

**MEETING THE NEEDS OF INJURED VETERANS IN
THE MILITARY PARALYMPIC PROGRAM**

HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED ELEVENTH CONGRESS
FIRST SESSION

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JULY 29, 2009
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**MEETING THE NEEDS OF INJURED
VETERANS IN THE
MILITARY PARALYMPIC PROGRAM**

WEDNESDAY, JULY 29, 2009

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

The Committee met, pursuant to notice, at 10:01 a.m., in Room 334, Cannon House Office Building, Hon. Bob Filner [Chairman of the Committee] presiding.

Present: Representatives Filner, Snyder, Hall, Halvorson, Perriello, Teague, Rodriguez, McNerney, Walz, Adler, Kirkpatrick, Buyer, Stearns, Boozman, Bilirakis, and Roe.

OPENING STATEMENT OF CHAIRMAN

The CHAIRMAN. Good morning. The Committee on Veterans' Affairs will come to order. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks. Hearing no objection, so ordered.

We have a very interesting and important hearing this morning. Since the early years of our country, Congress has had to reassess programs created to care for our men and women in uniform, our veterans who have courageously answered our call to duty, and their families who have joined in the military experience. For many servicemembers and veterans who have been severely injured from service to our country the rehabilitation can sometimes be quite disheartening. Many become concerned about having the same quality of life that they had prior to their injuries. This was known to be true in World War II and has held true today in the midst of our commitments in Iraq and Afghanistan. Fortunately, this Congress stands united in support of our Members of the armed forces and veterans who deserve the best resources to succeed in life after their military service.

Some of my colleagues are aware of the history of how Paralympic sports have been used in the physical therapy of injured servicemembers and veterans and how it has evolved since World War II. As we will hear from some of our panelists today, the issue of Paralympic sports being used as a method of physical therapy is not new to them with many sharing strong partnerships with the VA that span more than two decades to provide rehabilitation services to our injured men and women who have worn the uniform.

Last Congress, the Subcommittee on Economic Opportunity, under the leadership of Chairwoman Herseth Sandlin and Ranking Member Boozman, held a series of hearings on the future role of the U.S. Department of Veterans Affairs (VA) in Paralympic sports. In those hearings, we received testimony highlighting the need to conduct program outreach to veterans, conduct followups with veterans after a flagship event such as the National Veterans Wheelchair Games, and the need to implement programs to appeal to veterans seeking to participate in non-traditional activities such as scuba diving.

Today will provide the needed oversight on the VA's Office of the National Veterans Sports Programs and Special Events that we first authorized in Public Law 110-389. The law authorizes the Secretary of Veterans Affairs to make grants to the U.S. Olympic Committee (USOC) to provide Paralympic instruction, competition activities, and the training program development activities for servicemembers and veterans with physical disabilities. Many of you know that earlier this month we passed an amendment to the VA appropriations bill with the support of both sides of the aisle which ensures that this valuable program is fully funded and capable of providing the support and programs that our veteran athletes require. As some of my colleagues have highlighted in the past, it is important to understand the history of this new program so that we may avoid any pitfalls that have been encountered by similar programs.

I look forward to working with all the Members of the Committee to make sure this program succeeds in its mission to provide rehabilitative sports therapy to our injured servicemembers and our veterans. Of course, they deserve it. But the inspiration that you provide to all Americans is an incredible by-product of this program and keeps our faith in all of you that you are going to succeed.

I yield to Mr. Buyer for his opening comments.

[The prepared statement of Chairman Filner appears on p. 44.]

OPENING STATEMENT OF HON. STEVE BUYER

Mr. BUYER. Thank you, Mr. Chairman. General Douglas MacArthur while Superintendent at West Point had stated that, "upon the fields of friendly strife are sown the seeds that upon other fields on other days will bear the fruits of victory." General MacArthur eloquently conveyed that the value of participation in sports activities can carryover into other areas of life. Sports strengthen individuals physically, mentally, and emotionally. Athletes develop so many great qualities of the heart and the mind that when these attributes are translated into other areas of life's activities it often leads to great success and accomplishments. I believe that sports therapy is among the most valuable rehabilitative tools that we can provide our wounded warriors.

I saw this firsthand when I had the pleasure of visiting the United States Olympic Committee Training Center in the Chairman's district years ago. The training site, located a few miles southeast of downtown San Diego, is a place, I believe, of joy, determination, dedication, sweat, and camaraderie. It is a very scenic place with a beautiful lake and landscape. Another notable feature is that the landscape is dotted with signs reminding visitors of rat-

tlesnakes that are lurking in the shrubbery as part of the natural ecosystem. I found it a convincing reason to stay out of the landscape.

But the real beauty of the site was the athletes. Walking around you see the positive energy with which they approach their life. You see how they encourage each other even when they are competitors in the same sport on the same team. In some, I suspect that you will see the very same vitality that I saw there at other training centers.

At the same time I was there, the Olympic Committee was embroiled in a controversy over allegations of corruption and less flattering charges. I felt it was a duty to help the U.S. Olympic Committee refocus itself upon the athletes, and to reorganize the Committee and reduce its size to a more manageable board.

That happened. A leaner, more efficient number of staff now exists and includes representatives of the athletes themselves on the Board. The upbeat, positive attitudes I saw during my visit made it clear to me that our disabled veterans would benefit greatly from their activities and increasing their participation in sports at all levels, from the beginner to the expert, would help them in their rehabilitation.

With a bit of encouragement, the VA and USOC signed an agreement, a memorandum between them in 2005, to begin a program to bring more veterans into sports. I truly wanted to create an avenue for our military athletes who now find themselves disabled, if in fact they can aspire to go and find access to the Paralympic Games. As a result, the USOC began a series of training events at Colorado Springs, Colorado, and Chula Vista, California, for our wounded warriors. Many of these servicemembers were literally just a few weeks from being wounded in action and the great thing was that every one of them, they were smiling despite their injuries and the exertions they were making to start life all over.

I also introduced a bill that authorized the VA to provide grants via the USOC to other local disabled sports programs, and to offer a small per diem to disabled veteran athletes training at the USOC families. Chairman Filner also introduced legislation and we merged our ideas into one bill that was signed into law last year as part of title 38. I am proud that through our combined efforts, Mr. Chairman, we have also helped formalize the VA Sports and Special Events Programs and expanded sports therapy for disabled veterans. VA, and its cosponsors from the veterans service organizations, have put adaptive sports on the map with events such as the National Wheelchair Games, the Winter Sports Clinic, the Golden Age Games, and this year the VA will add a new disabled golf event to their calendar and I salute the VA and their partners for being pioneers in the adaptive sports arena.

This year the Chairman and I amended the VA appropriations bill to increase funding for the program to the full amount of \$10 million. And that was the number that the Chairman wanted. And I applaud and thank him for his work. I want to make it very clear that this legislation was not about producing athletes for the U.S. Paralympic Team itself. It is about increasing the number of disabled veterans who participate in all types of sports at all levels

of cooperation with the U.S. Paralympics and their partners, such as those of whom are witnesses here today.

I am sure Mr. Huebner would agree that you build a national team from the ground up beginning with local sports programs. One does not wave a magic wand and poof, you have an elite athlete. And as much as I am a frustrated athlete, I would have loved to have competed in the Olympics, I do not have that ability. So everybody will rise to a particular level. And what is wonderful about the design of these sports programs, is that we are trying to use sports as a platform of healing and for individuals to rise to their particular level. And that is why I want to applaud the Chairman for his work. And there is a real journey here in front of us. And the oversight over all of these programs is extremely important and I know it is personal to the Chairman. With that I yield back.

[The prepared statement of Congressman Buyer appears on p. 45.]

The CHAIRMAN. Thank you, Mr. Buyer. And thank you for the nice words about the training center in southern California, in my district. It is a great place year-round and I think one of our panelists trained there.

Let me introduce the first panel. All of these witnesses participate in the Paralympic program and are here to tell us about their experiences. Kortney Clemons is a retired Sergeant with the U.S. Army who resides in Chula Vista, California. There is an election coming up in 2010, I hope you will know who to vote for. He was the first Iraq veteran to qualify for the U.S. Paralympic Games and has earned numerous medals in track and field through the Paralympic program. Nathan Waldon is a Captain with the United States Army who lives here in Washington. Captain Waldon serves as the Assistant to the Adaptive Sports Coordinator at Walter Reed Army Medical Center and Captain Mark Little is in the United States Army and currently lives in Fairfax, Virginia. He is a police officer in Virginia and trains law enforcement and the military as he continues to serve the Department of Defense while completing his recovery from his own war injuries. We thank all of you for being here. We will insert your written statement in the record and you will be recognized for any oral remarks you would like to make. Sergeant Clemons, we will start with you. We greatly appreciate not only your own athletic talents but your ambassadorship to others to try to bring them into the program. Thank you for being here.

**STATEMENTS OF SERGEANT KORTNEY CLEMONS, USA (RET.),
CHULA VISTA, CA; CAPTAIN NATHAN WALDON, USA, WASHINGTON, DC; AND CAPTAIN MARK D. LITTLE, USA, FAIRFAX, VA**

STATEMENT OF SERGEANT KORTNEY CLEMONS, USA (RET.)

Sergeant CLEMONS. Thank you. Good morning Chairman Filner and Ranking Member Buyer. My name is Kortney Clemons. I was honored to serve in the Army from 2001 to 2006, and I am proud to stand before you today as an Army veteran, Purple Heart recipient, and a Paralympic athlete.

I lost my right leg above the knee to a roadside bomb in Iraq in 2005. I never imagined when I was lying in the hospital bed in Landstuhl, Germany, that 4 years later I would be living and training full-time at the U.S. Olympic Training Center in Chula Vista as a part of the Paralympic track and field resident program. I cannot thank you enough for all you have done to support the VA Paralympic program. Your support has changed, and will continue to change, the lives of thousands of injured soldiers. Some like me may pursue representing their country again at the Paralympic Games. But all will benefit from the impact of sports in many areas of their lives.

Paralympic sport has given me an opportunity that I never thought would even be possible. Prior to my injury, I was an athlete who absolutely loved sports. I played football and basketball in my little small town of Little Rock, Mississippi. And I played football at East Mississippi Community College. I served as an Army medic in Europe and was assigned to the 1st Battalion, 8th Cavalry Regiment in Baghdad in March 2004. Eleven and a half months after arriving in Iraq I lost my right leg to a roadside bomb. I was helping a soldier who had been wounded in an earlier incident. The bomb took the lives of three of my comrades. I was grateful to have survived, but following my injury, I struggled with thinking about my life as an amputee.

When I lost my leg, I felt I had lost my identity. I thought I would be in a wheelchair forever. I had never been exposed to other amputees, prosthetics, and certainly not Paralympic sports. I wondered about where I would live, how I would get around, how would I even work? I was dealing with post-traumatic stress, coming to terms with the loss of my leg, and learning how to walk again. Sports was the last thing on my mind. But it was through sports that I found hope and found my future.

I will never forget the day U.S. Paralympic Committee employee John Register came to BAMC, Brooke Army Medical Center. An amputee himself, he was meeting with injured soldiers like myself to tell them about the USOC's Paralympic Military Program. I was still learning how to walk. But seeing him demonstrate how to run that day changed me forever. I knew I could get back to playing sports and his inspirational message made me realize that sports could give me strength, courage, and confidence to live a great life.

It is an important outlet for anyone with a physical disability. I believe it should be a part of rehabilitation of any injured servicemember. Everyone knows it is a benefit from a physical and health standpoint, but no one really realizes the psychological and emotional benefit that it serves.

As an athlete, I have had an opportunity to meet many wounded soldiers during visits to military hospitals. It is wonderful to tell them about the Paralympic Military Program and how powerful sports can be in their lives. I know what it is like to lie in bed and believe that life no longer would be normal. So it gives me great pride to share my story with the patients and help them see that returning to sports is not only a possibility, it will also help them achieve many other things in life.

To me, sports equals quality of life. It represents health and freedom. One of the past participants at the USOC military camp

summed it up best. He said, "Rehab helps you exist. Sports helps you really live." I understand that completely and what he meant by sharing those feelings. I remember the first time I walked after my injury and how awesome it felt. I want other servicemen and women to have the same experience. I want them to learn the same things that I did, that Paralympic sports can help them, lead them to a productive life, and achieve their dreams, and inspire others to do it along the way. Thank you.

[The prepared statement of Sergeant Clemons appears on p. 46.]

The CHAIRMAN. Thank you so much, Kortney. Captain Waldon, you are recognized.

STATEMENT OF CAPTAIN NATHAN WALDON, USA

Captain WALDON. Good morning. Good morning, Chairman Filner, Ranking Member Buyer, as well as all the other ladies and gentlemen on the panel today. My name is Nathan Wayne Waldon and I am a Captain in the United States Army. I appreciate the opportunity to testify.

My affinity for physical activity has not been recently acquired. Growing up in the Southeast and thus afforded great year round weather, I have been an active participant in various sports from early on. This, of course, was strongly encouraged, or mandated, by my parents to make sure that I was not sitting around the house, playing video games, and watching television all day. Looking back now upon those years from a very different perspective, I have come to understand that there were a multitude of reasons they wanted me to participate. Physical activity is something that every child needs. An active lifestyle, which started at an early age, is something that has always been a part of my identity as a person. Sports is where I learned so many important life lessons: how to be a team player; putting the good of the team ahead of one's personal ambition; how to communicate or interact with other people from all walks of life; the importance of hard work, nothing is going to come easy; to be better you must put in the practice to improve; mental toughness, pushing yourself beyond what you think you are capable of; never quitting; confidence in oneself, that you can achieve what you put your mind to; humility in both victory and defeat. I could continue to list all the values that physical activity has taught me. But it is simpler to say it is both the reason I am alive today and has given me hope for my future.

Before I ever applied to college, I knew I wanted to serve in the Army. I made sure I found a school that was both academically strong as well as having a good Reserve Officers' Training Corps (ROTC) program. I decided upon Furman University and began in the Fall of 2000. During this time, physical activity both in the military as well as intramural sports were a wonderful balance to all the academic studies. One of the first things I learned from my 1st Sergeant was the most important: an officer leads from the front in everything that he does. You should always set the proper example.

I graduated in 2004 and proceeded to Fort Benning. Throughout all the Army schools I participated in, physical activity played a crucial role. The intensity with which I approached training was so that I could serve my men better. Physical fatigue can obviously

lead to poor decision making. My sweat now would hopefully prevent their blood being spilled later.

I was assigned to the 3rd Infantry Division, 3rd Brigade, 2/69 Armor, Bayonet Company, 1st Platoon, as an infantry platoon leader. Once again, the lessons I learned living an active lifestyle continued to pay dividends. I had the top PT score in the company, earning a bit of credibility with my new men. I also won the Brigade fitness competition, a new tradition started by Colonel Brigsby, the Brigade Commander, who wanted to stress the importance of physical fitness to the entire Brigade. I received an Army Commendation Medal (ARCOM) as well as a 4-day pass for this accomplishment. But it also gained notoriety for my platoon and gave them something to be proud of as well.

On 11 July, 2007, we were conducting combat operations in Baghdad. My platoon was mounted in gun trucks on the way to conduct dismounted patrolling operations. My vehicle was hit with an explosively formed penetrator (EFP), the signal to launch an ambush. The slug from the EFP went through my door and in my leg, and fortunately bit my rifle up pretty good perhaps saving my left leg. I was able to get the door open, climb or fall out, and my gunner assisted me from the top dragging me back to the third truck.

It was so surreal, the magnitude of what had happened to me just now was taking a moment to set in. I did not have much time to contemplate my situation. My platoon sergeant was giving me the situation report (SITREP) and we were still in the fight. Luckily, everyone in the truck was fine. Everyone was going about their business or reacting to contact just as we had always trained. I was conscious and able to make rational decisions. Without my training, none of this would have been possible. Being in excellent shape kept the injury I had sustained from being far worse. The emergency room docs said it should have taken my leg off to the hip just from the force of the projectile. He cited my physical conditioning as a large part of the reason I did not go into shock or lost consciousness.

I was transported back to Walter Reed Army Medical Center, where my surgeries and rehabilitation began. It was not a happy time. I was in pain. I had recently had a life altering experience, etcetera. I had always been very independent and self-sufficient but now I cannot walk. What made this even worse was that sports was such a large part of my identity. I was only focusing on the negative, but without that outlet who was I? I truly felt lost. My prior conditioning allowed me to achieve the goals of the therapist but I wanted more.

