communities.

We are working with them to increase and implement the number of Paralympic community-based programs in collaboration with parks and rec. organizations throughout the United States.

Another opportunity, as a member organization of the USOC, is for us to work efficiently with existing organizations that have existing infrastructure, staff. What they are lacking in many cases is expertise and equipment. That is what our conference is going to do is hopefully provide the expertise and equipment for numerous existing entities that can implement Paralympic sport programs

with the specific emphasis on supporting and serving injured military personnel coming home.

The legislation will allow us to, as I say and our Chairman says, “grow the pie.” That is our focus. This legislation will not bring dollars just Paralympic programs. But it will bring dollars to promoting programs of physical activity at the community level for all the entities that are here with us today as well as numerous others that are not. That is the primary focus of our pursuing of the legislation.

I wanted to emphasize that we are currently, and will continue, to engage in these activities, regardless of what happens to the legislation, because injured military personnel are the soul of the Paralympic movement.

And when I speak of the Paralympic movement, I am not talking about an exclusive number of persons that will make the Paralympic team. Rather I am talking about the young men and women that are active in the communities, educated, employed, promoting excellence, ability, and inspiring Americans to achieve and overcome obstacles.

However, it is likely, and I am very proud of this, that in 2008, several members of the Veterans and Paralympic Military Program will represent America at the Paralympic Games in Beijing. And that is a very exciting and very honorable opportunity for us in this country.

The bills proposed are testimony of the need of veterans for activities and programs that enable them to return for a full and active life.

I would like to show you a quick video that kind of gives you a capsule of the Paralympic Military Program, and what we are doing, and the importance. And, again, I just want to emphasize in this video this camp that we put on was done in collaboration with many of the organizations in the room today.

Although it was hosted at a U.S. Olympic training center, we worked with military organizations, veteran organizations, the VA, the PVA, Disabled Sports USA, and numerous other organizations to identify and provide support. So thank you very much for your time. I will show the video. And then I will be open to any questions.

[The prepared statement of Mr. Huebner appears on p. 43. The video presentation shown entitled, “Paralympic Military Summit—San Diego,” dated November 2005, will be retained in the Committee files.]

Ms. HERSETH SANDLIN. We have a pending vote, but I think we will have enough time. Is it a 5- or 6-minute video?

Mr. HUEBNER. Yes, ma’am.

Ms. HERSETH SANDLIN. We will go ahead and watch that now. We will then have to break for the vote, it is just one vote. Then we will come back to pose some questions that we may have.

It shouldn’t be long, I would recommend that we go straight to questions and perhaps not to watch the video. Since it is just one and the Ranking Member with his schedule and with mine we can come back for a short series of questions if that works for you as well.

Mr. HUEBNER. Whatever works best for you. We could leave the video if you choose. And you can watch it another time. Whatever really works better for you.

Ms. HERSETH SANDLIN. No. I think we will go ahead and watch the video. In light of the previous conversations we had, we would like to see that.

It is going to take us about 15–20 minutes getting there and back for the one vote. So that we can come back for a few questions. Okay? We will go ahead and watch the video.

[Video shown.]

Ms. HERSETH SANDLIN. Very good. We enjoyed that. I know we have some questions. We are going to head out to our vote. We will be back in about 15 minutes, depending on how fast we can move. Right, Mr. Boozman? Okay.

[Recess]

Ms. HERSETH SANDLIN. Well thank you both for waiting. Again, thank you for your testimony and your presentations. I will go ahead and start with Mr. Boozman for any questions he may have.

Mr. BOOZMAN. Well, thank you all for being here. And I appreciate the testimony and the presentations. They were excellent. Be sure and tell Mr. Register I said hi. He was a track star at the University of Arkansas. Arkansas, I will brag a little bit, is probably, the dynasty in track. They have run more track and field championships than anybody in the Nation by far.

But I think he was like a four-time All American. I mean, with one leg, he could beat me running backward in my prime. You know, like I said, he is a world-class athlete.

But besides that, he is such a great representative. He is just a quality person, him and his family. So I really do appreciate what you guys are doing.

We are going to ask some questions about how we can improve. And we always want to do that. But I really do want to recognize how far the programs have come. The tremendous effort, that is being made. And, all that you all are doing, to continue that.

Let me just ask, Dr. Scott, some of the staff members who have attended several of the Paralympic Military Sports Summits have come back and been told that there is significant resistance at the VA medical center level to funding recreational therapy programs.

Can you describe their recreational therapy program at VA? And talk to us a little bit about funding. The impression is, that sometimes they have to kind of scrounge from whatever, you know, to get their funding at the local level. Can you address that?

Dr. SCOTT. Congressman Boozman, I can only address—I am not a representative for the National Recreation Therapy Department here in Colorado, so I don't actually know the funding process to the various VAs.

However, I can talk about my own VA in Denver. It is part of our department. And it is funded directly through our department. So that is all I have to say. I don't know about the funding from the national level for the Therapeutic Recreation Programs. They are well integrated into—throughout the VA system.

Mr. BOOZMAN. Okay.

Dr. SCOTT. And they are the ones that implemented these programs initially.

Mr. BOOZMAN. Okay. It might be helpful if you could ask somebody that is familiar with that. I am not saying that is the case. I think one of our witnesses, in fact I know one of our witnesses, mentioned earlier that he had some concerns about that at the local level.

And so if you could have somebody follow up on that for us, that would be really good.

Dr. SCOTT. We will take that for the record and get back to you. [The information from VA follows:]

Question: Can you please describe the recreational therapy program at VA and provide some information about how these projects are funded?

Response: The Recreational Therapy Service is part of the Department of Veterans Affairs' (VA's) Rehabilitation Services and provides treatment services to veterans at 153 VA Medical Centers, 133 nursing homes, and 47 domiciliary programs. More than 700 Recreational and Creative Arts Therapists treat and maintain the physical, mental and emotional well-being of veterans with disabilities, illness or other disabling conditions using a variety of techniques, including sports, arts and crafts, games, dance, music and community integration activities.

Recreational therapy programs at the local medical center level are supported with appropriated funds. This is consistent with the funding process for all medical care programs. Specific levels are determined at the facility level based on the demand and utilization of services, patient satisfaction and treatment outcomes, overall program integration, and the need for additional enhancements.

Additionally, VA uses the General Post Fund (GPF), a trust fund administered by the Secretary of Veterans Affairs, to supplement local initiatives and to support specific special activities and events for veterans across the country. GPF allocations are prioritized to help VHA facilities administer recreational projects, purchase specific equipment, support national rehabilitation special events, and address other needs. All VA medical centers are aware of, and are encouraged to utilize, the GPF as appropriate. In Fiscal Year (FY) 2008, the GPF Review Committee approved an additional \$2 million in funding across all VA medical centers for recreational therapy.

Recreational therapists develop treatment goals related to computerized gaming technologies to enhance functional outcomes, improve cognition and memory, facilitate decision-making, and strengthen hand-eye coordination. For example, VA uses the Nintendo Wii™ Play Bundle Game System as an entertaining and therapeutic device to challenge patients cognitively and physically and to promote appropriate social interaction skills and teamwork.

Recreational therapy is an important element of rehabilitation plans for those with specific needs by encouraging leisure awareness and healthy lifestyle choices. Recreational therapists also serve as members of the interdisciplinary treatment team in the VA Polytrauma System of Care, providing therapy interventions that improve functional outcomes and diversional activities that enhance life quality and community reintegration.

Recreational therapists also promote veterans' participation in sports activities, such as therapeutic horseback riding and adaptive kayaking programs. Many veterans who have benefited from Recreation Therapy progress to participate in National Rehabilitation Special Events, such as the National Disabled Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games, the National Veterans Summer Sports Clinic, and the National Veterans Creative Arts Festival.

Mr. BOOZMAN. Let me ask you about the Beijing Paralympic Games. Will there be television coverage of those?

Mr. HUEBNER. Hopefully in April, our U.S. Olympic Committee Media Summit will be happening in Chicago. And that event has more than 600 media signed up to attend. And our goal is to announce our coverage plans during the media summit in April.

Mr. BOOZMAN. So what is the outlook?

Mr. HUEBNER. Pardon?

Mr. BOOZMAN. What is the outlook with our team?

Mr. BLUMENAUER. Our team, we are very proud. The Paralympic movement has changed significantly in the last 4 years. Sixty percent of the medals are in track and field and swimming. We are projecting—I can't talk about these externally. But we are projecting to win the medal count in swimming. And we are also projecting to be in the top two in the world in track and field, because of the leadership of our coaches in those programs. And there will be military representatives.