Because of my physical progression, they recommended I try to participate in one of the adaptive sports programs. It was December at this point and DSUSA was hosting the Hartford Ski Spectacular along with the Wounded Warrior Project. I decided to go on this trip and it was one of the best decisions I made. It was like learning sports as a child all over again. I felt like such a fool falling all over the place. You want to quit. You want to get up. Your strength is not there. Your leg is not doing what it wants to. But the lessons instilled as a child were still there. Humility, just swallow your pride, get out there, battle it, do not give up. The instruc-

tors and the event were exceptional. By the end of the week, I had made great progress. But I did not want to be adequate; I wanted to excel.

Since this initial event I have had the opportunity to attend others building upon what I learned at the last event and always pushing forward. As I have improved, it is always inspirational for other wounded who attend these events to see what they can accomplish if they commit themselves.

Words cannot express how grateful I am to those who gave me the opportunity to participate in their events. Thank you so much for giving me my life back.

Sorry about that.

[The prepared statement of Captain Waldon appears on p. 47.]

The CHAIRMAN. Thank you for your very eloquent and moving testimony. Captain Little, you are recognized.

STATEMENT OF CAPTAIN MARK D. LITTLE, USA

Captain LITTLE. Good morning, Chairman Filner, Ranking Member Buyer, ladies and gentlemen. Thank you very much for entertaining our testimony today. I personally feel that this is a very, very important project for all returning veterans, and disabled veterans in particular. My name is Captain Mark Little, United States Army, and luckily Captain Waldon's story is almost a mirror image of mine so we can save a lot of time here.

I served 4 years almost in the National Guard enlisted, getting ready to be a Lieutenant Active Duty through George Mason ROTC. I was assigned also to 3rd Infantry Division, however the 2nd Brigade Combat Team, 1/30 Infantry. And deployed in 2007 with them to Iraq. Similarly, while conducting combat operations there I received an (EFP, which was my third improvised explosive device strike in the last month of the 3-month tour I had, which came in through my door, took both of my legs off below the knee, and similarly, luckily, exited without injury to any other personnel. I was evacuated through Germany to Walter Reed and on September 11, 2007, began my road to recovery there.

Very similarly, also, sports was huge in my identity, being an almost pro roller hockey player, ice hockey player, rugby, tennis, golf, soccer, football, etcetera. I had similar concerns. Now I am missing both of my legs, how am I going to be an excellent sports star like I always knew I would be? And it was as I was expressing those concerns my first day of physical therapy a couple weeks after returning home that a Gunnery Sergeant from the Marine Corps who is a double below the knee amputee walked in with his set of prosthetic roller blade inline skates, telling me that they had just custom made those for him. He was the second person to ever receive that style and was already skating outside.

Right then and there competitive spirit took over and I knew exactly what I knew before in the military and even prior in sports: I have to be better than this man. I have to do one more. So I asked my physical therapist, who ironically was also his physical therapist, what records had he set? And she said pretty much everything for a double amputee. So after getting a laundry list of those I set out to beat every single one. Day 5, walking up the helicopter pad hill on prosthetics 5 days in beat his 6-day record. And

then snow boarding 4 months after injury, after 2½ months after receiving legs without any real adaptive equipment beat his record of about 3½. And continuing on from there, not to be an immodest person.

But that is the point I am trying to convey. Is what we get through this adaptive sports type program is our competitive nature back, which is inherent to pretty much everybody in the military as an alpha type personality. We want to be better, and the best that we can personally. And seeing others that have come before us gives us that bar that we have to set new one higher and better.

In addition to that, we learn lessons from each other that we would have never know. I would have never know half of what I do about being an amputee, being a returning disabled veteran, and just getting around in life, had it not been for people like my first snowboard trip, Captain Waldon, who you may have met earlier, teaching me how to properly fit my prosthetic in a snowboard boot to get down the hill, which I did successfully my first time. And then going on to be that person. There is somebody else out there now that is telling a story about how Captain Little showed him how to do that the first time he was out there. And he had questions about how to do X, how to do Y, and now he is a more striving and better functioning returning disabled amputee in the military. And that is what these programs are, brass tacks. It is how we get back up literally and figuratively, and move out with our life, and become better and more prosperous personnel both within the military as we still serve and within our communities, as I have gone on to be a reserve and volunteer police officer and train fully capable and able-bodied personnel with no injuries. And it is not until day 5, the last day of training when we go out for a brewski in the pub, when I wear shorts, that these guys who I have been running around with guns and on stairs realize, "Holy, that guy has no legs." You know? That is what we strive to do. We do not want to be the target of pity. We want to get out there and show you that we can be better and we can do more than you will ever expect.

DSUSA, Paralyzed Veterans of America (PVA), all these organizations like the Wounded Warrior Project (WWP), they give us those opportunities. And without that I do not think I would be where I am right now, literally and figuratively strutting my stuff down the hallways and just being a happy camper as I am. If you see me with a frown, that is probably the second time since injury because there has only been one, and that was when I fell the first time snowboarding.

Otherwise, I really appreciate what you are doing for us and allowing us to help each other. And at the community level, that is what we are looking to do. Is keep together and keep pushing forward, and again, I thank you for your time.

[The prepared statement of Captain Little appears on p. 49.]

The CHAIRMAN. I do not think we have had a more moving panel. Thank you so much for your testimony. It is not often that we debate issues and authorize millions of dollars for a program. To see the actual results of this program recommits us to doing the right thing. You continue to inspire us as you do others that you will

meet along the way. Thank you so much for recommitting us to this struggle that you have gone through, have conquered, and are going to help others through as well. Mr. Rodriguez, do you have a statement or questions?

Mr. RODRIGUEZ. Yes, thank you very much. Let me say it is extremely inspirational just to hear you guys talk about your experiences. I have a daughter who is 27, and to see you young kids, in all honesty, where you are at, and the growth that you already display, I want to just congratulate each and every one of you. I sometimes talk to young people and people that have had difficulties in their lives. You have certainly had your share of difficulties. I usually tell them that there are two roads. One is where you "feel pity, the poor old me" syndrome, and it will get you nowhere. But you guys do not even have to talk about that. You are living it. And you are experiencing that. By you going out there it can make all the difference in the world to a lot of these individuals. And I know life has a lot of ups and downs. And whatever else you face in life is going to be nothing compared to what you have already experienced. So it is a piece of cake, the rest of it, in terms of going through in the future. And so I just want to congratulate each and every one of you for what you are doing, and what you continue to do. And that is inspire others to do and go beyond. Because we have a large number of young soldiers coming back with a lot of difficulties. And even outside the military, there are a lot of young people out there that feel sorry for themselves for one reason or another. And you guys are just a great inspiration and great role models. So I want to just thank you for who you are and what you have been able to accomplish at such a young age. Thank you.

The CHAIRMAN. Thank you, Mr. Rodriguez. Mr. Walz?

Mr. WALZ. Well, thank you, Chairman. And I see the Ranking Member slipped out but I would like to thank both of you. You have been absolutely stalwartly committed to this program and it really sets the tone for the rest of us. And I will echo to all of you, thanks for being here today. Your stories are absolutely uplifting. It is a great example, and not just for other wounded veterans but for this entire country.

And Captain Waldon I thank you for reminding me of that day almost 30 years ago when I got to do a little bit of physical activity at Fort Benning, in that beautiful resort. And they helped me so much, doing so many of those things. But my job before I got here, and what if I am on a leave of absence, and what I will do after I leave here, is that I am a high school teacher and a football coach. And actively engaged and understand what competitive sports do. And I have been on and coached the teams that failed to win a game, and then 3 years later coached the same team to win a State championship. And that striving for goals. And what I can say is, it is a lot more fun to win the State championship but there is also a lot of lessons in that journey in trying to get there. And so, your story of how you have taken that journey and seen these things as opportunities to overcome instead of obstacles, I would echo what the Chairman said. Is I do not think of the money we spend up here we could find a better place to put, a more rewarding place, and one that sets such an inspirational tone.

And Captain Little, I would just say, is there anything more we can be doing on this outreach? I think you had a real moving statement there, about talking about how you were touched. And now I think it is just a great story for you to know, somebody saying, "Captain Little, this guy showed me what to do." And that is being passed down. How do we increase that? Are we doing enough to get to these folks that, as we said, may not participate in the Paralympics but may go snowboarding on the weekends with their families? So if you could let me know, we would be glad to make sure we are pushing it.

Captain LITTLE. I can tell you personally, moving down to smaller, I guess, smaller scale, I use the term operations because that is what I am used to, is going to be great idea and a great benefit, whereas a national level program taking guys out to Vail or Breckenridge for a ski and snowboard event, or up to Northern New York, upstate for, you know, a summer camp, that is wonderful, uplifting, and inspiring. However, you know, the first time I ran ever missing both legs was not at physical therapy, and it was not at a national level event. It was a DSUSA intern invited me out to kickball out on the National Mall. And in order to get to first base I had to move expeditiously. And so I quickly taught myself how to run after thumping a ball with a titanium foot. And it is things like that that we need right here in our communities because not everyone stays in DC. A Fairfax native I am. However, if you are out in the middle of, you know, Green Springs, Idaho, no offense to Idaho, but there is not going to be that program there yet, and there needs to be. Little things, like the kickball, or like the softball league, is what is going to get guys back up and moving.

Mr. WALZ. Captain Waldon or Sergeant Clemons, anything on that, too, of how we do that? How we get this outreach more? What are, I think it is a great point of at the local levels, how do we make sure we are letting those folks know where they have the resources to do this? If you have any insights, we would appreciate it.

Captain WALDON. No, just stressing the same thing. You know, reiterating what Mark said. Pretty much the daily community programs, just moving it down to more, just like classroom size. The smaller the classroom the more personal the instruction can be for the students. It is the same thing with this. The more one on one, one on three, one on four time you can really get with an instructor or someone to help you out, you know, the better it will be. And, you know, just pretty much being everywhere. I mean, it is a far reaching goal but, you know, you at least have, you know, something in mind. Like, something to push forward. So no reason to settle if we can achieve something else.

Mr. WALZ. Well again, thank you all. Go ahead, Sergeant Clemons? All right.

Sergeant CLEMONS. Well I think, just to bounce off some of the same things they said, I think one of the most important things is the programs working together. The main thing, just spreading the knowledge, so to speak, to let them know that, okay, these programs are going on. And just letting them know that, okay, once you leave this camp, or once you leave this, maybe some type of

camp or whatnot, whenever you get back home there are things that you can do to continue to move forward. And I think that would be the main thing. Make sure that these guys know, at all levels, that they can get back in, get up and going again.

Mr. WALZ. Well again, I thank all three of you. It is incredibly inspirational. And as I said, the attitude you have taken on this is really great to see. And we will make sure we do our part to enable you to do that. So I yield back, and thank you Mr. Chairman.

The CHAIRMAN. Thank you. Mr. Roe.

Mr. ROE. Thank you, Mr. Chairman. And I want to start by saying, and Captain Waldon, where you said words cannot express how grateful I am, I cannot express how grateful I am to the three of you for service to your country, to our Nation. And thank you for that.

I totally understand. I am an old second ID guy. We had a war in the 1960s in Vietnam, we sort of forgot about our troops for awhile. I promise you that will not happen here. I am going to, and I know everyone, I have heard everyone speak on this panel. And we are committed to be sure that you get the care you need from now on. I know you, you guys are very young, and you do not think you are ever going to be 40-, or 50-, or 60-years old. Guess what? You wait around a few years, you will be. And those needs will change. And competitors like you are going to be able to teach us a lot about how, because I, being an old athlete as I am, I have done this DC Marathon four times, and for my 60th birthday I summited Mt. Rainier for the fourth time. I understand competition. And I think one of the best things, the best treatments for depression is sweat. And you guys have shown that. I mean, it is amazing what you have done. And we have a VA in my district back in Tennessee. And I certainly would like to keep in contact with you all to be able to get ideas that we can take back to our VA. So when soldiers come there we can take what you have learned and pass that along to them. And these devices that you have are going to improve with time. They are going to get better. And you are going to help us make them better. You can actually do that because of what you are doing, excelling in the field of athletics.

Captain Waldon, I look forward to seeing you. I am sure we have friends because there are a lot of people from Johnson City, Tennessee, where I live, go to Furman University. And, but once again, I will yield back my time. But I just want to tell you, everyone on this panel I have heard speak now for months are committed to being sure that you get the things you need. And we can learn from you all. So thank you, do not thank us, we want to thank you.

The CHAIRMAN. Thank you. Mr. McNerney.

Mr. MCNERNEY. Thank you, Mr. Chairman, for pulling together this hearing. And I want to say when I first came in here I was sleepy from jet lag. And hearing your testimony, it inspired me and it was truly, it was worthwhile.

Now, one thing I noticed in all three of you that was a moment of inspiration, that was you came out of the injury, you were in the hospital, you were depressed, and then something sparked you. Sergeant Clemons, in your case it was an individual that you saw that had a similar injury. And Captain Little, same thing, an indi-

vidual came in and you said, "Hey, I can do that. I can beat this guy." And so, it seems to me that that is the key here. It is reaching people with an inspiring story that can get them going, can lift them up out of that depression or that slump they are in after getting injured and seeing their life potentially change. And so what I want to do is encourage you to tell your story and to go out there and inspire those guys that need that inspiration.

But there are only three of you here. And you are young. And when you saw this inspiration you were young. But we have a lot of veterans that are not young that have lifelong injuries. And what I would like to know is if you have any idea on how to reach them with an inspiration? How to get them reengaged and engaged in sports, or something that will get them back into the community. If anyone wants to take a shot at that I would appreciate it.

Captain WALDON. The only thing I have not even really looked at it from that perspective before. I totally agree with you. I mean, things have advanced so much with technology as well as, I mean, even how they conduct the ways to treat your amputation, how they are doing just the surgeries, totally different kind of theory than they used to do, where they tried to keep the most length. And now they are actually padding it a certain way. Things that I am definitely not an expert in. But what they gave me works out great.

The only time I really see the people is when they are coming through, like, you know, the amputee clinic, the Military Advanced Training Center that they opened recently, and they come down there on a Wednesday. I mean, Kirk Bauer from DSUSA being, you know, a Vietnam veteran who is, you know, an above knee amputee. And you see a lot of those guys from the VA get siphoned through it that way. And then they kind of see what is out there at that point, and they can get interested. But as far as, you know, specific targeting for those people is really going to have to be done at more the VA level, and their local communities. Because, I mean, we are very fortunate here at Reed, you know, BAMC. What is it down in Texas? Balboa, yeah, Balboa is the other center. Any of the, like, the main treatment centers that we will go through, very fortunate to have the prosthetic care. And the programs are there almost force fed to you, which is wonderful. It really, I mean, they get you up, they get you going. And maybe something like that, you know, maybe a sports coordinator or something at the local VAs. Some sort of just point of contact, POC, when they get to these places, you know, if they are coming through there, going back to their hometown community. Okay, I am going to be going to this VA. You know, put them in touch with that person, or have it be almost like their in-processing thing. Just to know they are there.

Mr. MCNERNEY. I mean, it is important for them to see someone that has sort of been through the same thing. Someone that is, "Hey, I have been there. I have lost my leg. I have spent, I have been through rehab," all that sort of thing, you know. And yet, "I got inspired." You know? And then, "Hopefully, you can too." Is that, it just seems that that is a critical element. Is for them to see someone that gets to them, that says, "Hey, we can do this." Or, "I can do this."

I was pretty touched by your story, Sergeant Clemons. How you saw an individual and you said, "Hey, this guy is doing it." You know, "I can do the same thing."

Sergeant CLEMONS. To bounce off what you were saying, I feel that that is the best way. A therapist can tell me with both limbs how to run and I could, you know, follow that. But I did not, to see someone do it was just, you know, was, like, so enlightening for me. It gave me hope. It gave me, you know, a sense that, "Okay, I can get this done." And for those guys that are older, they may not, we may be younger for those guys but it is a way. And so, it is a way for us to give back and, you know, and help those guys. Because those guys invested in our future. Because of the Vietnam guys we are better taken care of.

So I do not really think, I really feel that it gives us the opportunity, I know I would love the opportunity to go back and help those guys. So I think the main thing is just getting us together. I think we will all be able to learn from one another.