Melissa Stockwell, an injured Iraqi vet, Army, is at our training center right now as part of our veterans program. We are providing all the support for her. Her goal is to make the Paralympic Team and represent America a second time. And right now, it looks—she made that decision in January. The only way she was going to make the team is make the commitment to come to Colorado Springs and train full time with our team. And it looks right now that she will make the team based on her progress in the last couple of months.

Mr. BOOZMAN. Very good. Go ahead, Madam Chair, and then I might have another thing or two. But I guess the important thing, Dr. Scott, is that I am committed. I know the rest of the Committee is committed to helping you in any way that we can. And like I said, you just need to help us help you, I guess is really what I am saying.

But go ahead, Madam Chair.

Ms. HERSETH SANDLIN. Well and in that vein, you know, some of the additional information that we would like to ask are general funding issues.

Mr. Huebner, how is the Paralympics Program generally funded? You also stated that you are in the process of setting up permanent Paralympic Programs to serve injured military servicemembers at the four DoD medical centers. Can you anticipate the cost of doing that, and how are those programs going to be funded?

Mr. HUEBNER. Yes, thank you, Madam Chairman. Up to this time, we have funded everything privately. And when we look at the investment being made right now, and, again, I use the term Paralympic organizations, which would include groups like BlazeSports and Disabled Sports USA.

There is more than \$30 million being spent today, and I believe that is a low estimate, of private dollars and corporate dollars that have been raised by those organizations on programs to support injured military personnel across the country.

We feel very strongly. And that is why we are very pleased about the legislation. We feel very strongly that a partnership with our government will expedite and allow us to grow significantly in a very cost efficient way, expanding the number of programs available to injured military personnel, with an expected emphasis on community-based programs.

And I think everybody else that testified today, everybody talked about the need for community-based programs. There is a lot of programs that exist today. But again, as I mentioned early in my testimony, less than 10 percent of Americans with physical disabil-

ities are participating in physical activity. Now we add 27,000 injured military personnel to that, there is a significant need.

And we feel very strongly that the legislation that has been proposed, will help along with the private dollars that not only we will invest, but also increase our support privately. And I believe I could probably speak for all the organizations in here. Will have a significant impact on growing programs.

So funding we believe is needed. To this time, it has been all privately funded.

Ms. HERSETH SANDLIN. Even as you are getting ready to set up permanent programs at the four major DoD medical facilities, is all that private dollars?

Mr. HUEBNER. The majority of what we have done to date are private dollars. We have secured in the past year some support to begin expanding those programs with the programs in DoD medical centers.

A key component of—

Ms. HERSETH SANDLIN. Do you have support from DoD funding?

Mr. HUEBNER. Yes, ma'am.

Ms. HERSETH SANDLIN. Okay.

Mr. HUEBNER. A key component of that though is not just at the medical center. And I will continue to emphasize our biggest concern and what—the way we positioned everything is we want to be an extension to VA facilities to medical centers, because it is when you go home to community that is our biggest concern and making sure that there is a community-based program.

And I have had both injured veterans and military personnel say this. Especially when you go back to the community is you want to be involved and integrated into that community program. You don't want to necessarily—and hopefully this isn't taken the wrong way. But you don't want to go play basketball with your buddies at the hospital. You want to do it at the Parks and Recreation., or the local softball field, or on the local ski hill, or fish on the local river.

And that collaboration between the VA, DoD, military installations, and medical centers in community-based organizations is going to be critical to make that happen.

Ms. HERSETH SANDLIN. Have there been any discussions that you are aware of since we have moved within the Department of Veterans Affairs and the medical centers to establishing what we call Community Based Outpatient Clinics (CBOC) for purposes of providing medical care to veterans in more remote rural areas? Easier access, they still may have to drive, but they are only driving 45 minutes to an hour instead of 4 to 6 hours.

Have there been any discussions with the VA that you are aware of as it relates to an extension of VA facilities and working with community-based organizations, where the partnership would occur as it relates to the services provided by the CBOCs as we call them?

Mr. HUEBNER. That is directed at me, correct? Yes. We have had numerous discussions. And the conference that we have created in April is all about working with military centers, VA facilities, community-based organization, to teach them to fish. We have talked a lot about fishing today. But to teach them to fish. And that is

basically how we can be an extension and a support of those existing programs in those facilities.

So there have been ongoing discussions. Those discussions are expanding significantly. And as mentioned, National Recreation and Parks Association is another organization that we brought into the fold that has resources. And, you know, one of the key things for me, I believe, is that they have resources in those rural communities.

In a lot of communities, we have member organizations like the Boys and Girls Club, the YMCAs, and Parks and Recreation. There is not a VA hospital in every community. But there is a Parks and Recreation in 6,000 communities. And there is a Boys and Girls Club in 4,000 communities.

Our role at the U.S. Olympic Committee is to try to collaborate with those organizations to make sure those entities have the expertise to implement a program. So somebody doesn't have to drive 6 hours.

Ms. HERSETH SANDLIN. Very good. Dr. Scott, are you aware? I would assume that Colorado has some community-based outreach clinics. What has been your experience in working with folks once a disabled veteran, who may come to Denver to the Medical Center, is out back in the community? Is there any follow up? What types of follow-up services are being provided after some of the events that you have discussed as well as some of the other activities that you described in the presentation?

Dr. SCOTT. The CBOCs, a lot of time, will continue the care of the veteran that might get rehabilitation in a center such as Denver.

The follow up as far as providing recreational opportunities does not exist as I am aware. The CBOCs will identify people that might want to participate in these particular national events. And will send them to us. And we will make sure that they are included in the events.

However, as far as on a day-to-day basis, we are responsible for providing equipment as necessary to those various individuals to continue their sports in their community. If—

Ms. HERSETH SANDLIN. Well—

Dr. SCOTT. I am sorry, if I may.

Ms. HERSETH SANDLIN. I think Mr. Huebner has something to comment on. In light of that, if the CBOCs were formulating relationships with community organizations for venues or other opportunities. Do you continue through the medical center to provide the equipment necessary to continue to participate on a rehabilitative basis on those recreational activities?

Dr. SCOTT. That is correct.

Ms. HERSETH SANDLIN. Okay and Mr. Huebner.

Mr. HUEBNER. If I could just add on to that. Evaluation is very important in everything we are doing. It is easy to evaluate at the Paralympic Games. But more importantly in terms of the outreach programs and initiatives we are implementing, creating an evaluation tool, we very strongly believe that physical activity, and we have some limited research that we implemented in 2007, but that physical activity is an important part of success in other aspects of life.

And for people with disabilities and physical disabilities especially. It is about self esteem. It is about education. And it is about employment. Those are things that we are tracking. And we hope to report back not only to this organization, but other national organizations about the impact, the health impact, on people with physical disabilities.

We know physical activity reduces secondary medical conditions. We know it improves self esteem.

Ms. HERSETH SANDLIN. That is a very good point. I would imagine too, and I think someone mentioned it previously, for any other types of medical conditions, including psychological conditions of depression and we know from some other data, the survey data that you have just referred to would certainly be helpful.

I believe we have one more vote that was somewhat unanticipated. I am going to recognize the Ranking Member, because he may have some follow-up questions.

Mr. BOOZMAN. Let me just ask one other thing, Dr. Scott. Mr. Ramos discussed, in his written testimony, about a rule that is being proposed that would limit to a hand cycle or a sports wheelchair versus both.

Can you tell us a little bit about that and the reasoning behind that? And kind of where we are in that rulemaking process.

Dr. SCOTT. It is my understanding that currently people who require wheelchairs, have a backup chair. And the backup chair is often used as their sports wheelchair.

Because several of these veterans want to participate in multiple events and each chair might be quite expensive, it is necessary for us to let them choose the type of chair that they want, the type of sports chair, whether it be a racing bike, or whether it be a sit ski to ski, or whether it be some other type of equipment. That would be considered as their sports chair.

Oftentimes the veteran is required to purchase their own equipment beyond that just because of the numbers and the resources available.

Mr. BOOZMAN. When they do compete, is there generally a cost to the veteran?

Dr. SCOTT. The first year we provide the entire way to the games as far as their transportation to sponsor them, transportation, food, lodging for the first year.

Then the veteran is responsible for finding some other type of funding, whether it is through the local PVA or through an organization who wants to sponsor them to come to the event as a second year or third year participant in the games.

So these—our games are meant to be an initial entrance into rehabilitation sports. And that is why we pay for the first year.