Mr. MCNERNEY. So giving you the opportunity to go out there is also important? And not just giving them, but it gives you an opportunity as well. So with that I yield back.

The CHAIRMAN. Thank you. Mr. Boozman.

Mr. BOOZMAN. Thank you, Mr. Chairman. I really do not have any questions. I just appreciate you guys being here and telling us your accounts. And I appreciate your courage. I had the opportunity to play football at the University of Arkansas as just kind of a journeyman guy. But I understand how important athletics are. And not just, you know, athletics at the level that you guys are at. But just competition. Getting your mind on something else as you are rehabilitating and things. And I appreciate your courage, the fact that you are here. Your achievements really are making a difference. It is helping us to push these programs forward. You are tremendous examples of what they can do for individuals. And so, again, I just appreciate you and thank you for your testimony.

The CHAIRMAN. Thank you. Mr. Teague.

Mr. TEAGUE. Yes, Mr. Chairman, thank you. And I also agree with the Chairman earlier when he said that this was the most moving panel that we had had. And I do not want to take a long time either, but I do want all of you to know that, you know, we are grateful not only for what you have done for your country in the past but for what you are doing for veterans that are coming back now that see you as an example. And I want to thank you for the inspiration that you have given to all of us here so that we know that we are doing the right things in working on these programs. And once again, just to tell you that we thank you and I appreciate your inspiration.

The CHAIRMAN. Thank you. Mr. Stearns.

Mr. STEARNS. Mr. Chairman, thank you. I had the opportunity to participate in the winter sports clinic that was in Aspen, and I think Diane Hartmann is in the back there, and I see she is testifying, and she has been one of the organizers. And I would encourage members—if you get a chance—to go out there and ski with the disabled. You know, when you are skiing on the slope and you see someone with has no legs and he is skiing very well, perhaps

better than I was, or a person skiing without arms, it is an inspiration to see these people. And then at the end of the ceremony they have awards and things like that. So it is quite emotional. And I think those are the kind of activities that promote the wherewithal, both spiritually, mentally, and physically for the veterans. So I think things like that program are something to be emulated for all the veterans who are disabled.

And the question I have for all of you, what are the barriers to your continued participation in a disabled sports program? Just a short sentence or two of what you think the barriers are. And Captain Little, let's start off with you.

Captain LITTLE. Well, I can tell you a lot of the programs right now that are very beneficial are kind of what I mentioned earlier. Longer programs, as in 5, 6, 7 days, things like that, trips out to Colorado. And as veterans go back into the workforce you cannot just nudge your boss three grades over you on the GS scale and say, "I am going to cut out for 7 days, hit the slopes in Vail so I can inspire some new guys on how to ski." Unfortunately, that does not cut it. However, things like, "I am going to cut out early this afternoon to go to a softball game and a picnic with a bunch of returning vets," would be more apt to be smiled upon, especially within the government and private employers I am sure as well. So I would have to say distance and length of time that you would have to take to put an impact out there would be one barrier that I could foresee.

Mr. STEARNS. So that the employee who wants to participate still does not feel that he is disadvantaging his corporation or his productivity?

Captain LITTLE. I would say so. It is not a problem for the vets who are just returning, you know, while in therapy because your therapy is your job. But veteran veterans after they are out of the service and back in the workforce who still want to participate, that may be the potential barrier I see foremost.

Mr. STEARNS. Captain Waldon.

Captain WALDON. We could keep going around and around the same thing, he and I. It is, you really have to inundate yourself for any of these programs. I mean, I was flopping all over the place my first couple days. But then the 3rd day, the 4th day, that is when you really start picking it up. And a good thing when we are initially there is that you do have that extended trip. So it has the benefit of inspiring you or giving you that competitive edge instead of discouraging you, which could also have, you know, consequences that are not intended. That is the thing, they have a lot of alumni programs with these groups, but—

Mr. STEARNS. But if you have other disabled people that are with you—your peers—and you do not do well, they can help. When I was in Aspen, these other disabled veterans came up to the person who had a tough time getting down the slope and said, "Let us try, try again like the little choo-choo train, you will get up the hill."

Captain WALDON. Oh, yeah.

Mr. STEARNS. And by the end of the afternoon they were doing things that probably they could not have done on their own, all through the inspiration of other disabled veterans.

Captain WALDON. Yes, sir, without a doubt. That is why we need to get back to those programs. But like he was saying, once you go back to having a real job somewhat again, it makes it a little more difficult. But being there for whatever amount of time you can is obviously optimal.

Sergeant CLEMONS. I would say the same thing as Captain Little and Captain Waldon. It is just a time barrier. Once you get back and get your quality of life back, and you have a job, and being able to take off work for those 3 or 4 days to do those camps, or whatnot, would be the problem. Would be a barrier, rather.

Mr. STEARNS. Mr. Chairman, they have all sort of echoed the same problem, this taking off from work. And there might be some way to give incentives for employers through tax credits, or some kind of incentive that we have for hiring of veterans in the marketplace so that these people can get the opportunity to do this. Because in the end, we owe these veterans this kind of incentive. And in a larger sense by them being healthy, it is saving the Veterans Administration from caring—psychological caring, physical caring—because they are taking it upon themselves to do rehabilitation on their own. And so, it is to the government's benefit to have some kind of incentives for employers to allow these disabled veterans to have this extra time off, I suspect. And that might be an idea we will kick around here. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Mr. Stearns. Again, thank you all. You have helped us all understand your situation and the situation of thousands of others. You have made sure that we will recommit ourselves to making certain that these programs continue. We thank you all so much and we will look to the next panel also to help us. Thank you again.

Welcome to the second panel. We thank all of you for being here. We have Adrian Atizado, who is the Assistant National Legislative Director for the Disabled American Veterans (DAV); Carl Blake, the National Legislative Director of the Paralyzed Veterans of America; Julia Ray, the Manager of the Wounded Warrior Disabled Sports Project of Disabled Sports USA (DSUSA); David Stringer, who is representing the National Recreation and Park Association (NRPA) on behalf of Richland County, South Carolina, Parks and Recreation; and Carlos Leon is a Member of the Iraq and Afghanistan Veterans of America (IAVA), and also a Paralympian. Any written statement will be made a part of the record and we look forward to your oral statement. Mr. Atizado, we will begin with you.

STATEMENTS OF ADRIAN M. ATIZADO, ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS; CARL BLAKE, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA; JULIA RAY, MANAGER, WOUNDED WARRIOR DISABLED SPORTS PROJECT, DISABLED SPORTS USA, INC.; DAVID STRINGER, RICHLAND COUNTY, SC, PARKS AND RECREATION DEPARTMENT, ON BEHALF OF NATIONAL RECREATION AND PARK ASSOCIATION; AND CARLOS LEON, MEMBER AND PARALYMPIAN, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

STATEMENT OF ADRIAN M. ATIZADO

Mr. ATIZADO. Mr. Chairman, Members of the Committee, I would like to thank you for inviting the DAV, an organization of 1.2 million service-disabled veterans, to offer our views and experience with disabled veterans rehabilitation through sports, and National Disabled Veterans Winter Sports Clinic, and any anticipated impact Public Law 110-389 may have.

First, I would like to note that the research indicates that recreational therapy offers a diversity of rehabilitation benefits, addressing the needs of disabled veterans with a wide range of disabling conditions. For example, recreation therapy is an effective means for improving physical, cognitive, social and emotional functioning. It helps develop skills needed to enhance functional independence for community living, to promote a higher quality of life for veterans and their families. Recreational therapy prevents a decline in physical, cognitive, and psychosocial functioning and results in reduced need for health services. It also reduces secondary disability and associated higher healthcare costs.

Now, through the Winter Sports Clinic, veterans are able to reap the rehabilitation benefits of recreational therapy through adaptive sports. The DAV recognizes the benefits on the lives of disabled veterans that the Winter Sports Clinic has, and we have been a co-sponsor of the event along with VA and a number of other generous corporate and individual donors.

The Clinic has grown tremendously over the past 23 years. It is the largest annual disabled learn-to-ski clinic in the world and is a leader in promoting rehabilitation. While it is geared to first timers, of which there were 114 new participants this year, 29 attendees were women, and over a third of the total participants were servicemembers and veterans from the Wars in Iraq and Afghanistan.

Now in addition to adaptive sports, educational and instructional activities are also available at the Clinic. The U.S. Secret Service teaches a self-defense course to participants who are in wheelchairs or are visually impaired. A traumatic brain injury (TBI) peer support group meeting was again on the agenda this year, where veterans suffering from TBI participated, as well as their families and their caregivers. A DAV past National Commander, Chad Colley, and his wife Betty Anne hosted a discussion with the participants entitled, "Veterans—Not Just About You!" And the couple spoke at this event about the relationship between disabled veterans and their spouses and offered what we believe was sage advice on maintaining relationships and marriages.

If it is not already apparent, Mr. Chairman, the Winter Sports Clinic is a rehabilitation program. It is open to veterans of all ages, all levels of ability and impairment. Some of these veterans have never skied before but they do learn none the less. And the thrill of victory at the Clinic is not over an opposing team but rather one's own disability and perceived impairments.

Last Congress, I know that DAV was invited to testify on H.R. 4225, which is now contained in title 7 of Public Law 110-389. The intent of this title, we believe, is laudable and it has obviously shown its positive impact as indicated by the first panel. However, section 702 of the law may have an impact on the Winter Sports Clinic, which I would like to discuss right now. It requires any application for VA grants by the U.S. Paralympics to include partnerships for adaptive sports at the national and local levels, and to do so with other organizations, such as the DAV. Currently, our organization does not have a relationship with the U.S. Paralympics but we are going to be meeting with them here shortly.

This Section also allows for individuals with disabilities who are not veterans or members of the armed forces to participate in sports programs that receive funds that were originally from VA grants. As an organization devoted to improving the lives of our Nation's wartime disabled veterans, we are concerned about any shift in VA's mission, personnel, or resources away from the intended community. Moreover, section 703 requires the Director of the VA Office of National Veterans Sports Programs and Special Events to seek sponsors and donations from the private sector to defray costs for the programs it oversees. This provision may, and I say may, have an adverse impact on our organization's ability to discharge our responsibilities contained in the memorandum of understanding with VA at the Winter Sports Clinic.

DAV is deeply committed to achieving each year a successful Winter Sports Clinic and we value our responsibility to administer the corporate sponsorship program as well as other mutually agreed upon activities. Mr. Chairman, this concludes my statement and I would be glad to answer any questions you or other Members of the Committee may have.

[The prepared statement of Mr. Atizado appears on p. 49.]

The CHAIRMAN. Again, thank you so much. Mr. Blake.

STATEMENT OF CARL BLAKE

Mr. BLAKE. Mr. Chairman, Members of the Committee, on behalf of Paralyzed Veterans of America I would like to thank you for the opportunity to testify today. Before I begin my formal remarks I would just like to say that I do not think that anything we could say on this panel would better reflect the importance of these programs than the stories that the gentlemen on the first panel told. If that does not make the case for why these programs are important, then nothing could.

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 who returned injured from World War II who started playing pickup games of wheelchair basketball in VA hospitals. This really marked the birth of wheelchair sports. PVA sponsors a wide array of sports and out-

door activities to improve the quality of life and health of veterans with severe disabilities. Most notable of these is the National Veterans Wheelchair Games which recently concluded, and marked the 25th year of the partnership between PVA and the Department of Veterans Affairs. As you know, we also run a number of other sports and outdoor recreation programs meant to get severely disabled veterans involved. Those include a shooting sports program, and boating and fishing program, a program in association with the National Wheelchair Pool Players Association, as well as a program run in conjunction with the American Wheelchair Bowling Association.

PVA was pleased to support the provisions of Public Law 110-389, the Veterans Benefits Improvement Act of 2008. Section 7 of the law authorized the VA to provide assistance to the Paralympic Military Program and expand sports and recreation opportunities available to severely disabled veterans. The intent of the law is consistent with the mission of PVA's Sports and Recreation Program, which is to expand the quantity and quality of sports and recreation opportunities, especially those that promote a lifetime of fitness and a healthy lifestyle for PVA Members and other people with disabilities. PVA was also pleased to see that the law creates an office of National Disabled Veterans Sports Programs and Special Events, and a Director position to oversee this office. However, we remain concerned that the office is required to report to the Veterans Benefits Administration. We believe that this office would be more appropriately placed under the Veterans Health Administration (VHA) given that rehabilitation is a part of the mission of VHA and what we also believe is a fundamental mission of this new office.

We believe that much progress and enhanced cooperation has resulted from the Paralympic Military Program. Under this program, PVA has witnessed improved coordination between our organization, USOC Paralympics, and other veterans and community-based sports organizations that has enhanced existing programs and advanced development of new programs in communities that previously had not been served.

PVA and its chapters have recently expanded specific opportunities with the Paralympic Military Program. These opportunities include partnering with PVA to implement a new handcycling program in four strategic locations throughout the United States. These are in Chicago, Illinois; San Antonio, Texas; San Diego, California; and the Washington, DC/Richmond, Virginia area. We have also partnered with the USOC Paralympics to introduce USOC shooting sponsored airgun and air pistol clinics and competitions at the PVA National Trap Shoot Circuit events. We have also partnered with the Paralympics to introduce Paralympic-style events at the National Veterans Wheelchair Games for the purpose of identifying future potential Paralympic level athletes. Also, PVA's Mid-America chapter has partnered with the USOC Paralympics to coordinate a multi-event sports camp hosted by the University of Central Oklahoma which will be held in August of this year at Lake Arcadia, Oklahoma.

As part of our testimony on sports and recreation opportunities offered last year, we made several recommendations that we be-

lieved would expand veteran participation in those programs administered by the VA. One of our principal concerns was to remove barriers to participation. Our concern then was that newly injured veterans should be provided timely access to education and training regarding sports and recreation opportunities. Furthermore, we believed then that the VA and the U.S. Department of Defense (DoD) should facilitate outreach efforts of legitimate organizations promoting sports and recreation opportunities by improving their access to newly injured veterans. We believe that the Paralympic Military Program has helped alleviate some of these concerns and we look forward to continued progress as a result of this program.

Mr. Chairman, 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. Blake appears on p. 51.]

The CHAIRMAN. Thank you, Mr. Blake. Ms. Ray, you are recognized.

STATEMENT OF JULIA RAY

Ms. RAY. Thank you for the opportunity to speak today. Disabled Sports USA, or DSUSA as it has been referred to today, was established in 1967 by disabled veterans to serve the war injured from Vietnam. 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, including its National Executive Director Kirk Bauer, who is a decorated disabled Vietnam Veteran. DSUSA has 100 community-based sports chapters operating in 38 States offering over 30 different year round sports. Sports offered include alpine and nordic snow skiing, rock climbing, kayaking, sailing, and many others, which I will not run all of them today. DSUSA's emphasis is on sports rehabilitation and recreational activities that lead to an active and healthy lifestyle. We also offer sports competitions and training camps that provide a pipeline for emerging athletes who want to train for the summer and winter Paralympic Games.

Since 2003, Disabled Sports USA in partnership with its local community-based chapters and the Wounded Warrior Project has conducted the Wounded Warrior Disabled Sports Project (WWDSP). Under the program, severely wounded servicemembers are provided the opportunity to learn over 25 different sports as part of their rehabilitation. All of their expenses are paid for by DSUSA, including airfare, lodging, and training by experienced adaptive sports instructors. Family members are also paid for to participate in order to keep the family unit intact by sharing positive, healthy experiences with their wounded warrior. Programs are offered at the major military medical centers where the severely wounded are treated, including those mentioned today, Walter Reed, National Naval Medical Center, Brooke Army Medical Center, and San Diego. DSUSA also serves patients from many veterans hospitals, including polytrauma centers at Palo Alto and Tampa for injured servicemembers with traumatic brain injury, paralysis, and multiple other injuries. Since its inception, over 2,500 severely wounded servicemembers, family members, and hospital staff have been served through more than 350 events in 25 different sports.

The WWDSP model is based on offering immediate participation opportunities as part of ongoing therapy while the wounded warrior is in hospital, and then as a continued part of their recovery. Sports are particularly effective during rehabilitation because the basics of almost any sport can be taught in as little as one day. A quick, successful experience helps provide a positive outlook and is reflected in our motto, "If I can do this, I can do anything."