Mr. BOOZMAN. I did meet Mr. Huebner with my Parks people today. You know, they are up here. I wish I was meeting with them after we got through today. But I did meet with them. And I think that really is an excellent idea. Those folks, as far as reaching out to them, I think will be a great asset.

And that is the kind of thing as you are telling us what we have to do to make this thing get all the way down to the grass roots.

Mr. HUEBNER. Well, a key message there is efficiency. And especially when we are talking about public resources and funding. And

if we can take the resources that we are all generating, private and corporate support, and combine them with some Federal support in an efficient manner, we can have a significant impact. And that is the goal.

And the folks from Fayetteville and Little Rock last night I think tackled me. So I am very excited to have programs up and running in those communities by the end of this year.

Mr. BOOZMAN. Very good. Thank you, Madam Chair.

Ms. HERSETH SANDLIN. Thank you, Mr. Boozman. What is the cost to the veteran and his or her family to participate, Mr. Huebner, in the Paralympics if they make it that far?

Mr. HUEBNER. If they go to the Paralympics Games, the U.S. Olympic Committee provide—Olympic or Paralympic Games, the U.S. Olympic Committee provides all the funding.

Ms. HERSETH SANDLIN. For the family as well?

Mr. HUEBNER. Not the family, no, the individual that makes the team.

Ms. HERSETH SANDLIN. Okay.

Mr. HUEBNER. Yes.

Ms. HERSETH SANDLIN. Are you aware of whether or not—is it private organizations that may assist the family in traveling?

Mr. HUEBNER. In most cases, families that attend the games go on their own. We do have some sponsor programs that try and support families at the games, both Olympic and Paralympic Games. But in most cases family that attend the games go at their own cost.

In many cases, and I remember Rulon Gardner from Wyoming. His whole community raised funds to allow his family to go to the games. And he grew up in a town of 2,000 people. And at his welcome home parade, there were 12,500 people there. You probably understand that.

Ms. HERSETH SANDLIN. Right.

Mr. HUEBNER. But that is the kind of community support that is created around Olympians and Paralympians in many cases.

Ms. HERSETH SANDLIN. Well, and in light of that, again, I think it goes to the point Mr. Boozman was making and commenting on your testimony, and the testimony of our first panel, the importance of these community-based partnerships and what more we can do.

I think that the VA has more of a role that they could play in light of what is happening at the medical centers, in light of the CBOCs, in a number of these communities to help take the lead if necessary to ensure that the transition is a seamless one as it relates to rehabilitation.

Then, also, being that network that makes sure that the disabled veteran in his or her community, knowing the support is there, can offer that in an ongoing basis over a course of a number of years.

One final question that I have on behalf of a young man that I represent who is a double amputee in OIF. I visited him when he was at the Malone House at Walter Reed. His favorite sport for which he participated in high school and still wanted to make sure he got down to a game here at the Verizon Center is hockey.

That sport requires a lot of skating and balance. As we saw some of the double amputees participating in other sports, are you famil-

iar with any of our disabled veterans out there who are getting up on some skates? Has hockey been integrated as one of the activities and sports in the rehabilitation programs?

Mr. HUEBNER. Absolutely. We hosted a clinic a couple of weeks ago in Colorado Springs with members of our Paralympic team and some injured military personnel, as well as non-military personnel, introducing them to the sport of sled hockey.

The United States is the proud host of the 2008 Sled Hockey World Championships beginning March 27th in Boston. Our opening ceremonies will be at a Bruins/Maple Leafs game. And for a week in Boston, we will have the world here, ten countries participating in sled hockey.

But there are numerous outstanding programs all over the country. And if you have that young man contact me, I would be more than happy to get him information and also connect him to a local program.

Ms. HERSETH SANDLIN. Very good. I appreciate it very much. We do have to get down to our vote. We appreciate your testimony, for being here, and your insights and expertise. Obviously, all the work that you are doing as we explore the topic that we addressed in the Subcommittee today.

Thank you for what you are doing on behalf of our servicemembers and veterans. The hearing now stands adjourned.

[Whereupon, at 3:15 p.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Stephanie Herseth Sandlin, Chairwoman, Subcommittee on Economic Opportunity

Today's hearing will give the Subcommittee the opportunity to learn more about Paralympic programs and how they are assisting our servicemembers and veterans to heal from the wounds of war. The price of war is not paid by money alone, it is the servicemember that is called upon to serve on behalf of our country that pays the ultimate price. This is especially true for those that have made the ultimate sacrifice of life, and injury sustained while in service.

In my State of South Dakota, we have had at least 3,100 National Guard soldiers and 730 airmen from the Air National Guard that served in support of the Global War on Terror. Of these, we have bestowed 29 Guard members with the Purple Heart, 5 of which made the ultimate sacrifice and had their medal presented posthumously.

I have had the honor of meeting some of these servicemembers from my home State of South Dakota. Servicemembers such as Specialist Brian Knigge, a South Dakota National Guard soldier who served with Yankton's Battery C, 1st Battalion, 147th Field Artillery in support of Operation Iraqi Freedom. On May 8, 2006, Specialist Knigge sustained injuries to his arm and leg that resulted from an improvised fired projectile. This soldier was later flown to Walter Reed Army Medical Center to be treated for his injuries and receive rehabilitative physical therapy.

We owe it to servicemembers like Specialist Knigge to provide them the best training and equipment to ensure they complete their mission successfully, and post military services to help them live a healthy and active lifestyle in their civilian life.

Many of my colleagues would agree that the Department of Veterans Affairs provides world class care to our injured servicemembers and veterans. Knowing this, I would like to explore ways for the VA to continue to play a key role in the Paralympic Military Program to help this population through a difficult transition in their lives. All veterans should be afforded an opportunity to have a rewarding and fulfilling life after their service to our country.

I look forward to working with Ranking Member Boozman and Members of this Subcommittee to explore how rehabilitation programs assist our servicemembers and veterans to recover from their injuries. I now recognize Mr. Boozman for any opening remarks he may have.

Prepared Statement of Hon. John Boozman, Ranking Republican Member, Subcommittee on Economic Opportunity

Good Afternoon everyone. Today's hearing topic is a bit out of the ordinary for us and I am looking forward to some very interesting testimony.

Everyone is aware of the upcoming Olympics in Beijing, China. What most of us are not aware of is that shortly after the Olympic Games conclude, a very special brand of athlete will compete on the same venues recently used by our Olympic team. These special athletes are those who have lost limbs or have other disabilities such as spinal cord injuries that qualify them for the United States Paralympic Team.

The Paralympics originally began as a program to assist wounded veterans in 1948 when German neurologist Sir Ludwig Guttman created an athletic competition in England for World War II veterans with spinal cord injuries. By 1960 the Paralympic Games officially began in Rome, providing Olympic-style athletic events for disabled athletes. In 1976, the Paralympic Winter Games were introduced.

Today, the Paralympics are held the same year and in the same location as the Olympic Games and feature elite international competition in 19 different sports.

In the 2004 Paralympic Games in Athens, 3,806 athletes from 136 different countries competed.

Returning to the disabled veteran roots of the Paralympics, the United States Paralympic Committee has formed a Military Program which provides mentoring and support to injured servicemen and women by reintroducing them to sports with adaptive techniques that fit their lifestyle. By the 2012 Paralympic Games, some estimate that veterans from OIF/OEF could comprise up to 15% of the U.S. Paralympic Team.

Our witnesses will raise some interesting points about the role of sports in rehabilitation and I am eager to hear about the progress made to use sports at all levels to advance the rehabilitation of disabled veterans. I am also concerned about an issue raised by Mr. Ramos that VA is considering revising a regulation to reclassify hand cycles as wheelchairs and hope Dr. Scott from VA will address that issue.

**Prepared Statement of Andy Krieger, Director of Sports and Recreation,
Paralyzed Veterans of America**

Chairwoman Herseth-Sandlin, Ranking Member Boozman, and members of the Subcommittee, I am pleased to be here today on behalf of Paralyzed Veterans of America (PVA) to offer our views on rehabilitation through sports and recreation for severely injured servicemembers and veterans. Perhaps no veterans' service organization understands the importance of sports as a rehabilitation tool more than PVA.

Since its inception in 1946, PVA has recognized the important role that sports and recreation play in the SCI rehabilitation process. In fact, it was paralyzed veterans, injured during World War II, who first started playing pick-up games of wheelchair basketball in VA hospitals. This marked the birth of wheelchair sports. Doctors quickly realized the significance of these types of activities and the powerful therapeutic benefits on the physical, mental and social levels that could be derived from participating in wheelchair sports. It is for this reason that PVA developed, and annually administers, a comprehensive sports and recreation program for its members and other Americans with disabilities.