DSUSA endorses the USOC Paralympic Military Program as a model that will support the work of the Wounded Warrior Disabled Sport Project, as well as responding to a critical need to continue to provide sports and recreation opportunities when the wounded warrior transitions to civilian life and returns to his or her local community.

Currently, DSUSA, U.S. Paralympics, and other disabled community-based organizations are contributing more than \$40 million in private resources to help rehabilitate the severely wounded through sports. However, the current economic climate and an ever increasing demand to serve servicemembers returning with conditions such as traumatic brain injury and combat stress will require ongoing assistance provided by Public Law 110-389, which is critical to the continuation and expansion of these important programs at the community level.

Recent studies have demonstrated that disabled veterans have increased societal risk factors in areas such as suicide, homelessness, divorce, and lifestyle diseases such as heart disease, obesity, and so on. The introduction of sports in the rehabilitation process and continued participation in sports after discharge from the hospital will have a direct and positive influence on prevention of these conditions. In 2008, DSUSA commissioned a survey conducted by Harris Interactive entitled, "Sports and Employment Among Americans with Disabilities." Two hundred servicemembers who had received permanent disabled injuries while recently serving overseas, and who had also participated in the Wounded Warrior Disabled Sports Project, took the survey. And they found that they were more than twice as likely than the general disabled population to be regularly involved in physical activity, and that 52 percent compared with 33 percent of the general population were employed. In addition, over half of those not working were enrolled in college or other certification courses. Given today's higher unemployment rate, the survey confirmed how important it is for wounded warriors to stay active in sports, utilizing all the tools possible to gain employment and advancement in their careers.

Participation in community recreation programs provided under the proposed legislation will enable the disabled veteran to participate in sports alongside his or her family and friends, which will help to maintain family cohesion and support for the veteran. This will be critically important to those disabled veterans who transition from the hospital to remote communities which may not have the resources currently to adequately serve them. This network will encourage regular exercise, a health lifestyle, making activities available on a daily, weekly basis close to home. The long-term legacy of this will be healthier, happier, more active disabled veterans who due to these preventative measures will have less healthcare social support needs. The new generation of disabled veterans will

be the most equipped, informed, and empowered group of disabled veterans this country has ever had, ready to teach and serve others in their footsteps.

I also just want to mention in conclusion the younger generation has new individualized interest. We all have the expertise as community programs to provide extreme sports endurance events along with the high-level coaching that they are demanding. There are those that wish to compete and train as integrated, nondisabled members of society in golf tournaments, triathlons, adventure races, conquer Kilimanjaro, compete in the Paralympics, or complete the Hawaii Ironman. This is an ongoing basis that is going to require support at an unprecedented level.

Therefore, this legislation comes at a more important time than ever before as thousands of severely injured veterans return home and work alongside their loved ones to rebuild their lives. We know that adaptive sports are critical to this process, allowing disabled veterans to choose to lead an active and healthy lifestyle, which in turn leads to employment, good mental/physical health where it is most needed, at home. I encourage you to look at some of the quotes that we have included with our testimony from wounded warriors that will tell the story a lot better than I have today. Thank you.

[The prepared statement of Ms. Ray appears on p. 54.]

The CHAIRMAN. Thank you very much. Mr. Stringer, you must be from Columbia, South Carolina. I noticed your Congressman came in to say hello.

Mr. STRINGER. Correct. We flew in with him yesterday.

The CHAIRMAN. Welcome.

STATEMENT OF DAVID STRINGER

Mr. STRINGER. Good morning, Chairman Filner, Ranking Member Buyer, and Members of the Committee. My name is David Stringer and I work with the Richland County Recreation Commission in Columbia, South Carolina. On behalf of the National Recreation and Park Association I want to thank you for allowing us the opportunity to provide testimony at this important hearing addressing the needs of injured servicemembers and the Paralympic Military and Veterans Program.

As you may know, the NRPA is a national nonprofit 501(c)(3) organization dedicated to advancing parks, recreation, and conservation efforts that enhance the quality of life of all people. More than 31,000 military personnel have been severely injured while serving our country during the conflicts in Iraq and Afghanistan, and there are now more than 1.3 million disabled veterans in the United States. These individuals want to be physically active but to do that they must have access to close to home places and spaces and opportunities for physical activity that are able to meet the needs and aid in their rehabilitation.

The Paralympic Program for Injured Servicemembers that was authorized in 2008 is beginning to do just that in communities around our country. And I have seen firsthand the different Paralympic sports programs are making. I applaud this Committee for recognizing the importance and the role of therapeutic sports and recreation in rehabilitating those who were injured while serv-

ing our country, and for your leadership in passing legislation that will ensure their improved quality of life despite their physical limitations. Unfortunately, those returning from duty with debilitating injuries face a host of challenges as they try to integrate back into their community and family life. I faced similar adjustments as a teenager trying to cope with a disability. At the age of fifteen the world as I had known it completely changed in an instant as a result of a traumatic diving accident. I went from being your typical teenager without a care in the world to a paraplegic who uses a wheelchair. So I can relate to the challenges that our newly injured servicemembers and disabled veterans face. Imagine being a strong, healthy, competent person to one lying in a hospital bed, unable to move, uncertain about the future, and thinking about all the things you will never be able to do again. And then add to that the emotions and adjustments that your family is experiencing.

Fortunately for me, there was a wheelchair athlete, Paralympic gold medalist, his name was Rick Siccatto. He came to my hospital room with a videotape on wheelchair Paralympic sports. And after watching that I could not believe all the possibilities that were out there: basketball, tennis, track and field, even swimming. Soon after getting out of the hospital I helped start the first ever wheelchair basketball team at a local park and recreation facility in Charleston, South Carolina. And 32 years later that team is still going.

Participation in adaptive sports changes the focus from the things that cannot be done to the things that can be done. And it helps those who once felt helpless due to their disability realize the possibilities of what they can do, and those possibilities are endless. As a public servant I have seen many disabled servicemembers and their families from the nearby Fort Jackson Army installation directly benefit from the programs provided by the Richland County Recreation Commission. Wounded servicemembers who were once sedentary at home are now out of the house leading physically active lives again, participating in community sports service programs. And those also support family members, and they are once again able to reconnect with their friends.

An illustration of this is the wonderful work that is being done in Washington State. Here Metro Tacoma Park's NRPA and the U.S. Paralympics have organized a task force on the Utilization of Sports and Recreation in the Rehabilitation of Servicemembers. As a result of the task force, Fort Lewis began a recreation and sports program for 450 injured servicemembers stationed there, a sports camp on post, and therapeutic recreation programming, as well as family integration opportunities. Another example comes from the Sacramento Department of Parks and Recreation who is working locally there in California to introduce Paralympic sports.

The impact of this work can be summed up by the comments made by a soldier who attended the event. "I wanted to let both of you know the experience I had at the camp was one of the most memorable I have ever had in my life. I have learned a lot about myself and about life. I think the most important thing I learned, however, is that no matter what stumbles life may throw at you, if you have the determination they will not stop you. I would say that as a soldier in the United States Army if all of our soldiers

could somehow take the determination and positive attitude of these individuals that I met and bottle it into a formula, we would have the most unstoppable force in the world.”

The National Recreation and Park Association has the ability to reach into each local community to assist the recovery and rehabilitation of those injured servicemembers and veterans. NRPA provides a tremendous network around the country to provide opportunities for physical activity. In addition, they have the ability to efficiently train park and recreation professionals and provide technical assistance to the field. These assets, along with the U.S. Paralympics expertise, prominence, and distinction, creates a significant partnership that has the potential to impact lives of injured servicemembers, veterans, and their families around the country.

In closing, I think we can all agree that serving our country can be hard at times. But coming home injured is even harder. These innovative partnerships help our servicemembers regain their quality of life while improving their mental and physical health as they face a challenging return and adjustment. Thank you for your leadership in passing legislation and vocal support of your Congressional colleagues to help our men and women of the armed services confront the challenges they face. Thank you.

[The prepared statement of Mr. Stringer appears on p. 58.]

The CHAIRMAN. Thank you so much. Mr. Leon.

STATEMENT OF CARLOS LEON

Mr. LEON. Chairman Filner, Ranking Member Buyer, thank you for the opportunity to testify on behalf of Iraq and Afghanistan Veterans of America. IAVA is the Nation’s first, large, nonpartisan, not for profit organization representing veterans of the Wars of Iraq and Afghanistan. Chairman Filner and Chairwoman Herseth Sandlin, I am especially grateful for the both of you for the work you and your Committee did last year in support of the Military Paralympic Program.

America’s newest generation of heroes are surviving injuries unthinkable in previous conflicts and as a result are facing serious challenges upon returning home. Thankfully, Members of Congress have been forward thinking and supporting and funding programs like the Military Paralympic Program that can give these heroes hope and health through athletic training and competition.

I was a 19-year-old Marine when I deployed to Iraq. After returning home from a successful tour I had a chance to relax a little while before moving to Camp Pendleton. I was stationed in Kaneohe Bay, Hawaii, where I took advantage of the beaches and the weather while we stayed there. On June 18, 2005, I was at the beach, a day that would change my life forever. I was the first to go in the water. While my friends remained on shore I jogged slowly into the water and turned to them to tell them to hurry. Before turning back I dove forward and hit a rock head on. My neck broke instantly and I remained immediately motionless in the water. I received a laceration across the top of my head that needed fifteen staples to close. Soon thereafter in the hospital I got the news from the doctor and I was paralyzed from the neck down. I stayed in Hawaii until I was stable enough to fly and then chose to have my

therapy at the VA medical center in Miami, Florida where I was closest to my family.

Early in my therapy one of my phenomenal therapists came in my room and started to talk to me about sports. I did not think that playing sports was something that I could have done again. I thought it was beyond my new life in a wheelchair. But learning that that may not be the case early on in my injury was key to my recovery. After learning about this opportunity I signed up for the military sports camps in San Diego, California. The program was a week long and they showed us different sports we can play from our chairs. It was more than a positive experience, it opened my eyes to a different world, one that I wanted to be a part of.

I was told I needed to train in order to qualify for a competition early the next year. I could not wait to get started. When I got home, I was ready to get started but had absolutely no idea how to start. The best I could do was just to make sure I was at least fit, so I began working out at the local gym. And as the time went on I noticed that I was getting stronger and stronger. Not only did going to the Military Paralympic Program give me something to shoot for, it made my quality of life much better. Instead of being at home bored I was out and about living my life again.

There are great benefits to the Military Paralympic Program. Health is especially important to a wheelchair user. If I gained weight it would be harder to move around, or push myself around in my wheelchair. Excuse me—or I would always be sick or in and out of the hospital. So training gave me something to shoot for, not only being a Paralympian but to improve my physical and mental health.

After training for a year it was finally time to compete. And unbelievably I was named to the U.S. Track and Field team that summer. I traveled to Beijing where I was proud to represent my country on the playing fields again as one of the first military vets to compete in the Paralympic Games. My story is now being included in an upcoming documentary called, "Warrior Champions."

If it was not for the Military Paralympic Program I would not be here today, or have accomplished my proudest feats. The program saved my life. But there are still more things we can do to pave the way for newly injured vets. Not all injured veterans have access to the resources I did. Depending on where they live they may not have access or resources to go to a local gym, or who to turn to. After being invited to testify I learned that this Committee has done things to support the Military Paralympic Program and I am grateful that this Committee was responsible for passing the law to create the VA grants especially for this program. I was also encouraged to learn that the VA asked Congress to fund the grant program for \$6.5 million starting in 2010. This money will go a long way toward reaching out to the disabled veterans that are involved in this great program. This money can also be used toward recruiting, supporting, and equipping a new generation of Paralympians.

Last summer, I had a chance to be a coach at one of these military sports camps. And I remember parents of one veteran who was recently paralyzed came to me with many questions about equipment and training. Yet, I felt powerless that I did not have

very many answers. There is no good place for me to direct these parents, or where they live did not have access to these gyms let alone gyms that would understand the modifications needed to train a handicapped veteran. With this money, we can build more centers for veterans to train and resources for them to train with. I was lucky I found out about the Military Paralympic Program soon after my injury. I was able to start training quickly before physical and emotional strain set in. Not all handicapped veterans are that lucky. I know that the new VA grant program will make it easier to reach out for vets sooner in their injury, introduce them to veterans like me, start their training, and give them hope. Thank you for all you have done and will continue to do for injured veterans.

[The prepared statement of Mr. Leon appears on p. 59.]

The CHAIRMAN. Thank you all very much. Mr. Rodriguez, do you have any questions?

Mr. RODRIGUEZ. Thank you very much, Mr. Chairman. And let me thank each and every one of you for your testimony. I want to ask you to see if you can have any recommendations as to what else we might be able to do to make things happen. But I also wanted to ask in terms of the piece of legislation that we did with the GI Bill in terms of how that is, you know, you are seeing it impacting anyone out there, and what changes we might need to make to help that also help individuals in the process? And how we might be able to also make some things happen in addition to what has already occurred in your lives. Because I am sure that there are some that have fallen through the cracks. And that we have a good number of Vietnam veterans from Vietnam that have definitely have been left out there hanging. And seeing what we might be able to do. I want to just see if you might have some suggestions, to anyone that might want to react, as to what else we can do as a government in helping enhance the capabilities of other young people that might be out there?

Mr. BLAKE. I think that is almost an impossible question to answer, but I will take a shot at it. I think access is the key no matter how you look at it. The first panel mentioned some of the barriers. I wholeheartedly agree that employment is one of the barriers, simply because of the time involved. But we have also found that access is the key. And I was taken by the gentleman from South Carolina's testimony. We have worked on a number of occasions to increase recreation opportunities at local facilities, State parks, boat ramps, fishing facilities. It is all about accessibility for, at least from PVA's perspective, our Members being principally users of wheelchairs. Without access they cannot get to the programs that would most benefit them. So we have taken an active approach to educating communities on accessibility needs and then ensuring that they provide those accessible facilities that are necessary.

We also leverage our chapters around the country to talk about our programs and encourage them to conduct their own sports programs to reach out to the Members in their communities. Because while we run things like the National Veterans Wheelchair Games, and it is a national focus, ultimately what happens at the community level will dictate whether these folks are able to come in and

participate, and ultimately go up to whether it be elite athletics or just participation for the fun of it. And I am, we are pleased that at the Wheelchair Games, we had over 100 new participants, many of whom were Vietnam era veterans. Which is amazing that they could go that long in their life, and not know that something like that happens. But it all starts, that learning about it at the community level and working its way up.

So I would also agree with the first panel that discussed about the community access, and having more locations. Now granted, that does take money. But I think that is the key, is community access.

Mr. RODRIGUEZ. I do not know if anybody else wants to answer. Yes?

Mr. STRINGER. I have to agree. Local community access is the key. Where in the past you may have had to travel hundreds of miles to find a program, there are now, we are beginning to see programs in individual communities. And that is really the key, is instead of having to travel miles to find one of these programs there are now programs in your community.

And I think one thing everybody has pointed out is the need for mentors. That person that encourages you, that tells you about all the opportunities out there. Because when you first get hurt, everybody wants to avoid you. Your friends do not know what to say to you. Your family, they are upset. The nurses, they see you injured, they kind of avoid you, too. But the one person that, people that do not avoid you is the athletes. They see a teammate, a prospective teammate. So they come to the hospital to see you. So those, and those are the people that we really need to train. The mentors to come see the people when they are newly injured, to encourage them. I think that is a big key.

Mr. RODRIGUEZ. Yes. So I guess the peer-to-peer type of programs also can be extremely helpful, I would presume. Let me ask you, because I really see the potential with the previous panel and your panel, even going across, beyond, and I know that reaching out to other veterans is key. But to the general population and the importance of creating that inspiration that is needed in others that might not have the disabilities, or lost limbs, or whatever. But find themselves in a rut in terms of inspiring. And I think, you know, I do not know if any of you want to comment on it, but I think there is a great opportunity there to help others out that have pity for themselves and do not want to go, and might not have the same problems that you have encountered, or not even close to what you guys have encountered.