PVA sponsors a wide array of sports and outdoor recreation events to improve the quality of life and health of veterans with severe disabilities. Most notable of these activities is the National Veterans Wheelchair Games (NVWG) which PVA has co-sponsored with the Department of Veterans Affairs for 23 years. Last year alone, the NVWG drew 514 veterans. In fact, PVA has one of the highest participation rates of members in this event. Likewise, we fully support the activities of the National Disabled Veterans Winter Sports Clinic, the National Veterans Golden Age Games, and the National Creative Arts Festival.

PVA also runs a number of other sports and outdoor recreation programs meant to get severely disabled veterans involved. Our Shooting Sports Program consists of the PVA National Trapshoot Circuit, pistol and rifle competitions and various hunting opportunities. The Trapshoot Circuit includes 10 events annually that draw approximately 600 participants. Our Boating and Fishing Program consists of the PVA Bass Tour and a variety of other fishing opportunities. The Bass Tour is comprised of five events annually that draw more than 350 participants.

PVA, in association with the National Wheelchair Poolplayers' Association, has developed a unique series of billiards tournaments for people with disabilities. Last year, we conducted five events that drew 131 participants. Likewise, PVA has partnered with the American Wheelchair Bowling Association to create a bowling tournament series. Last year, we conducted five bowling tournaments that drew 259 participants. Finally, PVA also financially sponsors several National Governing Bodies of Disabled Sport, including organizations that conduct program opportunities for wheelchair basketball, quad rugby, wheelchair bowling, wheelchair softball and wheelchair billiards to strengthen existing infrastructure for wheelchair sports and recreation participation.

In the past five years, PVA has conducted significant outreach at Department of Defense (DOD) and VA hospitals to make its sports and recreation programs available to recently injured Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans. In fact, PVA was recognized last year by the staff at Walter Reed Army Medical Center for our important work with the men and women being treated at that facility. In addition, earlier this year PVA edited a chapter entitled "Sports and Recreation Opportunities for the Combat Amputee" to be included in the soon to be released DOD medical handbook *Care of the Combat Amputee*.

PVA became aware of the VA-United States Olympic Committee (USOC) Military Paralympic Program by its association with VA, as co-presenter of the National Vet-

erans Wheelchair Games. The NVWG, established in 1981 by VA, is a week-long, multi-sport event designed to introduce the newly injured veteran to a variety of wheelchair sports and recreation activities in hopes that this participation will lead to a healthy lifestyle. PVA's involvement began in 1985 due to its unique expertise in sports and recreation programs for our members and other severely disabled veterans. We have contributed countless financial and personnel resources throughout the years to these types of programs. Moreover, approximately 80 percent of the 550 total average participants at the Games each year are PVA members. As a result, PVA has a vested interest and commitment to the Games, and is quite curious as to this new relationship that the VA has developed with the USOC. It is true, however, that a handful of PVA members have been identified and selected for future elite competition participation as a result of this new program.

The mission of PVA's sports and recreation program is to expand the quantity and quality of sports and recreation opportunities, especially those that promote lifetime fitness and a healthy lifestyle, for PVA members and other people with disabilities. Although elite competition has its place in a comprehensive sports and recreation program, PVA's primary goal for its sports and recreation program is all about health care and rehabilitation first, something that we do not believe is the ultimate focus of elite athletics.

We believe that only time will tell the true effect of this VA-USOC arrangement. We do, however, have a couple of concerns or questions regarding the VA-USOC Military Paralympic Program. First, will direct health care dollars be diverted to fund this program? Funding for this program should be done separately from direct health care funding.

Second, we are also concerned about the impact that this arrangement will have on the memorandum of understanding (MOU) between VA and PVA to support sports and recreation opportunities for severely disabled veterans. Likewise, the agreement between VA and the USOC could impact the partnerships that the Disabled American Veterans and Veterans of Foreign Wars have with the VA as co-presenters of the Winter Sports Clinic and Golden Age Games, respectively. We would certainly hope that there is no intent on VA's part to eventually terminate these long-standing agreements with the veterans' service organization community.

With these thoughts in mind, we would like to offer some comments on a couple of pieces of legislation that have been introduced that concern sports and recreation. First, PVA generally supports the creation of an Office of National Disabled Veterans Sports Programs and Special Events and a director position to oversee this Office as outlined by H.R. 1370, the "Disabled Veterans Sports and Special Events Promotion Act of 2007." PVA has a special interest in this Office as the chief presenter, along with the VA, of the National Veterans Wheelchair Games. PVA supported similar legislation during the 109th Congress.

However, we would like to recommend that the Office be removed from the VA Office of Public Affairs and be consolidated under the Veterans Health Administration (VHA). The ultimate purpose of the Wheelchair Games, Winter Sports Clinic, Golden Age Games and Creative Arts Festival is to provide the best rehabilitative therapy possible to maximize independence and enhance the quality of life for severely disabled veterans. Given that rehabilitation is part of the mission of VHA, we believe that it should be the controlling authority.

PVA also believes that a separate line-item appropriation should be included in the VA budget to support these events. This would remove some of the burden that the VA carries when trying to raise funds to support these programs and allow it to focus on the actual purpose of these events—rehabilitation. PVA, veterans' service organizations, and other co-presenters of these events, could then continue to raise additional funds to support the events.

PVA also generally supports H.R. 4255, the "United States Olympic Committee Paralympic Program Act of 2007." However as recommended above, we believe separate funding should be provided outside of the direct health care dollars appropriated to the VA. Moreover, we remain concerned about the long-term impact that this association between the VA and the USOC could have on the programs that the veterans service organizations have developed with VA that serve a similar purpose. Ultimately, the concepts outlined in this legislation are what need to be reinforced—that sports and recreation programs are about improved health and rehabilitation, not elite competition.

As far as expanding veteran participation in the various sports and recreation programs administered by the VA, we would like to offer a few recommendations. These ideas are at least partially based on our observations and experiences with severely injured active duty service members at Walter Reed. First, it is critically important to remove barriers to participation. In order to further facilitate seamless transition, newly injured veterans should be provided timely access to education and

training regarding sports and recreation opportunities. Furthermore, the VA and DOD should facilitate outreach efforts of legitimate organizations promoting sports and recreation opportunities by improving their access to newly injured veterans.

Interestingly, PVA found in a sports and recreation survey that we conducted in 2002 that employment, whether full-time or part-time, is a barrier to sports and recreation activities due to a lack of time to participate. Furthermore, inadequate training, lack of local programs, high equipment and licensing fees, and a shortage of accessible local facilities are critical barriers to participation.

We also believe that the VA, in coordination with DOD, the veterans' service organizations, and possibly the USOC, should develop and implement a broad-based, comprehensive program that appeals to all veterans, especially our newly injured veterans who are more inclined to participate in non-traditional activities. Furthermore, the VA should develop and implement a standardized curriculum for recreation therapy to support VA national programs and special events. We do not believe that VA recreation therapy programs are consistent across the board. This emphasis will provide the training and awareness on the local levels to support these programs and maximize their benefits.

PVA appreciates the focus being placed on these important programs. With disabled servicemen and women exiting the military everyday, especially from Operations Enduring Freedom and Iraqi Freedom, these programs will provide a beacon of hope to those men and women who will continue to face challenges every day of their lives. We look forward to working with this Subcommittee to ensure that a wide range of sports and recreation activities are available to the men and women who have served and sacrificed.

I would like to thank you again for the opportunity to testify. I would be happy to answer any questions that you might have.

**Prepared Statement of Adrian M. Atizado,
Assistant National Legislative Director, Disabled American Veterans**

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting the Disabled American Veterans (DAV), an organization of 1.3 million service-disabled veterans, to testify at this important hearing to discuss disability rehabilitation through sports. We appreciate the opportunity to offer our views and experience with the National Disabled Veterans Winter Sports Clinic.

Known as the "*Miracles on a Mountainside*," the Winter Sports Clinic is the world leader in promoting rehabilitation by instructing veterans with disabilities in adaptive skiing, and introducing them to a number of other adaptive recreational activities and sports. The clinic is cosponsored by the DAV and Department of Veterans Affairs (VA), as well as a number of generous corporate and individual donors.

As the largest annual disabled learn-to-ski clinic in the world, the Winter Sports Clinic is an annual rehabilitation program open to active duty service-members and veterans with spinal cord injuries, orthopedic amputations, visual impairments, traumatic brain injuries, certain neurological problems and other disabilities who receive care at VA or military medical facilities. It provides the extrinsic motivation of excitement and camaraderie, but more importantly, it fosters the intrinsic motivation in each participant to find their strength of purpose and achieve what can only be described as miracles on a mountainside.

This event evolved from the pioneering efforts of the VA in rehabilitation and adaptive sports. Mr. Sandy Trombetta, founder and Director of the Winter Sports Clinic, began bringing VA patients to a nearby mountain resort to participate in disabled ski programs in the early 1980s. As a recreation therapist at the VA Medical Center in Grand Junction, Colorado, he recognized the physical and mental healing that skiing and other winter sports can provide to veterans with disabilities. Just a few years after the first Winter Sports Clinic held in 1987 with 20 staff members and about 90 veterans, it became apparent more support was needed due to the therapeutic benefits and popularity of the Clinic. The DAV answered that call and has become a cosponsor of the event since 1991.

The Clinic has grown tremendously over the past 20 years. Last year, more than 360 participants, including 82 injured OEF/OIF service-members and veterans, attended from across the country along with 200 certified disabled ski instructors and several members of the U.S. Disabled Ski Team. The Clinic holds a race training and development program to help veterans develop their skiing abilities to an elite level, with an ultimate goal of qualifying for U.S. Paralympic Team participation. Several participants who learned to ski at the Clinic are now members of the U.S. team.

Adaptive ski equipment is updated and modified for each Midwinter Sports Clinic, and skiing is integrated with other exploratory activities. In addition to learning Alpine and Nordic skiing, participants are introduced to a variety of other activities and sports such as rock climbing, scuba diving, trap shooting, horseback riding, snowmobiling and sled hockey. The U.S. Secret Service also teaches a self-defense course to participants who are in wheelchairs or are visually impaired.

It is expected there will be more than 450 disabled veterans, including nearly 120 recently injured OEF/OIF service-members and veterans, who will ski the Rocky Mountains at the 22nd National Disabled Veterans Winter Sports Clinic in Snowmass Village, Colorado from March 30–April 4, 2008.

It is well established that recreation therapy plays a key role in the rehabilitation of disabled veterans in VA medical centers throughout the country. Correspondingly, this Clinic enhances the physical, social, and emotional well-being of the veterans who participate in this life changing event.

Some of these veterans have never skied before. Most have spent months in hospitals, convinced their lives are over. A great many have been told they would never walk again. Yet there on the majestic high Alpine terrain of the Colorado Rockies, they learn otherwise and are proof positive that empowerment allows them to determine their own fate. Known for inspiring *“Miracles on a Mountainside,”* the Clinic shows that the lives of disabled veterans can be changed forever when they discover the challenges they can overcome. I invite you to view the 2007 National Disabled Veterans Winter Sport Clinic DVD to get a sense of the profound impact this event has on the participants and the volunteers. It is an intense week that touches everyone involved.

The rehabilitation of disabled veterans through the annual Winter Sports Clinic drives our commitment to the event as it truly reflects DAV's mission of building better lives for our Nation's disabled veterans and their families. In 1992 we instituted the DAV Freedom Award at the National Disabled Veterans Winter Sports Clinic. It is given each year to the veteran who makes the most progress during the week, showing outstanding courage and accomplishments in taking a giant step forward in his or her rehabilitation process.

The award's inscription reads: “Their accomplishments during the National Disabled Veterans Winter Sports Clinic have proven to the world that physical disability does not bar the doors to freedom. We salute your desire to excel so that others may follow.”

Last year's recipient, Jason Poole, hails from Cupertino, California. He is a Marine infantryman who was injured by a massive improvised explosive device (IED) more than two years ago while on patrol near the Syrian border in Iraq. After two months in a coma, Jason woke up to find his world shattered. Blind in his left eye, deaf in his left ear, facing facial reconstruction and suffering from a brain injury that left him unable to speak, read and walk, Jason started out on the arduous road to recovery at the Polytrauma Center at Palo Alto, California.

With courage, humility and the strength of a Marine, Corporal Poole has hunkered down to do battle with the long-term effects suffered by the thousands of servicemembers who have been injured by IED blasts in our current conflicts in Afghanistan and Iraq.

Those who have spoken with Jason noticed not only his upbeat attitude, but also his British accent. Jason moved from England in his teens and still carries a love for his native land. In fact, Jason was not sworn in as a U.S. citizen until he was in recovery from his injuries at Palo Alto. If you want to know anything about this young man's character, know this: Jason Poole was walking point and placing himself in harm's way for our Nation before he was fully vested as a U.S. citizen.

Jason had progressed enough in his recovery to attend his first Winter Sports Clinic, where he faced the intense challenge of the mountain on his snowboard. He then took the sense of renewed possibility and spirit of adventure bolstered by the Clinic, and went back to Palo Alto to encourage his friends there to come with him when he returned this year.

Everything Jason did at the 2007 National Disabled Veterans Winter Sports Clinic was accomplished with buoyancy, enthusiasm, and determination. He and other recipients before him serve as an example to all participants by displaying diligence in pursuit of rehabilitation.

Mr. Chairman, this concludes my statement, and I will be pleased to respond to any questions you or any Member of the Subcommittee may wish to ask.

[The video presentation entitled, “2007 National Disabled Veterans Winter Sports Clinic DVD,” is being retained in the Committee files.]

**Prepared Statement of Jose Ramos, El Paso, TX (Veteran),
on behalf of Kirk M. Bauer, J.D., Executive Director, Disabled Sports USA**

Background On Disabled Sports USA

A member of the U.S. Olympic Committee, Disabled Sports USA was established in 1967 by Disabled Vietnam Veterans and Veterans from the 10th Mountain Division to serve the war injured. Since that time it has grown to serve both military and civilian adults as well as youth with disabilities. Its chapter and national leadership still includes disabled veterans of the Vietnam war, including its national Executive Director who is a disabled Vietnam veteran.

Disabled Sports USA has 92 community based sports chapters operating in 37 states offering over 20 different year round sports programs. Sports offered include alpine and Nordic snow skiing, snowboarding, golf, cycling, rock climbing, kayaking, rafting, sailing, outrigger canoeing, horseback riding, shooting, fishing, camping, track and field, tennis and other activities. DS/USA's emphasis is on sports rehabilitation and recreational activities that lead to an active and healthy lifestyle. DS/USA also offers sports competitions and training camps that provide a "pipeline" for emerging athletes who want to train and compete for the Summer and Winter Paralympics.

Wounded Warrior Disabled Sports Project

For the past five years, since the war in Iraq was declared, DS/USA in partnership with its chapters and Wounded Warrior Project has conducted the Wounded Warrior Disabled Sports Project. Under the program, severely wounded servicemembers are provided the opportunity to learn over 20 different sports as part of their rehabilitation, while in the hospital. The types of sports conducted are determined by the veterans themselves. Utilizing its 92 community chapters, these disabled veterans can continue to participate in the program, in many cases in their local communities, after they have left the hospital and been discharged from the military; or remain on active duty. All expenses for their participation are paid by DS/USA including airfare, lodging, meals, adaptive sports equipment and training by experienced adaptive sports instructors. Expenses for a family member are also underwritten to allow the wounded warrior to share his or her experience with the family; and keep them involved through shared activities.

Programs are offered at the major military medical centers where the severely wounded are treated, including Walter Reed Army Medical Center, Bethesda Naval Medical Center, Brooke Army Medical Center in San Antonio and Balboa Naval Medical Center. DS/USA also serves patients with Traumatic Brain Injury at Palo Alto and Tampa Veterans Hospitals. Since its inception, over 1600 severely wounded servicemembers and their families have been served through more than 200 events in 20 different sports. Over 1,000 servicemembers and 600 family members have participated. *See attached schedule of events for 2008.*

The WWDSP model is based on offering immediate participation opportunities as part of ongoing therapy and as part of recovery; followed by continued opportunity at the community level once the veteran is home.

Sports is particularly effective during rehabilitation because basics of each sport can be taught in as little as one day. A quick, successful experience learning sport, helps to provide a positive outlook in the wounded warrior and shows him or her the way to an active and successful future. From this new confidence the warrior is able to progress in life in a positive way. This result is embodied in DS/USA's motto: "If I can do this, I can do anything!" Currently, the Army Center for Enhanced Performance (ACEP) (a mental skills program based at Walter Reed Army Medical Center) is formulating a plan to conduct outcome studies regarding the effectiveness of WWDSP programming.