Ms. RAY. I would like to comment on that, if I may. I think what we are noticing from this most recent group of injured veterans is the extreme diversity in what their needs and interests are. It is not your classic disabled sports that we began with back in the Vietnam era, of skiing etc. They are wanting to do the Ironman in Hawaii. They are wanting to compete and train alongside the communities, people with and without disabilities. All kinds of different things. And that kind of support needs to be individualized. It needs to be adjusted according to the type of injury. With poly-trauma we are seeing the effects of traumatic brain injury, multiple amputations, and very severe injuries that require very indi-

vidualized attention. And all of this, of course, requires a great deal of investment financially. As a nonprofit organization, I can certainly speak to the fact that in these recent times are becoming harder and harder. We want to make sure that we can continue our programs at the level we have and also expand them to serve the veterans in their communities, and do these 5K runs, and compete in the local golf tournament, all the things that they want to do. So, you know, this legislation is going to be really vital to helping us continue doing that work.

Mr. BLAKE. Mr. Rodriguez, I might add, too, the idea of mentoring is really not unlike what goes on with the VA Vet Centers. The reason that that program is so successful is because of the shared experience of the veteran as a counselor and the veteran who needs the counseling. And I think the very same thing holds true in sports and recreation opportunities. I think nothing is more inspiring to get up and do something than to have someone who has shared your experience. And when it comes to the disabled and the disabled veteran it is not, while it is about being a veteran, and veterans all can sort of relate, when the gentleman on the first panel mentioned about having, you know, a double amputee come in, and rising to the challenge. I mean, that is the type of thing that really makes this type of program work. That is why our programs are so successful across the board, because it is our Members out there participating and encouraging younger veterans, older veterans, whoever it may be, to get out there and participate as well.

Mr. RODRIGUEZ. Thank you very much to each and every one of you. Thank you.

The CHAIRMAN. Thank you. Mr. Bilirakis, do you have any questions?

Mr. BILIRAKIS. Thank you, Mr. Chairman, I appreciate it very much. Thank your for your testimony and your service. How can I discover if there are veterans in my district who are likely candidates to participate in the Paralympics? And the question is for Mr. Atizado, and anyone else on the panel that would like to respond.

Mr. ATIZADO. Well sir, I could not tell you what is required for a veteran or a disabled veteran to be eligible for, or to be a good candidate for Paralympics. We do not have a relationship with them. We do not have a lot of interaction with them at this point. But as I said, we are hoping to change that here in the near future. But I can tell you that even in my local community, and this relates to Congressman Rodriguez' question about being aware. You know, in my local community I can tell you that the way it is structurally set up is not very conducive for any disabled person to go out and even just walk along the paths along the community, much less handcycle. I think if community leadership were aware of the issues that a disabled veteran, whether they want to be at the elite level, or just as a recreational endeavor, to get into sports then I think if the local leadership in the communities were aware of the barriers, which I am sure they are not. Because who goes around thinking like a disabled person if one is not? I think would go a long way. Because not every disabled veteran wants necessarily to be at the elite level. I myself cannot. But I do partake in cycling.

In fact, Lance Armstrong a few years ago, who now is a well known sports athlete, was the one that inspired me, not being disabled at all, to get into cycling.

But to identify them is extremely hard, I believe. Because if you can, to give you an example. A couple of years ago, a couple of Winter Sports Clinics ago, I was reading through a newspaper about this young Iraq veteran who said to the news reporter his first thought after waking up and seeing his legs gone was that how is he going to snowboard again? And I had asked the folks in our organization to track this guy down and see if we could get him to the Winter Sports Clinic. So it is things like that, I think, that require a certain amount of awareness from all of us, whether it is in the disabled veteran community or in the private sector, to not only be aware of what is available out there, not only with VA but with Paralympics and even at the local level, and to help even just approach them and guide them that way. Because I did not know any of this stuff until I got into the disabled advocacy side of the house.

Mr. BILIRAKIS. Okay. Anyone else?

Mr. STRINGER. You know, Mr. Bilirakis, that is a challenge, is finding the people. In Columbia, South Carolina, we have Fort Jackson and we have a huge, Dorn Veterans Hospital. But it is just by chance that I ran across two veterans that are now playing wheelchair basketball with me. So finding them is a challenge and maybe having some kind of system where we can have made available the names of the people in the area, if there was a system for doing that. And there may be that I do not know of. But getting the people involved is a real challenge, finding them to get them involved.

Mr. BLAKE. Mr. Bilirakis, I would say that that is where the partnership with the Paralympics is key. Because ultimately it is sort of a question better answered by them. They know what it takes to be a Paralympian. That is why we partnered with them through the Wheelchair Games, and in a number of our other principal sports recreation events, where those events would coincide with Paralympic activities. Because they can work with us to identify these individuals. Now, that is sort of starting at the top. But, I mean, I think that is where you have to start, is with the partnership with the Paralympics.

Ms. RAY. I also just want to add, of course, just like you and I, it is a choice to participate. So the way we have been successful is going to the hospitals, tracking people down one by one, explaining what we do, and then signing them up. We have been very successful that way. But, you know, because of Health Insurance Portability and Accountability Act regulations, that is a choice. They have to elect into the sports programs rather than to always being completely mandatory. Now fortunately, the major military medical centers have been extremely supportive of these rehabilitative sports programs and have seen the benefit of encouraging people to speak to us and to sign up for the programs. But I think certainly this legislation and the partnership will help improve that communication and Nation awareness to the general public as well about what it is we are all doing. And hopefully that will reach out to all the people who count who need our services.

Mr. BILIRAKIS. Well, very good. Ms. Ray, you mentioned that there is a local chapter of the Sports USA in the Tampa area?

Ms. RAY. There is not a local chapter in the Tampa area.

Mr. BILIRAKIS. There is not?

Ms. RAY. No, not in Tampa. But we have 100 community-based chapters, but just not in the Tampa area. We have national staff that go down to the Tampa VA and talk to the patients down there about opportunities available.

Mr. BILIRAKIS. Okay. I would like to work with you on that. Maybe we can set one up.

Ms. RAY. Mm-hmm.

Mr. BILIRAKIS. I participated in a golf tournament, a charity golf tournament, with the VA recently. And there was a demonstration on a special golf cart to help out the disabled veterans, can you tell me about that? And then also, if you are familiar, about the availability of the cart to our veterans? How we can help with that? Because it was fascinating to see how that worked, and are you familiar with it?

Mr. LEON. Yes, I myself have not had much experience with the golf cart but I have seen it and I have spoken with other veterans who have used it. And it is pretty amazing. You just, you sit in the golf cart and when you are ready to tee off it stands you up. And you are strapped in. And then the veteran, you know, can just have their golf spin, and then, you know, they move on. And I think that is amazing, you know? It is more, it is incredible what it does to you and your mindset. Because when you are out there playing golf you are not a disabled person, you are out there playing golf. And that, to give someone, it is almost like you are getting your dignity back. It is incredible what sports do. And, from anything, from shooting, to golf. And I myself do not play golf. I practice track and field. So when I am out there and I am competing, I am not a quadriplegic. I am competing, I am an athlete. So I think things like that are extremely important. And I, you know, back to the golf cart again, I do not have much experience with golf. But I have seen it and it is incredible what it can do.

Mr. BILIRAKIS. Well, in my opinion we need to make these readily available to our veterans.

Ms. RAY. They are actually, I can just say that I believe they are available at all DoD and public golf courses now.

Mr. BILIRAKIS. Thank you very much. I appreciate it.

The CHAIRMAN. Thank you.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

The CHAIRMAN. Mrs. Kirkpatrick.

Mrs. KIRKPATRICK. Thank you, Mr. Chairman. And thank you panelists for being here today. What a great program. And I love the competitive nature of it. My first question is for Mr. Atizado. Why is the DAV concerned if the VA seeks corporate sponsorships to help reduce the need for funding through taxpayer dollars?

Mr. ATIZADO. That is a great question, ma'am. It is not so much that we are concerned about seeking out corporate sponsorship. But the problem is, when you have an event as big as the Winter Sports Clinic and you have a non-coordination, or two entities trying to seek out the same source of funds, it can cause some conflicts. I will give you an example. Sprint has been a long time sup-

porter, a very generous supporter. And if one were to go out and say, perhaps, find a corporate sponsorship or donor that is in competition, you know, these things are much like politics. You have to treat it with the same kid glove to sustain that relationship and ensure the viability of the program. So I think that is kind of a concern that we have, that we do not lose well-meaning and well-fostered relationships.

Mrs. KIRKPATRICK. You know, I represent a huge rural district in Arizona. There is not really one big town. It is 84 small towns. And our baseball teams, our sports teams, often get business sponsors in the community so they can maintain the fields, so they can purchase equipment. Now would that be objectionable to you? I think, you know, at the local level? Or are you really just talking about national, big corporations?

Mr. ATIZADO. Oh, I am just talking in general. And I guess in more specific with the Winter Sports Clinic. I mean these, you know, there is no, I do not think there is a handbook out there on how to actually be competitive with other organizations, or other entities, that seek out corporate donors. It is very much an art. And, like I said, if you have two competing entities in the same arena it can be, you know, it can hamstring the entire event.

But yeah, at the local level I think it is a much different ball game there, no pun intended.

Mrs. KIRKPATRICK. Thank you for that clarification. My next question is for Ms. Ray. What percentage of veterans leave sports therapy because they live in rural areas, and how can we address that?

Ms. RAY. I am afraid I cannot give you an exact statistic on those that leave, unfortunately. We are just doing everything that we can to ensure that they leave the hospital well educated about the opportunities that are available to them. They have tried a great variety of activities, because the sports that they may have been interested in as a non-disabled person often can change and they might try some Paralympic sports, or they might try some other individual sport they have never even done before. And we find that fairly commonly. So I think really it is access, as Mr. Blake was talking about earlier. We need to be able to respond to what the veterans want to do once they return home, stay in touch with them, provide regular communication, especially for those in very remote rural communities. Because you are not going to have a full wheelchair basketball team in every community. It is just not realistic. And so we need to empower those individuals, educate them from the moment they leave the hospital so they feel that they can go home, go out cycling independently, or be inspired to start a team themselves, or do whatever is necessary. So it is going to be a lot of work, and a lot of coordination between all the entities involved here today but I think we are up to it.

Mrs. KIRKPATRICK. Thank you. And Mr. Blake, you talked about access being really one of the biggest barriers to the program. And again, you know, I am really concerned about the rural communities because that is what I represent. And, you know, and I am thinking back about, you know, where would you go to the gym to work out? I mean, usually it is the school, you know, the football gym, or something like that. But again, it sounds like a big prob-

lem is identifying people who could be a participant in the program. And do you have any thoughts on what the VA could do to work with you to partner with you to somehow inform not only the wounded warrior, but also you, about possibility for an outreach?

Mr. BLAKE. I had a good answer until you asked me what could the VA do, and then I think I kind of lost it.

Mrs. KIRKPATRICK. You can take it wherever you want to go with that.

Mr. BLAKE. As it relates to the rural issue I would say this is, I would sort of liken this to the idea about if you build it they will come. A lot of our chapters have taken to getting involved more in the small communities and even in the rural setting. Something as simple as, say, an accessible trail in a park somewhere makes a big difference. And it might be out in the middle of nowhere, particularly if you go in places like the desert Southwest, or if you go up into the Upper Midwest, and the Dakotas and places like that. It is mostly just country. But there are plenty of parks and things like that. And if the access is there, people will go there. Once the access is developed, you know, we leverage our own chapters and our local folks to put the word out through magazines, through the media. I mean, nothing gets people more interested than seeing something on the TV, or hearing about it on the radio, or whatever.

With regards to the VA involvement, I think, you know, we talked about VA and its outreach to veterans in general and obviously I think the outreach to the rural veteran is a difficulty. I mentioned the Vet Centers earlier, and we have sort of taken to the idea that the Vet Centers, and particularly as it has expanded, this mobile Vet Centers has become the outreach tool of choice for the rural setting. And maybe this is just another component that has to be added to that, as if they do not have a pretty hefty load already. But I think it is probably something else that could be shared information as they go out into these small communities and into the rural areas to share that information.

Mrs. KIRKPATRICK. That is a great idea. We have one of those mobile Vet units in my district. And I will be out hopefully next week. That is a good idea. I will bring it up with them. Anyone else want to comment on that?

Ms. RAY. Yes, I would like to. I think in our working with the VA hospitals, what we have experienced is the major polytrauma centers have very experienced, very active, proactive recreational therapists who really believe in and support sports rehabilitation. I think the VA needs to extend that to more of the rural hospitals and more VA hospitals, and have somebody in a position that really drives the sports programs and helps veterans who come to their facility to be educated on what is available. Because that can be patchy, in our experience.

Mrs. KIRKPATRICK. Anyone else?

Mr. STRINGER. Yes, Mrs. Kirkpatrick, that is what I think. Partnering with the community parks and recreation agencies is so important. There is probably more than 20,000 of these individual agencies throughout the country in local areas. So partnering with them, they already have, you know, gyms, ball fields, tracks, tennis courts, available. So partnering, making adaptations for the disabled, I think that is a key.

Mrs. KIRKPATRICK. All right. Thank you so much, and thank you, Mr. Chairman.

The CHAIRMAN. Thank you. Mr. Boozman.

Mr. BOOZMAN. Thank you, Mr. Chairman. Again, I appreciate your testimony. And just quickly, Ms. Ray, I guess I am curious like a lot of the rest of the Committee, kind of your activity in Arkansas? Do you have any chapters, or—

Ms. RAY. I am sorry, would you repeat the last—

Mr. BOOZMAN [continuing]. Your activity in Arkansas, if you have any chapters?

Ms. RAY. We do not, unfortunately. Arkansas is not a State that we are in right now. We are very heavy through the Rocky Mountains, the East, and West Coast. But certainly—

Mr. BOOZMAN. We need to get you heavy in the Ozark Mountains.

Ms. RAY. We do. We do.

Mr. BOOZMAN. Thank you very much.

Ms. RAY. Thank you.

The CHAIRMAN. We thank you all for your contributions. There is a common theme here. The first and second panels talked about how the community resources have to be there. I am sure Mr. Stringer that when you started the wheelchair basketball games that the gyms were not adapted to that?

Mr. STRINGER. No. You know, there was no handicapped parking spaces at that point.

The CHAIRMAN. Right.

Mr. STRINGER. There was no curb cuts.

The CHAIRMAN. But has that—

Mr. STRINGER. The bathroom doors were small. But, you know, as we got there then they started making the—

The CHAIRMAN [continuing]. Has the Americans with Disabilities Act (ADA) made any requirements?

Mr. STRINGER. Definitely that has helped.

The CHAIRMAN. Do they apply to the gyms and the recreation centers?

Mr. STRINGER. Yes, it does.

The CHAIRMAN. In terms of the adaptations that are necessary?

Mr. STRINGER. But if nobody goes there and tries it out, and they do not know that an adaptation is needed, so—

The CHAIRMAN. It seems to me that with the 20,000 different agencies that there ought to be some place where they could go for these, to make their facilities adaptive.

Mr. BLAKE. Mr. Chairman, might I address that just briefly also? PVA has been one of the leading advocates as it relates to the ADA. We were involved from its passage in the very beginning. And I would suggest that one of the issues remains enforcement of what is in the ADA. I think it is telling that nearly 20 years after the passage of the ADA just last year the Congress had to pass the ADA Amendments Act to clarify a number of things that are in the ADA. So there is still a lot of work that remains to be done in enforcing the provisions of the ADA to ensure that access is there and that the barriers are broken down.

The CHAIRMAN. We have a program in housing that gives a veteran a grant to be able to adapt his or her living space. If he or

she also lives in a community that needs adaptations. I am wondering if we can require that those changes are made to accommodate those with disabilities. Does that have any legitimacy anywhere?

Mr. BLAKE. I think what we found is what often occurs, particularly in small towns and local communities, is the veteran goes to access something, particularly if it is a severely disabled veteran, most notably in the wheelchair. And they discover, "I cannot get to this, I cannot get to that." And they affect the change from their end, whether it be through legal means or otherwise. In some cases legal is the only way to get it done. But in many cases it is just a matter of opening the eyes of the community. There are many, there are plenty of people out there that never think about what, you know, people with disabilities see as everyday necessities. And until they become educated these changes do not occur.

The CHAIRMAN. Again, we thank you all for your contributions, both in your local communities and nationally, and we look forward to working with you in the future. Thank you so much.