Disabled Sports USA Endorses the VA Support for Sports Festivals and Winter and Summer Games

Disabled Sports USA endorses the Veterans Administration's support of the Winter Sports Clinic and the PVA Summer Wheelchair Games as top sports events that help disabled veterans become active and competitive. It also endorses the Paralympic Sports Festivals held for disabled veterans and active duty military at the U.S. Olympic Training Centers. These programs help to introduce wounded warriors to the opportunities in Paralympic and other competitive sports programs.

Disabled Sports Recommends Expanding and Modifying the VA Sports Program

Based on 40 years' experience in disability sport and recreation, Disabled Sports USA recommends that the VA consider expanding support of programming, to include non-competitive, recreational activities in or near the communities where the

disabled veteran lives. These regular activities, integrated with the community, help establish an active lifestyle that will reduce health risks and make for a fuller life.

This also helps with the reintegration of the disabled veteran into community life. This recommendation is based on evaluation tools, conducted after every WWDSF activity, with feedback provided by both the wounded warrior, family and medical staff.

The focus should be directed to providing active, healthy recreational activities and lifestyles for disabled veterans, in their local communities and away from emphasis on once-a-year, national competitions. In this way will we all help create a generation of physically active, disabled veterans who are physically, mentally and emotionally healthier.

These activities should be supported in the communities where the veterans live and not just at selected national events that occur once or twice a year. This orientation will encourage regular exercise and a healthier lifestyle, since the activities are available on a daily or weekly basis, close to home. They should include Paralympic activities such as track and field, power lifting and others; but should also include recreational activities that promote an active lifestyle.

It is our experience based on serving more than 1000 injured servicemembers since 2003, that the new generation of servicemembers are demanding a new generation of sporting choices. For example SCUBA, rock climbing, hiking, rafting, wake boarding, hunting, fishing, snowboarding, kayaking and other extreme endurance and outdoor activities are in demand.

Based on our experiences for 40 years, only a small percentage of our overall participants actually engage in Paralympic level sports. This includes disabled veterans. This runs between 2% and 5% of our groups of both civilian and military disabled youth and adults. The vast majority do not participate for a variety of reasons including skill levels, time needed for training, family and work responsibilities and cost.

True to this model, the majority of wounded warriors that DS/USA has served during the past five years, want to stay active and challenge themselves athletically; but they have no desire or time to train to be Paralympians. Many want to pursue activities they love and did before their injury, with fishing, hunting and winter sports being among the most popular.

It is particularly difficult for those with Traumatic Brain Injury to understand the distinctions between who is and isn't able to compete—with the potential to face disappointment when they are ultimately unable to compete alongside their comrades in Paralympic Sport. TBI is one of the major categories of injury in OEF/OIF.

Many of the wounded warriors, who become disabled veterans with disability ratings from the VA, do not have injuries that would qualify them for the Paralympic Games. Thus an entire group of service-connected disabled veterans do not ultimately qualify for or benefit from the Paralympic agenda; but still need and want to become active again in sports and recreation.

VA Policy Change Needed

In order to do this, the VA will need to change its policy of only supporting events which are 100% veteran participation; and allow for participation in events and activities in which the majority of participants are non-veterans. This change would allow disabled veterans to participate in their chosen activity at their skill level; and not restrict veterans to what is available nationally. The VA can draw precedent for taking this action in the recently passed legislation with Department of Defense. Under that legislation, funding is allowed for active duty military who want to pursue Paralympic Sports at events where only 10% of participants are military.

VA Rule Change which May Adversely Affect Veterans in Wheelchairs

We would also like to draw attention to a little known rule change which we have recently learned is being considered within the VA; which may adversely affect sports participation for the disabled veteran who uses a wheelchair. Presently, paralyzed veterans can secure a *hand-cycle* as a piece of exercise equipment needed to promote fitness and health. They are *also authorized one sports wheelchair* to participate in sports like tennis, basketball and track and field.

We understand that the VA wants to *reclassify the hand-cycle as a sports wheelchair*. If that happens, then the paralyzed veteran may have to choose between securing a sports wheelchair and a hand-cycle, since they are only authorized one sports wheelchair. If he or she chooses the cycle, then that disabled veteran will not be able to secure a sports wheelchair to participate in tennis, wheelchair basketball, wheeling and other healthful activities.

Health Benefits and Reduced Healthcare Costs

By expanding its sports programs to include activities that are recreational in nature and close to home, the VA will better serve disabled veterans, promote fitness, provide a healthy lifestyle leading to success in life. This is not only good for the veteran, it is good for the government. Long term, regular exercise, along with more healthful diets, will reduce health care costs to the VA.

Many studies have shown that 70% of our most severe illnesses including diabetes, heart disease, high blood pressure, obesity and certain cancers; are due to lack of regular exercise and poor eating habits. Maintaining regular physical activity and healthy eating habits will reduce these diseases in the veteran.

For the population as a whole, studies show that Americans are becoming increasingly obese and are inactive. Additional studies show that those with disabilities are even more unfit with higher levels of obesity and lower cardiovascular fitness. However, like their non-disabled counterparts, those with a disability can benefit from physical fitness activities and can see health and fitness improve through regular exercise.

Costs for the programs recommended here can be contained by restricting support only to those veterans with specific levels of disability ratings and reimbursing for activities in which the veteran participates on a regular basis and not just occasionally.

Prepared Statement of Dan D. Scott, M.D., National Medical Director, National Veterans Wheelchair Games, Veterans Affairs Eastern Colorado Health Care System, Veterans Health Administration, U.S. Department of Veterans Affairs

Good afternoon, Madam Chairwoman and members of the Subcommittee. I am pleased to be here to discuss the ways the Department of Veterans Affairs (VA) encourages rehabilitation through sports.

Rehabilitation is the process of returning an individual to a rewarding and productive life following an injury or disease that causes a functional decline in the individual's mental and/or physical abilities. Most people have experienced or know someone who has experienced such a decline. The immediate intervention usually involves interaction with a medical professional and, in some cases, hospitalization. After the acute disease process or injury has been stabilized, physicians can determine if a loss of function has occurred. This can result from loss of limb, cognitive impairment, neurological injury or even de-conditioning from inactivity. The psychological impact of functional decline can be difficult, and each individual must first accept their condition and then learn to function in a new and different capacity.

Acute rehabilitation usually involves an interdisciplinary model with interventions from Physiatry, Nursing, Physical Therapy, Occupational Therapy, Speech and Language Pathology, Recreation Therapy, Psychology and Social Work or Case Management. These services are usually begun while an inpatient. Once the individual has reached the maximum level of functionality both physically and emotionally, he or she is usually discharged from the hospital to continue his or her recovery as an outpatient. At this point, the individual may need to redefine his or her role identity based upon the injury.

VA is dedicated to ensuring every veteran involved in rehabilitation is able to focus on his or her abilities to participate fully in daily life. One of the most effective programs VA offers is the National Rehabilitation Special Events Program, which consists of four major events: the National Veterans Wheelchair Games, the National Disabled Veterans Winter Sports Clinic, the National Veterans Creative Arts Festival, and the National Veterans Golden Age Games. These four events demonstrate VA's commitment to rehabilitation as each event serves a specific population to provide a large cross section of veterans with a wide range of rehabilitative services.

The National Veterans Wheelchair Games

Wheelchair sports began in the United States after World War II, when disabled veterans began playing basketball in VA medical centers (VAMCs) across the country as a recreational and therapeutic exercise. In 1980, VA established a Recreation Therapy Service, and began developing the idea of using wheelchair athletics to promote rehabilitation of disabled veterans. In 1981, the "International Year of Disabled Persons," 74 veterans from 14 states participated in the first National Veterans Wheelchair Games in Richmond, VA. Tom Brown, recreation therapist and current National Director, and two colleagues founded this event, which offered a

variety of sports where veterans could participate. Events ranged from table tennis to weightlifting, and was immensely popular and grew rapidly.

In 1985, Paralyzed Veterans of America (PVA) joined with VA to host the Games and offered expertise and resources to ensure these Games would continue providing rehabilitative services to veterans with disabilities. PVA recruited corporate sponsors and individual donors to allow more veterans to participate. Each year, a different VAMC volunteers to host the Games. Hosting requires a total commitment from the VAMC and the local PVA chapter to ensure the success of each year's Games. In planning the Games, the local VAMC and its employees reinforce the value of rehabilitation through wheelchair sports and become even more committed to providing the best care possible to veterans. The Games require approximately 2,000 volunteers, most from the host city, providing another avenue for promoting rehabilitation through sports in the community-at-large and emphasizing the ability of veterans to overcome everyday obstacles and lead productive lives. The games are the largest annual wheelchair sporting event in the world. In 2007, 513 wheelchair athletes from 45 states, Puerto Rico, and the United Kingdom competed at the Games in Milwaukee, Wisconsin. The Games offer 17 medal events and one exhibition event, which is used to introduce additional events to the competitors. These exhibitions have proven extremely popular.