I know you all have jobs to get back to, so we will try to get you out of here as quickly as possible. Ms. Cohen, thank you for being here. You are the Director of the Computer/Electronic Accommodations Program (CAP) with the Office of the Assistant Secretary of Defense for Health Affairs, Mr. Huebner is Chief of Paralympics with the U.S. Olympic Committee and Ms. Hartmann is the Director of the Office of National Programs and Special Events with the Department of Veterans Affairs. Ms. Cohen, I think you have an engagement and need to leave soon. Please proceed.

STATEMENTS OF DINAH F.B. COHEN, DIRECTOR, COMPUTER/ELECTRONIC ACCOMMODATIONS PROGRAM, OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS, U.S. DEPARTMENT OF DEFENSE; CHARLIE HUEBNER, CHIEF OF PARALYMPICS, UNITED STATES OLYMPIC COMMITTEE; AND DIANE HARTMANN, DIRECTOR, OFFICE OF NATIONAL PROGRAMS AND SPECIAL EVENTS, U.S. DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF DINAH F.B. COHEN

Ms. COHEN. Chairman and distinguished Members of the panel and Committee, I am so pleased and honored to be with all of you today to talk to you about the program known as CAP and how we provide assistive technology to our wounded servicemembers.

The CAP, better known as Computer/Electronic Accommodations Program, is under the direction of the TRICARE management activity under the direction of the Assistant Secretary of Defense for Health Affairs. We were established in 1990 as a centrally funded program in DoD to buy and pay for assistive technology for our Federal employees with disabilities so they can access the electronic and information environment. Following the National Defense Authorization Act of fiscal year 2000, Congress granted us the authority to expand our program and serve other Federal agencies. We now provide assistive technology to DoD employees with disabilities and 65 other Federal agencies. Our mission is to ensure that people with disabilities have equal access to the information

environment and opportunities in Department of Defense and throughout the Federal Government. Our mission was expanded now also to provide the same level of accommodations to our returning wounded servicemembers. By fulfilling our mission, we are able to help Federal employees have that access to employment throughout the Federal Government for people with disabilities.

In fiscal year 2000, we hit another milestone. In one year alone, we filled over 10,000 requests for accommodations. In fiscal year 2008, CAP filled 2,782 requests for accommodations for DoD employees with disabilities; 2,985 requests for accommodations from our non-DoD Federal employees in our other Federal agencies; and 4,589 accommodations in support of our wounded servicemembers.

It was very easy to see post-9/11. Many of our soldiers, sailors, airmen, and Marines were returning every day from deployment with significant injuries and disabilities. It was easy for me to see that CAP could play a part in their recovery. CAP works closely with the medical providers, therapists, case managers, and wounded servicemembers across the Nation to ensure they receive the appropriate assistive technology for their needs. Accommodations are available for servicemembers with vision, hearing loss, dexterity impairments, which includes upper extremity amputees, communication, and cognitive disabilities.

Once the appropriate assistive technology has been identified, CAP provides a solution free of charge to that servicemember during their medical recovery and rehabilitation. CAP's services for our servicemembers are pretty easy and clear. First and foremost, we provide that individual needs assessment. Second, we start to provide training to the medical professionals on site so they would be able to identify the requirements. Third, we provide that assistive technology directly to that servicemember so they can go through their recovery and rehabilitation better. And fourth, we provide that accommodation. When they are ready to come back to work in DoD or any of our Federal agencies, during their internships so they can become engaged sooner, quicker, and better.

The ability to use assistive technology during the early phases of recovery greatly helps in their rehabilitation outcomes and future employment opportunities. It is just part of the picture. For future wounded servicemembers, they now can also retain the assistive technology they get from CAP during their time they are on my DoD dime.

We are very pleased in what we have been able to accomplish. In fiscal year 2008, CAP provided over 780 needs assessments and as I said over 4,500 requests for accommodations in the military treatment facilities throughout our Nation. We have a wonderful technology center at the Pentagon, but we have also set up miniature technology centers at Walter Reed, at Brooke Army Medical Center, and at the Naval Medical Center in San Diego. CAP also partners with several other organizations to support disabled veterans as they go through rehabilitation and reemployment efforts, such as Hiring Heroes Career Fairs. In order to integrate us all into their recovery, we work closely with all of them. DoD greatly appreciates your support, sir, and ladies, in helping support our wounded warriors, our disabled veterans. Thank you for the opportunity to speak today to all of you, talking about CAP, and what

we do in support of our soldiers, sailors, airmen, and Marines. Thank you very much.

[The prepared statement of Ms. Cohen appears on p. 61.]

The CHAIRMAN. Thank you, Ms. Cohen. I know you have to leave. If you could just give us one or two specific examples of the accommodations you are talking about? Just for the layman?

Ms. COHEN. Of course, sir. Many of you may have seen or have heard of Captain Smiley, who is currently teaching up at West Point. Captain Smiley is still active duty. Captain Smiley is blind. Captain Smiley uses technology so he can hear everything on his computer screen. So he has a speech output program that allows him to hear what is on his computer screen, and then he can take notes using some of the technology he got from CAP. He was introduced to that early in his rehab time at Walter Reed.

Or for the person down who was a national Guardsman, who had a traumatic brain injury, lost his sight and his hands were badly burned. He is able now to talk to his computer using assistive technology. He is able to hear back what is happening on his computer using JAWS voice output. When I first met him he was very detached. He was not talking. He was very depressed because he said, "What can I do now?" as he held his twins that were born during deployment. About a month later, thanks to the tremendous talent of people down at Brooke Army Medical Center, I found out, I went back and I said, "How are you doing?" And he said, "Ma'am, I think I am going to become a lawyer." Now, no offense to anyone here—

The CHAIRMAN. So you have not done good for this world?

Ms. COHEN. I know. I said, "I do not know if I need another lawyer." But he said that thanks to the technology he was able to get on all those Web sites they need and should be accessible. He read about the places where he can go to law school. He now is teaching other young disabled veterans who are blind in Arkansas at one of the VA centers how to use assistive technology. So he can talk to his computer and he can listen to what is coming back out. That is just a sample. So I encourage you to come over and visit our tech center and see the technology that is really available.

The CHAIRMAN. At the Pentagon? Okay. Mrs. Kirkpatrick has a question for you, and then you can feel free to leave if you need to.

Mrs. Kirkpatrick.

Mrs. KIRKPATRICK. Thank you. I have one quick question.

Ms. COHEN. Yes.

Mrs. KIRKPATRICK. But I, I am a lawyer and I thank you for encouraging that young man.

We always need, we need good lawyers, so thank you. You know, we have been hearing a lot about disconnects when people leave the jurisdiction of the Department of Defense and go under Veterans Affairs. And so my question is, do you have an active partnership with the VA to help in that transition? And how does that work?

Ms. COHEN. I am very proud to say that we have a truly seamless transitional program. We work closely with the VA and all of their rehab facilities to make sure that the equipment that I provide during the time they are at DoD is the same equipment they

would get at the VA. So they get to hold on to technology I provided to them even upon separation. So they do not have to wait until the VA can chime in. But when they need upgrades, when they need new technology, when they need a new version, the VA can provide it. And they do the same types of assistive technology. So it makes it very easy.

When we were discovering what would be the best technology for our men and women with traumatic brain injury, we spoke once a week on a conference call to make sure that we were putting a policy that included both what DoD was doing to match up with what VA was doing so they would have that ability to take that piece of equipment we gave them, move on to the VA, and continue to use it.

Mrs. KIRKPATRICK. Thank you. Thank you, very much.

The CHAIRMAN. Thank you, Ms. Cohen. Again, feel free to leave if you need.

Mr. Huebner, we thank you. I just want to personally thank you and Mr. Crane. You took it upon yourselves in the last few years to educate us about Paralympics. You did an incredible job. I know you are not through yet and we have tried to respond with the knowledge that you have given us so I appreciate your very incredible activity on behalf of Paralympics.

STATEMENT OF CHARLIE HUEBNER

Mr. HUEBNER. Thank you, sir. Chairman Filner, Ranking Member Buyer, and Members of the Committee. I would like to thank you for the opportunity to testify this morning. Congresswoman Kirkpatrick, I would like to make a special message to you. I spent 4 years cooking steaks at Black Barts Steakhouse in Flagstaff, Arizona, while attending Northern Arizona University (NAU). So your small rural area in northern Arizona is very close to my heart. So thank you for your service.

First of all, I would like to thank Chairman Filner and Ranking Member Buyer for your leadership in making the VA Paralympic Program a reality, and for the amendment ensuring that your legislation is fully funded. I would also like to recognize Congressman Boozman, Congressman Kennedy, Congressman Langevin, Congressman Murtha, and Congressman Salazar for their continued leadership.

Because of this leadership, the Paralympic Military Program has accomplished the following in 2009. We have provided free training to more than 1,200 community, military, and veteran leaders on how to implement a local community-based program. We have provided services to more than 6,000 injured military personnel and veterans; distributed grant funding to more than 45 organizations; created Paralympic Programs in 99 communities to support injured servicemembers and veterans. This includes providing technical assistance and training, with mentors, to 4 military medical centers, 11 warrior transition units, and 14 VA facilities. And that is something I want to emphasize that was part of the question earlier, and hopefully at the end of my testimony, I can address some earlier questions in some of the earlier panels. But these programs are all led by Paralympic mentors, a very critical part of what we are

collectively doing with all the other organizations that are here today.

Your amendment requesting the full funding of \$10 million through the VA and the Paralympic Veterans Program, and your support of a \$5 million request through the DoD, will create the continuum of care from active duty to veteran status and expedite the delivery of programs, allowing the USOC and its partner organizations in 2010 to accomplish the following: expand programming and services to more than 150 communities; expand community technical assistance and support from 14 to 30 VA facilities; expand community warrior transition unit support from 11 facilities to 20 facilities. Our overall goal by 2012 is to have programming in support of veterans and injured servicemembers in more than 250 communities based on need.

We can do this because of the collaboration with partner organizations like the Department of Veterans Affairs and the Department of Defense, as well as a well-established infrastructure of community sport programs. More than 60 organizations are currently members of the U.S. Olympic Committee, reaching more than 50 million Americans in big cities and small. Our strategy is focused on a cost efficient model of training and collaboration, with key partners, such as Disabled Sports USA, the Paralyzed Veterans of America, National Park and Recreation Association, the American Legion, and other USOC member and veteran organizations. Collectively, we are investing more than \$40 million in private resources to deliver programming today. This model eliminates duplication and allows for the USOC and its partner organizations to deliver technical assistance, equipment, Paralympic mentors, funding, and services to local communities.

I would like to share with you an example. Our hometown of Colorado Springs, Colorado, where the USOC is headquartered, a community with significant military and veteran presence prior to 2008 had no Paralympic programs. We have collaborated with Fort Carson, the Army base in Colorado Springs, Colorado, the Air Force Academy, Schriever and Peterson Air Force, and the City of Colorado Springs parks and recreation department to develop Paralympic Sport Colorado Springs. Today injured servicemembers and veterans, and this was a question that was in an earlier panel, access, today injured servicemembers and veterans in Colorado Springs do not have to commute 1 to 3 hours daily to receive daily physical activity or participate in local community programming. Very important aspect of what we are trying to do.

The USOC's recommended utilization of funds would be to continue supporting technical assistance at the community level. Create enhanced awareness of programs available to injured servicemembers or veterans as they leave the VA and DoD systems. And most importantly, and this puts us in a very good position to work with partner organizations, we would recommend that the majority of the resources available through this funding be provided via grants to community organizations, many of which are in this room today, to deliver programs at the community level. The USOC has already built and implemented a system to manage, monitor, and measure impact of grants provided to external organizations. So that system currently exists today. The 45 grants that we have dis-

tributed this year to 45 different community organizations is an example of that system that is working currently.

The impact of these programs on injured servicemembers is best demonstrated through the words of a veteran, or in this case a parent. And this was shared with a Paralympic mentor who happens to be a USOC employee, a veteran who was injured in Afghanistan. And the actual words are in my testimony, I will just share two points of it. "For my son, a corporal in the Marine Corps, it was important for me to restore dignity and respect in him after he was injured. One of the ways he was able to restore his soul is through Paralympic sports." That was from the mother of a Marine corporal.

When most people are injured, a typical support network tends to focus on all that was lost. In many cases, it is something as simple as skiing with your friends or running with your mom that allows both the injured servicemember and the support network to begin to think about the possibilities. Possibilities in sport, possibilities in education, possibilities in employment, and possibilities in life. This is especially critical when a servicemember returns home to their community. And our primary focus with the Paralympic Military Program and Paralympic Veteran Program is to work in collaboration with the organizations here today, as well as numerous other organizations, to ensure that programs exist at the community level for an injured servicemember or veteran to immediately return to upon their return home.

While the primary focus of our development in this program is the community-based sport program, not elite sport, not going to the Paralympic Games, everyday physical activity, we do have the great honor of sending Americans to the Olympic and Paralympic Games, which creates an unbelievable platform for us to create awareness about programs but most importantly create role models. And you have seen a couple of those today.

I would like to close my testimony with a quick video about three individuals that pursued representing their country for a second time at the Paralympic Games in 2008.

[Text of video shown:]

I woke up, a portion of me was missing. That is it. Shift that weight back. You are doing good. The RPG when I came just hit me out of nowhere, and I looked down and saw my guts sitting out. We lost two guys, and they had to amputate my leg. Just 3 weeks into her deployment she was on a routine convoy. Her Humvee was hit by a roadside bomb. You know, when I was younger I dreamed of going to the Olympics. So now I lost my leg and I have bigger dreams than I ever would have had with two legs. I woke up a portion of me was missing. Like, I could see the sheets and I could see that my leg was missing. The fact that they are traumatic amputees from the War and they are already participating in the Olympics, that is unheard of. With a new American record of Melissa Stockwell. The whole reason I went into the Army was because I love our country. And, you know, I lost my leg trying to defend our country. And I would not have it any other way. Scott was an Army specialist serving in Iraq when an accident cost

him the use of his legs. And here is the way he put it: "I fought for this country and now I would love to win for this country in Beijing." Scott, we honor your service to our country and we will be pulling for you. Oh, yes. Yes. We are going to give them a run for their money, and for their medals, too. I just had my 162nd surgery since my injury, coming back from Iraq. If they cannot get all the infection out I will go ahead and get the amputation. But that is going to be my last alternative. I still got one half an arm to work with. I do not want nobody feeling sorry for me. There you go, you got it. There you go. There you go. Whoop! You all right, big guy? Okay. I can tell when he is down. I brought it up to the doctors and they cannot see it but I can. It is okay to ask for help. I mean, there is, you are going to have ups and downs in your life. I mean, look, our lives have changed a lot. Before I go home, but a few places I want to go before I go home. China is one of them. And next up the first heat in the mens' 100 meters. In lane two, Kortney Clemons, an Iraq War veteran representing the U.S. Come on Kortney, dig. And now on to the 27 men who will be nominated to the 2008 Paralympic Team. Carlos Leon. We are very proud of him. And I do not know what we will do if he gets some gold. You know, I guess just cry a lot. I had these daydreams about winning and hearing the national anthem. And that would be probably the best moment of my life.

The CHAIRMAN. Thank you, sir.

Mr. HUEBNER. Sure. I would like to take credit for that video, but this young man over here and his brother are the producers of Warrior Champions. And with a lot of the footage that was shot we will be creating educational and awareness materials that we hope to distribute to community organizations, Paralympic organizations, the Department of Defense, and Department of Veterans Affairs to give to parents, family Members, and injured servicemembers.

[The prepared statement of Mr. Huebner appears on p. 63.]

The CHAIRMAN. Thank you so much. Ms. Hartmann, please proceed.

STATEMENT OF DIANE HARTMANN

Ms. HARTMANN. I would like to ask that my full statement be submitted for the record.

The CHAIRMAN. Yes, that will be done.

Ms. HARTMANN. Mr. Chairman and Members of the Committee, thank you for the opportunity to discuss the Department of Veterans Affairs progress in implementing Title 7 of Public Law 110-389, providing our Nation's disabled veterans with the opportunity for self-development while at the same time providing important therapeutic assistance is in the highest tradition of the Department's mission. We are very pleased to have the U.S. Olympic Committee join us in these efforts. Although there is much work left to be done, VA has already achieved a great deal, which I will share with you today.

On July 13, 2009, VA Deputy Secretary W. Scott Gould and Ms. Stephanie Streeter, Chief Executive Officer, USOC, signed a memorandum of understanding as specified in this legislation. VA did not wait until July 13th to begin implementing the other provisions of Title 7. Funding to support Title 7 is in the President's budget for 2010. VA has already begun to draft regulations for the payment of allowances and other policy guidelines necessary to achieve the full implementation of Title 7. VA is collaborating with the United States Olympic Committee to develop a certification process and we have identified a payment system within Veterans Benefits Administration that can be used to process and authorize the monthly assistance allowance. We are now beginning to develop a grant approval and review process.

In 1999, VA established the Office of National Programs and Special Events to oversee highly successful and well-attended national rehabilitative programs for disabled veterans, the National Disabled Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games, and the National Veterans Creative Arts Festival. VA currently has memorandums of understanding (MOU) with partner organizations that cosponsor these programs, Disabled American Veterans, Paralyzed Veterans of America. The Veterans Canteen Service, Help Hospitalized Veterans, and the American Legion Auxiliary. Last year the National Programs and Special Events began the Summer Sports Clinic, which is specifically designed for recently injured veterans with amputations, traumatic brain injuries, burn injuries, or post-traumatic stress disorder. The National Veterans TEE, which is Training, Exposure, and Experience Tournament, will be elevated to a national program this year under the Office of National Programs open to veterans with a wide range of disabilities. These events are open to all veterans enrolled in the VA healthcare system. Each event, encourages first time participation. However, able bodied and disabled veterans who meet the eligibility criteria can participate. Each year, thousands of veterans who participate in VA's local programs have the opportunity to further their self-development through these national rehabilitative events.

In 2005, VA entered into a MOU with the United States Olympic Committee to increase interest in and access to Paralympic sports programs for veterans with disabilities. Prior to Public Law 110-389's enactment, VA partnered with the USOC to expand the awareness of Paralympic sports and to provide elite level athletes with direct access to the United States Olympic Committee's Paralympic Program. On February 23, 2009, the Secretary of Veterans Affairs redefined the functions of the Office of National Programs and Special Events to include carrying out the new requirements of section 702 and 703 of Public 110-389. And he realigned the new office of National Veterans Sports Programs and Special Events directly under the Office of the Secretary.

VA medical staff is currently supporting veterans' participation in Paralympics sanctioned events by accompanying veterans to such events and assisting with the procurement of specially adapted equipment for these veterans. At this time, we do not have an assessment on the impact on the local medical services.

VA has made great progress toward implementing the provisions of Public Law 110-389 and enhancing its partnership with the United States Olympic Committee. Although work remains before us we have developed a spirit of cooperation and teamwork with the USOC and I am confident that we are moving in the right direction. Thank you again for the opportunity to come before you and I will be happy to answer any questions that you may have.

[The prepared statement of Ms. Hartmann appears on p. 64.]

The CHAIRMAN. Thank you. Mrs. Kirkpatrick, do you have any further questions?

Mrs. KIRKPATRICK. Thank you, Mr. Chairman. Thank you, Mr. Huebner. It is so nice to see an NAU grad, and the great work that you are doing. Thank you very much. You know my district. You know the challenges of reaching those communities and including the Native American communities. I just want your thoughts on how we can expand outreach to those communities. We have so many veterans up there who just do not have services.

Mr. HUEBNER. Well, it is an excellent question and it is one of the things that keeps me up at night. But we have implemented a model focused on training. And when I say "we," and I just want to emphasize this, the U.S. Olympic Committee working in collaboration with leadership organizations, many of which are behind me today and have testified today. It is a collaborative partnership to address the need. A training component is one way of doing it. As the gentleman from South Carolina mentioned earlier, in a lot of communities we have gyms, we have coaches, we have teachers, we have tracks. A lot of times what we do not have is expertise. We have, the 1,200 community leaders, military leaders, and veteran leaders, that is a role we are playing via training, is providing in a rural area especially, if one veteran returns home to a rural area, Holbrook or Winslow, and you are not going to go create a whole program for that one individual. It is not cost efficient and it is not effective. Via training, we can work with one of the partner organizations we had talked about, whether it is parks and recreation, or PVA, or Disabled Sports USA, or Disabled American Veterans, to work with either a chapter or work with an existing entity, many of which are Member organizations of the U.S. Olympic Committee, to provide the training, the technical assistance, a Paralympic mentor if needed, and potentially equipment. And the plus up with the funding, what is so significant there is it allows us to expedite immediately the opportunity to reach more communities with that type of training and community service. So that is our focus with what we are trying to do. We do not implement programs. We work with organizations that I mentioned earlier to implement the programs, provide the technical assistance and training to allow them to do it at the local level. So if it is a rural area, the need can be met. And that veteran can integrate into existing programming, whether it is a parks and recreation organization or a Paralympic organization, or we can provide the training to allow them to do that. And it is a major emphasis.

And the other key is flexibility. Diane talked a little bit about the impact on local VA facilities. And Congressman Bilirakis, and I wanted to answer this question, we are working with Tampa Parks and Recreation right now, who is providing services to the Tampa

VA. And our philosophy is, "Be flexible." Knowing that DoD military medical centers and VA facilities have their priorities and their mission. And taking on additional programs might not be realistic. In Tampa, the Tamps Parks and Recreation organization in the community is providing the expertise as requested by the Tampa VA to meet the need there. So it is a real cost efficient model that is flexible. We can go into the VA facility and provide expertise. We can do it in the community. Or we can just provide equipment and coaching. I mean, we are flexible in terms of how to deliver the service based on the local community need.

Mrs. KIRKPATRICK. Thank you. I am out of time, so thank you very much.

The CHAIRMAN. Well, I want to thank you all for an incredibly informative and moving morning. We have the Federal agencies working in cooperation with the U.S. Olympic Committee and working with the stakeholder organizations at a local level. Of course, the proof is how the individuals have responded to that. We have to do more. One thing that I am impressed with is that what we are doing to at the VA to help veterans is also helping others who are not veterans. When you deal with local communities and make things adaptable you are helping all disabled people, not just disabled veterans. I think that is an important side benefit of what you all do every day.

In war, and especially in America, people do not want to think about the war after it is over. Yet we have people who were injured while they were doing what they wanted to do, or considered their duty to do. We have to take care of these people after the war. We cannot lose track of the people who have given so much. This is one way that has become very effective and it is very important and inspires all of us to do better. Kortney, I see you sitting there and when I watch you running, it inspires us to do our jobs better. We know that pain of that first moment that was shown in the video and how hard it was how many months, and years you had to work to get into condition. All of that is incredible, incredible work that inspires us to say, "Hey, we can do better for you and we can do better in anything we do."

Thank you all for teaching us so much. We are looking forward to supporting you in the future. This hearing is adjourned.

[Whereupon, at 12:23 p.m., the Committee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Bob Filner, Chairman, Committee on Veterans' Affairs

Since the early years of our country, Congress has had to reassess programs created to care for our men and women in uniform, our veterans who have courageously answered our call to duty and their families who have joined in the military experience.

For many servicemembers and veterans who have been severely-injured from service to our country, their rehabilitation can be a disheartening experience. Many become concerned about having the same quality of life that they had prior to their injuries.

This was known to be true in World War II, and has held true today in the midst of our nation's commitments in Iraq and Afghanistan. Fortunately, this Congress stands united in support of our members of the Armed Forces and veterans who deserve the best resources to succeed in life after their military service.

Some of my colleagues may be aware of the history of how paralympic sports have been used in the physical therapy of injured servicemembers and veterans, and how it has evolved over the years since World War II.

As some of our panelists will testify today, the issue of paralympic sports being used as a method of physical therapy is not new to them with many sharing strong partnerships with the VA that span more than 20 years to provide rehabilitation services to our injured men and women who have worn the uniform.

In the last Congress, the Subcommittee on Economic Opportunity under the leadership of Chairwoman Herseth Sandlin and Ranking Member Boozman, held a series of hearings on the future role of the VA in paralympic sports.

In those hearings they received testimony highlighting the need to: conduct program outreach to veterans; conduct followups with veterans after a flagship event such as the National Veterans Wheelchair Games; and, the need to implement programs to appeal to veterans seeking to participate in non-traditional activities such as scuba diving.

Today, we will provide the needed oversight on the VA's Office of National Veterans Sports Programs and Special Events that we first authorized in Public Law 110-389 on October 10, 2008. This law authorizes the Secretary of Veterans Affairs to make grants to the U.S. Olympic Committee to provide: paralympic instruction, competition activities, and, training program development activities for servicemembers and veterans with physical disabilities.

Many of you may know that earlier this month I offered an amendment to the VA appropriations bill, with the support of Ranking Member Buyer, which ensures that this valuable program is fully funded and capable of providing the support and programs that our veteran athletes require.

As some of my colleagues in the Committee have highlighted in the past, it is important to understand the history of this new program so that we may avoid the same pitfalls that have been encountered by similar programs.

I look forward to working with Ranking Member Buyer, Chairwoman Herseth Sandlin, Ranking Member Boozman and all the Members of the Committee to ensure this new program succeeds in its mission to provide rehabilitative sports therapy to our injured servicemembers and our veterans. They definitely deserve it.

**Prepared Statement of Hon. Steve Buyer, Ranking Republican Member,
Committee on Veterans' Affairs**

Thank you Mr. Chairman. General Douglas MacArthur, while he was Superintendent of West Point, stated:

*"Upon the of friendly strife are sown the seeds, that upon other fields,
on other days, will bear the fruits of victory."*

General MacArthur eloquently conveyed that the value of participation in sports activities can carry over into other areas of life.

Sports strengthen individuals physically, mentally and emotionally.

Athletes develop so many great qualities of the heart and mind that when these attributes are translated into other areas of life's activities, it often leads to great success and accomplishments. I believe that sports therapy is among the most valuable rehabilitative tools we can provide our wounded warriors.

I saw this firsthand when I had the pleasure of visiting the U.S Olympic Committee training site in Chula Vista, CA. The training site is located just a few miles southeast of downtown San Diego and is a place of joy, determination, dedication, sweat, and comradeship. It is a very scenic place with a beautiful lake and landscaping. Another notable feature is that the landscaping is dotted with signs reminding visitors that the rattlesnakes lurking in the shrubbery are part of the natural ecosystem.

I found it a convincing reason to stay out of the landscaping. . .

But the real beauty of the site was in the athletes.

Walking around, you see the positive energy with which they approach life. You see how they encourage each other even if they are competitors for the same spot on the U.S team. In sum, I suspect you will see the same vitality at any of the USOC's training sites.

About the same time I was there, the USOC was embroiled in a controversy over allegations of corruption and other less than flattering charges. I felt it was our duty to help the USOC refocus on the athletes. We did that, reducing the U.S. Olympic Committee to a manageable size.

The leaner, more efficient number of staff that exists now includes representatives of the athletes themselves. The upbeat, positive attitudes I saw during my visit made it clear to me that our disabled veterans benefited greatly from their activities and that increasing their participation in sports at all levels, from beginner to expert, would help them in their rehabilitation.

With a bit of encouragement, VA and the USOC signed an agreement in 2005 to begin a program to bring more veterans into sports. As a result, the USOC began a series of training events at Colorado Springs and Chula Vista for our wounded warriors. Many of these servicemembers were literally just a few weeks from being wounded in action. And the great thing was that every one of them was smiling despite their injuries and the exertions they were making to restart a life of activity through sports.

I also introduced a bill that authorized VA to provide grants via the USOC to other local disabled sports programs and to offer a small per diem to disabled veteran athletes training at USOC facilities.

Chairman Filner also introduced legislation, and we merged our ideas together into one bill which were signed into law last year as part of title 38.

I am proud that through our combined efforts Mr. Chairman, we also helped formalize VA's sports and special events program and expand sports therapy for disabled veterans. VA and its cosponsors from the veterans service organizations have put adaptive sports on the map with events such as the National Wheelchair games, the Winter Sports Clinic, and the Golden Age Games. This year, VA will add a new disabled golf event to their calendar and I salute VA and all their partners for being pioneers in the adaptive sports arena.

This year, the Chairman and I amended the VA appropriation bill to increase funding for the program to the full authorization of \$10 million and I thank Chairman Filner for using the language in my amendment.

I want to make it very clear that this legislation was not about producing athletes for the U.S. Paralympic Team. It is about increasing the number of disabled veterans who participate in all types of sports at all levels in cooperation with U.S. Paralympics and their partners such as our witnesses here today. I am sure Mr. Huebner would agree that you build a national team from the ground up beginning with local sports programs. One does not wave a magic wand and—POOF—you have an elite level athlete.

This has been a bit of a journey, but today, the USOC has reached agreements with about a hundred local disabled sports programs and is working with over a dozen hospitals where our wounded warriors are undergoing treatment.

The glowing results are that thousands of disabled veterans have been touched at the local level and 16 disabled veterans, three from the wars in Iraq and Afghanistan, made the U.S. Paralympic Team and brought home several medals from the Beijing Paralympics.

So Mr. Chairman, while you and I don't always see eye-to-eye, we are in total agreement on the value of using sports to improve the lives of our disabled veterans.

Increasing the availability of disabled sports programs is just one more resource to speed recovery and bring the positive attitudes and values I mentioned seeing at Chula Vista to our disabled veterans.

I am sure we can do more and I look forward to working closely with the Chairman and any Member who shares our vision of improving the lives of disabled veterans through sports.

I yield back.

Prepared Statement of Hon. John J. Hall

Thank you, Mr. Chairman, and thank you to all of the witnesses for testifying. I'm pleased that we are here today to talk about the Military Paralympic Program and ways to improve its effectiveness.

The wars in Iraq and Afghanistan are unlike many of the wars that our service men and women have fought throughout our history. Many more brave men and women are returning home alive, but have sustained the most serious injuries. As I have heard from countless veterans in my district, the battle doesn't end once the last bullet is fired. War leaves a scar. In some veterans, the scar of war is invisible to everyone else. That's why I've been pushing for better treatment and compensation for servicemembers with Post Traumatic Stress Disorder. For other veterans, like the men testifying in the first panel today, their wounds are physical. The men here today have given a part of themselves in service to our Nation. Thank you, gentlemen, for your service, and for your sacrifice.

Congress must do more to help our men and women heal their wounds from war and lead active lives. The Military Paralympic Program can play a big role in that by providing support and camaraderie for our veterans, and by helping these strong men and women overcome their physical disabilities.

I hope that in this hearing we will discuss ways to improve outreach to returning veterans, increase the program's effectiveness, and expand funding opportunities. I look forward to hearing your testimony and your suggestions to reform the Military Paralympic program.

Thank you.

Prepared Statement of Sergeant Kortney Clemons, USA (Ret.), Chula Vista, CA

Good morning. My name is Kortney Clemons. I was honored to serve in the Army from 2001 to 2006 and I'm so proud to stand before you today as an Army Veteran, Purple Heart recipient and a Paralympic hopeful. I lost my right leg above the knee to a roadside bomb in Iraq in 2005. I never imagined when I was lying in the hospital bed in Landstuhl, Germany, that 4 years later, I would be a proud graduate of Penn State University, and living and training full-time at the U.S. Olympic Training Center in Chula Vista as part of the USOC Track & Field Resident Program.

I can't thank you enough for all you have done to support the VA Paralympic Program. Your support has changed—and will continue to change—the lives of thousands of injured soldiers. Some, like me, may pursue representing their country again at the Paralympic Games, but all will benefit from the impact of sports in many areas of their lives.

Paralympic sport has given me opportunities that I never thought would be possible. Prior to my injury, I was an athlete who absolutely loved sports. I played football, basketball and baseball in high school in Little Rock, Mississippi and played football at East Mississippi Community College before joining the Army.

I served as an Army medic in Europe and was assigned to the 1st Battalion, 8th Cavalry Regiment in Baghdad in March, 2004. Eleven months after arriving in Iraq,

I lost my right leg to a roadside bomb. I was helping a soldier who had been wounded in an earlier incident when the IED exploded. The bomb took the lives of three of my comrades. I was grateful to have survived, but following my injury, I struggled when thinking about my life as an amputee. When I lost my leg, I felt like I had lost my identity.

I thought I'd be in a wheelchair forever. I had never been exposed to other amputees, prosthetics and certainly not Paralympic sports. I was worried about where I would live, how I would get around, how I would be able to work. I was dealing with Post-Traumatic Stress Disorder, coming to terms with the loss of my leg and learning how to walk again. Sports were the last thing on my mind. But it was through sports that I found hope and healing—and my future.