Table 1—Number of Athletes Competing in the National Veterans Wheelchair Games, (1981–2007)

Year	Location	Number of Athletes
1981	Richmond, VA	74
1982	Milwaukee, WI	137
1983	Long Beach, CA	178
1984	Brockton, MA	272
1985	College Park, MD	280
1986	Dallas, TX	360
1987	Ann Arbor, MI	389
1988	San Antonio, TX	460
1989	Long Beach, CA	397
1990	New Orleans, LA	550
1991	Miami, FL	487
1992	Dayton, OH	492
1993	San Antonio, TX	454
1994	Kansas City, MO	473
1995	Atlanta, GA	519
1996	Seattle, WA	487
1997	San Diego, CA	577
1998	Pittsburgh, PA	539
1999	San Juan, PR	555
2000	San Antonio, TX	587
2001	New York, NY	523
2002	Cleveland, OH	484
2003	Long Beach, CA	540
2004	St. Louis, MO	518
2005	Minneapolis, MN	498

Table 1—Number of Athletes Competing in the National Veterans Wheelchair Games, (1981–2007)—Continued

Year	Location	Number of Athletes
2006	Anchorage, AK	527
2007	Milwaukee, WI	513

Table 2—Annual Events

Air Guns	Quad Rugby
Archery	Slalom
Basketball	Softball
Bowling	Swimming
Field Events—Discus, Javelin, Shot Put	Table Tennis
Hand Cycling	Track
Motor Rally	Trap Shooting
9 Ball	Weightlifting
Power Soccer	
Exhibition Events (change from year to year)	
Curling	Sled Hockey
Wheelchair Golf	Tennis

The National Disabled Veterans Winter Sports Clinic

In the early eighties, Sandy Trombetta, a recreation therapist at the Grand Junction, Colorado, VAMC began taking veterans with disabilities skiing as part of their rehabilitation program. Because of the success of these early efforts, Mr. Trombetta, currently the National Director of the Winter Sports Clinic, founded the National Disabled Veterans Winter Sports Clinic in 1987 to teach veterans with disabilities the benefits of overcoming their physical challenges through participation in winter sports. In September 2008, VA will launch a pilot program for a Summer Sports Clinic based upon the same principles. The Winter Sports Clinic was first held at Powderhorn Resort outside of Grand Junction, CO, with 90 participants and 20 VA staff members sharing this amazing opportunity. The Winter Sports Clinic has had three homes over its 21 year lifetime: Powderhorn Resort, CO; Crested Butte, CO; and Snowmass Village—Aspen, CO.

In 1991, Disabled American Veterans (DAV) became a cosponsor of this event and has assisted with corporate and individual fundraising efforts to ensure the provision of hands-on instruction and rehabilitation for America's veterans with disabilities. Participation in this event is open to U.S. military veterans and active duty military with traumatic brain injuries, spinal cord injuries, amputations, visual impairments, neurological diseases, and other disabilities. In the 2007 Winter Sports Clinic, in addition to other veteran participants, 124 active duty servicemembers from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) participated. More than 200 certified ski instructors for the disabled and hundreds of volunteers, both from VA and the community, make this event a success every year. The Winter Sports Clinic teaches participants that having a physical or visual disability does not preclude participating in or achieving an active and rewarding life. It offers opportunities to overcome challenges faced in their daily lives through learning winter sports skills and participating in the adaptive workshops while enjoying the camaraderie and support of other veterans.

Table 3—National Disabled Veterans Winter Sports Clinic, (1987–2007)

Year	Location	Number of Participants
1987	Powderhorn Mountain, CO	90
1988	Powderhorn Mountain, CO	106
1989	Powderhorn Mountain, CO	151
1990	Powderhorn Mountain, CO	171
1991	Powderhorn Mountain, CO	186
1992	Snowmass Village—Aspen, CO	226
1993	Crested Butte, CO	238
1994	Crested Butte, CO	256
1995	Crested Butte, CO	279
1996	Crested Butte, CO	287
1997	Crested Butte, CO	294
1998	Crested Butte, CO	313
1999	Crested Butte, CO	303
2000	Crested Butte, CO	331
2001	Snowmass Village—Aspen, CO	351
2002	Snowmass Village—Aspen, CO	350
2003	Snowmass Village—Aspen, CO	305
2004	Snowmass Village—Aspen, CO	325
2005	Snowmass Village—Aspen, CO	323
2006	Snowmass Village—Aspen, CO	340
2007	Snowmass Village—Aspen, CO	370

Table 4—National Disabled Veterans Winter Sports Clinic Activities

Adaptive skiing with mono-skis and bi-skis Instruction in adaptive Alpine (downhill) Instruction in Nordic (cross-country) skiing for stand-up skiers, including the visually impaired Scuba diving Sled hockey Snowshoeing Snowmobiling Rock climbing Trap shooting Fencing Golf Snow Cat/Gondola Rides Educational and instructional workshops on self-defense and other topics
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The National Veterans Creative Arts Festival

The National Veterans Creative Arts Festival began as two separate competitions: “VET ARTS”, and “The National Music Competition for Veterans.” The first was developed by Muriel Barbour, a recreation therapist at the VAMC Center in Richmond, VA in 1981. The second competition was a performing arts competition, created in 1982 by Shirley Jefferies, a recreation therapist at the VAMC in Waco, TX. These two programs merged in 1989 to become the National Veterans Creative Arts Festival. Drama and dance divisions were added that year to the Festival. In 2005, the fifth division, creative writing, was added. The competition includes 50 art cat-

egories, with original artwork to crafts and paint-by-number kits. There are 120 categories in the areas of music, dance, drama and creative writing. Creative writing includes original works in poetry, essay and short stories.

VA, the American Legion Auxiliary, Help Hospitalized Veterans cosponsor the National Creative Arts Festival in conjunction with other local and national sponsors.

The Festival showcases the artistic achievements in the five divisions from veterans from VA hospitals across the United States. This event does not represent a competition at the Festival itself as all entries have been judged locally prior to being invited to the national Arts Festival. More than 2,800 veterans from nearly 100 VA medical facilities entered the competitions in 2007.

During the week of the Festival, community artists offer workshops to the participants, educating them in various artistic modalities. Each year highlights a live stage production, complete with orchestral accompaniment, which is performed by participating veterans who have achieved medal-winning status prior to attending. This production is developed, rehearsed and presented at the culmination of the week's activities.

The National Veterans Golden Age Games

This event was first held in 1985 in Albany, GA with 115 competitors from VA facilities across the country. The Golden Age Games provide therapeutic recreation through sports and other events for veterans 55 years of age and older who are receiving care at any VA facility. The Games have become the “premier senior adaptive rehabilitation program” in the United States. They offer multiple sporting events, which have been adapted to meet the specific needs of the competitors, including those with visual impairments and those using wheelchairs. There are separate age groups and gender divisions. The over-70 group makes up the largest category of competitors in the Games, and the aging Vietnam veterans comprise the largest group by period of service. The program has grown from 115 competitors in 1985 to 622 competitors in 2007, making it the largest of VA's rehabilitative special events. This program emphasizes the importance of wellness and fitness for our aging veteran population. (Table 5)

Table 5—National Veterans Golden Age Games, (1985–2008)

Year	Location	Host VA Medical Facilities
1985	Albany, GA	Atlanta and Dublin VAMCs
1987	Ft. Lyon, CO	Ft. Lyon VAMC
1988	Marion, IN	Marion VAMC
1990	Sherman, TX	Sam Rayburn Memorial Veterans Center
1991	St. Petersburg, FL	Bay Pines VAMC
1992	Ypsilanti, MI	Ann Arbor VA Medical Center
1993	Johnson City, TN	Mountain Home VAMC
1994	Lisle, IL	Edward Hines, Jr. Veterans Hospital
1995	Dallas, TX	Dallas VAMC
1996	Riverside, CA	Jerry L. Pettis VAMC, Loma Linda
1997	Leavenworth, KS	Dwight D. Eisenhower VAMC
1998	Leesburg, VA	VA Capitol Network
1999	Geneva, NY	Canandaigua VAMC
2000	Topeka, KS	VA Heartland Network
2001	Duncanville, TX	VA North Texas Healthcare System
2002	Los Angeles, CA	VA Greater Los Angeles Healthcare System
2003	Orono, ME	Togus VAMC and Regional Office
2004	Fresno, CA	VA Central California Healthcare System

Table 5—National Veterans Golden Age Games, (1985–2008)—Continued

Year	Location	Host VA Medical Facilities
2005	Norman, OK	Oklahoma City VAMC
2006	Hampton, VA	Hampton VAMC
2007	Houston, TX	Michael E. DeBakey VAMC
2008	Indianapolis, IN	Richard L. Roudebush VAMC

Conclusion

The Department of Veterans Affairs National Rehabilitation Special Events program demonstrates VA's commitment to the rehabilitative needs of veterans. This program offers services for the acutely injured or infirmed and for those with chronic or progressive disabilities to encourage participation of the newly injured, both veterans and active duty servicemembers. The participants in these programs act as mentors and comrades to their fellow veterans, offering encouragement and support as the newest participants learn the value of therapeutic recreation as a means to overcome seemingly insurmountable barriers in their daily lives. Lessons learned by participating in these events offer life-changing opportunities, which carryover for the novice and for the most experienced participants.

The National Rehabilitation Special Events are managed by VA's Office of National Programs and Special Events, which was established in 2000. This office also oversees the National Veterans Day program and other special events. In addition, it is also responsible for implementing VA's current memorandum of understanding with the United States Olympic Committee for Paralympic Athlete Development.

Table 6—Websites for the National Rehabilitation Special Events

http://www1.va.gov/OPA/speceven/ http://www1.va.gov/vetevent/nwvg/2007/default.cfm http://www1.va.gov/vetevent/wsc/2007/default.cfm http://www1.va.gov/vetevent/caf/2007/default.cfm http://www1.va.gov/vetevent/gag/2007/default.cfm

[The PowerPoint presentation, entitled, "Rehabilitation through Sports," submitted by Dr. Scott, Director, National Veterans Wheelchair Games, will be retained in the Committee files. The video presentation entitled, "National Disabled Veterans Sports Clinic," provided by the Department of Veterans Affairs National Rehabilitation Special Events, will be retained in the Committee files.]

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**Prepared Statement of Charles Huebner, Chief of Paralympics,
United States Olympic Committee**

Good afternoon Madam Chairwoman and members of the Subcommittee. My name is Charles Huebner and I am the Chief of Paralympics, for the United States Olympic Committee ("USOC") which is headquartered in Colorado Springs, Colorado. I appreciate the opportunity to testify on our partnership with the Department of Veterans Affairs to serve those men and women rehabilitating from injuries suffered while serving their country.

In 1998 Congress gave the United States Olympic Committee the additional responsibility of serving as the National Paralympic Committee for the United States, a responsibility that in most participating Olympic countries is undertaken by a separate organization. Paralympic sport is athletic activity for physically disabled men and women and the Paralympic Games are a world-class competition for elite athletes conducted approximately two weeks after, and at most of the same venues as the Olympic Games.

Over the last decade, and because of the joint efforts and programs conducted by the USOC and a variety of organizations ranging from the Department of Veterans Affairs to Disabled Sport USA, interest and participation in Paralympic sport has grown exponentially in the United States and now also involves thousands of injured military and veterans returning from Iraq and Afghanistan. The focus on the military is most appropriate since the Paralympic Movement began shortly after

World War II utilizing sports as a form of rehabilitation for the injured warriors of the Greatest Generation.

I want to use this opportunity to thank Chairman Filner for introducing H.R. 4255, the "United States Olympic Committee Paralympic Program Act of 2007," and Ranking Member Buyer for his bill, H.R. 1370, "The Disabled Veterans Sports and Special Events Promotion Act of 2007." Both legislative proposals would provide the USOC with much-needed tools and resources that would enable us to expand our existing efforts to provide services in DoD and VA medical centers and in the home communities of our injured warriors throughout their transition from active duty to veterans' status.

The USOC began its Paralympic Military Program in 2003 and since that time over 1200 injured active duty military and veterans have participated in our "Paralympic Military Program" including Paralympic Sport Camps at USOC training facilities in Colorado Springs and Chula Vista, California, which is in Chairman Filner's Congressional District. The Military Sports Camps provide an introduction to Paralympic Sport, but also the introduction of Paralympians that serve as mentors to injured military personnel and veterans. While these programs have been an unqualified success, it is clear that these efforts constitute just the beginning of what is required. We are now in the process of setting up permanent Paralympic programs to serve our injured military at the four major DoD Medical Centers, and in 2008 we expect to provide services for more than 2500 injured military personnel at a combination of locations and facilities around the country that conduct programs for physically disabled men and women.

Our next objective is to provide these Paralympic services to our veterans in their communities. If either H.R. 4255 or H.R. 1370 is enacted, the USOC will be able to set up major Paralympic programs near the major VA rehabilitation hospitals and centers. We will also be able to extend our reach into the communities to which our veterans will be returning so that they will have continued access to Paralympic programs as a tool for their rehabilitation and a vehicle for their return to an active lifestyle. Components of the Paralympic Veterans and Military Program include national training of community leaders to implement Paralympic sport programs at the community level; Paralympic clinics and mentor visits at military and VA installations, and "Paralympic Military Sports Camps," conducted at our Olympic Training Centers. We believe that we would not have made this much progress had the USOC not developed a very positive and productive working relationship with the Department of Veterans Affairs, which began with a Memorandum of Understanding entered into in November 2005. Since then we have collaborated on numerous activities including providing clinic and mentor support at the National Veteran Games, Veterans Winter Sport Clinics and the development of Traumatic Brain Injury (TBI) Clinics in Augusta, Georgia, and Tampa, Florida.

Today there are more than 21 million Americans with a physical disability. Less than 10% of those Americans participate in daily physical activity. With an increase of more than 27,000 injured military personnel, the system to support our heroes needs strategic investment in infrastructure.

In the past year, the U.S. Olympic Committee has deployed a plan to address this crisis with a specific emphasis on injured military personnel and veterans. In April of this year the USOC is hosting the inaugural Olympic University "Developing Amazing Leaders" conference to train community and military leaders on how to develop self-sustaining Paralympic community-based programs. Our goal is to have established new Paralympic community-based programs in 75 communities by the end of 2008, and 250 communities by the end of 2012.

This strategy in collaboration with Paralympic organizations and groups like the National Recreation and Parks Association will allow us to meet a critical need not only at the military installations, but more importantly in the hometowns of returning veterans, especially in rural areas that are currently not served. The hometown is an essential area where that extension of rehabilitation and reintegration into community is vital. These programs would be community extensions at various Military Medical Centers, Military Installations, and VA facilities that are identified in collaboration with our partners at the Veterans Administration.

That is why Chairman Filner's proposed legislation, H.R. 4255, and Ranking Member Buyer's bill, H.R. 1370, are so important. Both bills provide necessary resources that will enable us to accomplish many of these objectives and to serve our disabled veterans. With the investment called for by these bills, along with the significant contribution by the USOC and Paralympic organizations nationwide, we will be able to better meet the growing need to serve our injured Veterans and return them to active and productive lifestyles in their communities.

I want to emphasize that we are currently and will continue to engage in these activities regardless of what happens to this legislation because injured military

personnel are the soul of the Paralympic Movement. And when I speak of the "Paralympic Movement" I am not talking about an exclusive number of persons that will make future Paralympic teams. Rather, I am speaking of a movement and individuals with physical disabilities who are educated, employed, active in their communities, promote excellence, ability and inspire Americans to achieve and overcome obstacles. However, it is likely that by 2008, there will be one or more former servicemembers that will qualify to represent their country again at the Paralympic Games. And that will be a great achievement and story for America, and the American people.

The bills proposed by Chairman Filner and Congressman Buyer are testimony to the need of veterans for activities and programs that enable them to return to a full and active life. The United States Olympic Committee, through its Paralympic Division, wants to be an active participant in serving a most deserving segment of our population. I would like to close with a brief video from one of our Paralympic Military Sport Camps. Chairman and members, I believe this video illustrates the power of Paralympic sport and Paralympic mentors for our injured Veterans to not only rehabilitate physically, but also mentally and spiritually. Thank you.

[The video presentation entitled, "Paralympic Military Summit-San Diego," dated November 2005, will be retained in the Committee files.]