I'll never forget the day a U.S. Olympic Committee employee and Paralympic mentor, John Register, came to the Amputee Care Center at Brooke Army Medical Center. An amputee himself, he was meeting with injured soldiers to tell us about the USOC's Paralympic Military Program. I was still learning how to walk, but seeing him demonstrate how to run that day changed everything for me. I knew I could get back to playing sports and his inspirational message made me realize that sports could give me the strength, courage and confidence to live a great life.

It's an important outlet for anyone with a physical disability and I believe it should be a key part of the rehabilitation of any injured service member. Everyone knows it benefits you from a physical and health standpoint, but what not everyone realizes is how much it helps you psychologically and emotionally.

As an athlete, I've had the opportunity to meet many wounded soldiers during visits to military hospitals. It's wonderful to be able to tell them about the Paralympic Military Program and how powerful sports can be in their lives. I know what it's like to be lying in bed believing that life will no longer be "normal" and you won't be able to enjoy all the things you once did, especially sports. So it gives me great pride to share my story with patients and help them see that returning to sports is not only possible, it will also help them achieve many other things in life.

To me, sport equals quality of life. It represents health and freedom. One of the past participants at a USOC Military Sports Camp summed it up best when he said "Rehab helps you exist. Sports help you *really* live." I understand completely what he meant when he shared those feelings.

I remember the first time I walked after my injury and the exhilaration I felt the first time I ran! It was unbelievable. I want other injured servicemen and women to have that same experience. I want them to learn the same thing I did ... that Paralympic sport can help them lead a productive life, achieve their dreams and inspire others along the way.

Thank you.

Prepared Statement of Captain Nathan Waldon, USA, Washington, DC

Good morning Chairman Filner and Ranking Member Buyer. My name is Nathan Wayne Waldon and I am a Captain in the United States Army. I appreciate the opportunity to testify.

My affinity for physical activity has not been recently acquired. Growing up in the southeast and thus afforded great year round weather I have been an active participant in various sports from early on. This, of course, was strongly encouraged/mandated by my parents who made sure that I was not sitting around the house playing video games and watching television. Looking back now upon those years from a very different perspective, I have come to understand that there were a multitude of reasons they wanted me to participate. Physical Activity is something that every child needs.

An active lifestyle which started at an early age is something that has always been a part of my identity as a person. Physical Activity/Sports is where I learned so many important life lessons. For example: How to be a team player, putting the good of the whole ahead of one's personal ambition. How to communicate/interact with other people from all walks of life. The importance of hard work, nothing comes easy. To be better you must put in the practice to improve. Mental toughness, pushing yourself beyond what you think you are capable of, never quitting. Confidence in oneself, that you can achieve what you put your mind to. Humility, in both victory and defeat. I could continue to list all of the values that physical activity/sports has taught me, but it is simpler to say that physical activity is both the reason I am alive today and is what has given me hope for my future.

Before I ever applied to college I knew I wanted to serve in the army. I made sure I found a school that was both academically strong as well as having a strong

ROTC program. I decided upon Furman University and began in the fall of 2000. During this time physical activity both in the military as well as intramural sports were a wonderful balance to all the academic studies. One of the first things I learned from my First Sergeant was the most important. An officer leads from the front in everything that he does. You should always set the proper example.

I graduated in 2004 and proceeded to Ft. Benning. Throughout all the army schools I participated in, physical activity played a crucial role. The intensity which I approached training was so that I could serve my men better. Physical fatigue can obviously lead to poor decision-making. My sweat now, would hopefully prevent their blood being spilled later.

I was assigned to the 3rd ID, 3 BDE, 2/69 AR, Bayonet Company, 1st PLT, as an Infantry platoon leader. Once again the lessons I learned living an active lifestyle continued to pay dividends. I had the top PT score in the company earning a bit of credibility with my new men, many of whom had already seen multiple deployments. I also won a brigade wide fitness competition, a new tradition COL Grigsby the Brigade commander started wanting to stress the importance of physical fitness. I received an ARCOM as well as a 4 day pass for this accomplishment. It also gained more notoriety from my platoon and gave them something to be proud of.

On 11 July, 2007 we were conducting combat operations Baghdad. My platoon was in mounted in gun trucks on the way to conduct dismounted patrolling operations. My vehicle was hit with an EFP, the signal to launch an ambush. The slug from the EFP went through my door, then my leg, and fortunately bent my rifle up pretty good perhaps saving my left leg. I was able to get the door open and climb/fall out. My gunner hopped out the top and came to my assistance, helping to drag me back towards the third vehicle. It was so surreal; the magnitude of what had happened to me just now was taking a moment to set in. I did not have much time to contemplate my situation, my platoon sergeant was giving me the SITREP on what was going on and we were still in the fight. Luckily everyone else in my truck was fine. Everyone was going about their business reacting to contact just like we trained. The medic was working on me, PSG was keeping me updated and as soon as someone set the outer cordon we evacuated to FOB Shield. During this entire episode I was conscious and able to make rational decisions. Without my training none of this would have been possible. Being in excellent shape, kept the injury I sustained from being much worse. The ER docs said it should have taken my leg off to the hip just from the force of the projectile. He cited my physical conditioning as a large part of the reason I did not go into shock or lose consciousness.

I was transported back to Walter Reed Army Medical Center (WRAMC) where my surgeries and rehabilitation began. It was not a very happy time, I was in pain, I had recently had a life altering experience, etc. I had always been very independent and self sufficient. But now I can't walk. What made this even worse was that sports/ physical activity was such a large part of my identity. I was only focusing on the negative, but without that outlet, who was I. I truly felt lost. My conditioning even after my inpatient time allowed me to quickly achieve the goals of the physical therapists, but to me they seemed somewhat mundane. I didn't want to be able to do crunches and pull ups. I wanted to be active.

Because of my physical progression and my PT and OT recommended that I try and participate on one of the adaptive trips. It was December at this point and an organization known as DSUSA was hosting the Hartford Ski Spectacular. I decided to go and it was one of the best decisions I have made. It was like learning sports as a child all over again though. I felt like such a fool falling all over the place. You want to quit, you want to give up. Your strength isn't there your fake leg isn't doing what you want it to, but the lessons instilled as a child were still there. Humility, just swallow your pride get out there battle it, don't quit. The instructors and event were exceptional. By the end of the week I had made progress, but I did not want to be adequate, I wanted to excel like I always had.

I came away from this weekend with a sense of purpose. I had a taste of what I could do. No it was not going to be the same, hence the phrase adaptive sports. The way I view that term is perhaps different than others; it should be adaptive just from an equipment standpoint. I require a certain device to perform, but given the resources and training, I should be as good as anyone on the mountain. This one event gave me my life back. I was able to accept who I was, and with this acceptance came a sense of grounding to my life. I was no longer fighting it by focusing on the negative aspects of what had occurred. This was just another challenge to undertake.

Since this initial event I have had the opportunity to attend others. Building upon what I learned at the last always pushing forward. As I have improved, it is also

inspirational for newly wounded to see what they can accomplish if they commit themselves.

Words cannot express how grateful I am to those who have given me the opportunity to participate in their events. Thank you so much for giving me my life back.

Prepared Statement of Captain Mark D. Little, USA Fairfax, VA

Biographical Information:

Home town: Fairfax, VA

In the course of one month, Mark was hit by three IED's while serving in Iraq, and it would be the final one that would cause him to lose both his legs below the knee on September 7, 2007. He received 2 Purple Hearts, a Bronze Star, and several other awards for his service. Despite his severe injuries, Captain Little was snowboarding under DS/USA's Wounded Warrior Disabled Sports Project four months after injury. He also has also learned alpine and Nordic skiing, golf, and cycling through the program. Mark is now a police officer in his native Virginia and trains Law Enforcement and Military. He is continuing to serve within the Department of Defense while finishing his recovery in the Washington DC area.

- Personal Army History
- Explanation of Injuries Received in Combat (OIF V)
- Inpatient time in hospital
 - Concerns about personal recovery
 - Visit from fellow amputee who had participated in DSUSA activities
 - Shift in mindset and setting goals for recovery
- Receiving prosthetic limbs and immediate competitive spirit
- Introduction into the DSUSA program
 - Attitude towards wounded Veterans
 - Adaptive nature and positive spirit of the program and volunteers
 - Ability to interact with experienced Veteran amputees and learn new things
 - Camaraderie of DSUSA event participants and family atmosphere
- How DSUSA activities have helped me get to where I am now
- How this legislation is critical to helping me and other disabled veterans stay active in sports and recreation in my home community.
 - Maintaining lifelong health and fitness
 - Meeting the individual needs of veterans
 - Keeping the family intact
 - Leading to success in all areas of life, including employment

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

Mr. Chairman and Members of the Committee:

Thank you for inviting the Disabled American Veterans (DAV), an organization of 1.2 million service-disabled veterans, to testify at this important hearing to discuss disabled veterans rehabilitation thru sports. We appreciate the opportunity to offer our views and experience with the National Disabled Veterans Winter Sports Clinic.

NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC

The National Disabled Veterans 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 Clinic is an annual rehabilitation program open to active duty servicemembers and veterans with spinal cord injuries, orthopedic amputations, visual impairments, traumatic brain injuries, certain neurological problems and other disabilities who receive care at a 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 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 Clinic was held in 1987, with 20 staff members and about 90 veterans, it became apparent that more support was needed due to the therapeutic benefits and popularity of the Clinic. The DAV answered that call and has become a co-sponsor of the event since 1991.

It has grown tremendously over the past 23 years. The most recent Clinic was held in Snowmass Village, Colorado from March 29–April 3, 2009, where more than 370 participants attended from across the country, along with 200 certified disabled ski instructors. Of those veterans and servicemembers who participated, 114 were first-time participants, 29 were women and over a third were servicemembers and veterans are from the wars in Iraq and Afghanistan.

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 2008 National Disabled Veterans Winter Sport Clinic DVD to get a sense of the profound impact this event has on the participants and the volunteers. The 2009 video is available for viewing at VA’s website.¹ It is an intense week that touches everyone involved.

Not Just Skiing

Adaptive ski equipment is updated and modified for each 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 sports such as rock climbing, scuba diving, trap shooting, horseback riding, snowmobiling and sled hockey.

Other educational and instructional activities are also available such as the U.S. Secret Service teaching a self-defense course to participants who are in wheelchairs or are visually impaired; service dog owners and trainers meeting to discuss the care and availability of canine companions; a traumatic brain injury (TBI) Peer Support Group Meeting was again on the agenda this year where veterans suffering from TBI participated, including families who attended the Clinic and the veteran’s caregiver. In typical peer support fashion, stories were shared of survival above and beyond the adversity their injuries caused.

DAV Past National Commander Chad Colley and his wife Betty Anne hosted a discussion entitled “Veterans—Not Just About You!” The couple spoke about relationships between disabled veterans and their spouses and offered sage advice on maintaining marriages. Women also had a reception of their own to talk about the issues they face and to bond as veterans and participants. As the veterans met together and in smaller groups, they developed lifestyle solutions and gained inspiration that will reverberate beyond the event.

Rehabilitation First

While the Clinic holds a race training and development program to help veterans develop their skiing abilities to an elite level to qualify for U.S. Paralympic Team participation, its primary purpose is to promote rehabilitation, fitness, and an enhanced quality of life. The rehabilitation of disabled veterans through the annual Winter Sports Clinic drives DAV’s commitment to the event as it truly reflects our organization’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 journey of rehabilitation. 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.”

This year’s recipient, Portray Woods, was serving as Army’s 1st Armored Division on a reconnaissance patrol in Baghdad. He was behind a .50 caliber machine gun when a roadside bomb hit this vehicle. Missing his right arm and left thumb, and

¹http://www1.va.gov/vetevent/wsc/2009/WSC2009_Lg_Prog_001.aspx

suffering from a traumatic brain injury, Portray was unable to walk, talk, see out of his left eye, and was paralyzed on his right side. With courage, humility, and strength of the warrior spirit, he hunkered down to do battle with the long-term effects suffered by the thousands of servicemembers who have been injured by explosive blasts in our current conflicts in Afghanistan and Iraq. In 2008, he attended his first National Disabled Veterans Winter Sports Clinic. The event reaffirmed the tremendous strides he'd taken in recovery when he quickly picked up downhill skiing, cross-country skiing and other events. He joined DAV Chapter 52 in Indianapolis and continued to rapidly advance and exceed expectations throughout his recovery at the Richard L. Roudebush VA Medical Center in Indiana.

Portray and other recipients of the DAV Freedom Award before him serve as an example to all participants of what the National Disabled Veterans Winter Sports Clinic is all about. Research shows that people who participate in daily physical activity experience enhanced self-esteem and improved peer relationships, which correlate to increased achievement, overall better health and a higher quality of life. Further, while it is well established that recreation therapy plays a key role in the rehabilitation of disabled veterans in VA medical centers throughout the country, the Clinic enhances the physical, social, and emotional well-being of the veterans and their families who participate in this life changing event.

PUBLIC LAW 110-389, TITLE VII

Mr. Chairman, the DAV recognizes the purpose of Title VII of Public Law 110-389 to expand disabled veterans access to sports and recreation opportunities, including needed education and training. The law provides assistance to the United States Paralympics, Inc., to plan, develop, manage, and implement an integrated adaptive sports program from the local to national level through direct grants from the VA. The law also established the VA Office of National Veterans Sports Programs and Special Events that is to oversee sports programs or other events for disabled veterans to participate as well as seek corporate sponsorship to defray costs.

The DAV does not currently have a relationship with the U.S. Paralympics program; however, we do participate with the National Rehabilitation Special Events Management Group. While the intent of Public Law 110-389 is laudable, our concern is the impact it may have on the National Disabled Veterans Winter Sports Clinic, which is a rehabilitation event and not a training ground for future Olympians.

In addition, section 702 of the law allows for individuals with disabilities who are not veterans or members of the Armed Forces to participate in sports programs that receive funds originating from VA grants. As an organization devoted to improving the lives of our Nation's wartime disabled veterans we are concerned for any shift of VA's mission, personnel, and resources away from disabled veterans. Moreover, section 703 requires the Director of the VA Office of National Veterans Sports Programs and Special Events to seek sponsorships and donations from the private sector to defray costs. This provision may have an adverse impact on our organization's ability to discharge our responsibilities contained in the Memorandum of Understanding for the National Disabled Veterans Winter Sports Clinic between the DAV and VA. DAV is deeply committed to achieving each year a successful Winter Sports Clinic and we value our responsibility to administer the corporate sponsorship program, sponsor recognition, and other mutually agreed upon activities.

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.

Prepared Statement of Carl Blake, National Legislative Director, Paralyzed Veterans of America

Chairman Filner, Ranking Member Buyer, and Members of the Committee, I am pleased to be here today on behalf of Paralyzed Veterans of America (PVA) to offer our views on the Military Paralympic Program and rehabilitation through sports and recreation for severely injured servicemembers and veterans. We would like to thank this Committee particularly for its efforts to expand sports and recreation opportunities for disabled 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 spinal cord injury (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 25 years. In fact the most recent Games just wrapped up in Spokane, Washington earlier this month. This year, the NVWG drew 513 veterans. Of that number, 34 were veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). More importantly, 110 of the veterans were first-time participants. 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 six 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. In 2009, PVA will conduct eight billiards events with approximately 160 participants. Likewise, PVA has partnered with the American Wheelchair Bowling Association to create a bowling tournament series. In 2009, PVA will conduct seven events with approximately 280 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 5 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 in 2007 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, in 2008 PVA edited a chapter entitled "Sports and Recreation Opportunities for the Combat Amputee" to be included in the DoD medical handbook *Care of the Combat Amputee*.

PVA was pleased to support the provisions of Public Law 110-389, the "Veterans' Benefits Improvement Act of 2008." Section 7 of the law authorized the VA to provide assistance to the Military Paralympic Program and expand sports and recreation opportunities available to severely disabled veterans. The intent of the law is consistent with the mission of PVA's Sports and Recreation Program which 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. As we have testified in the past, PVA's primary goal for its Sports and Recreation Program is all about healthcare and rehabilitation first.

P.L. 110-389 specifically emphasizes the need to enhance the recreation activities provided by the Department of Veterans Affairs by promoting disabled sports from the local level through elite levels and by creating partnerships among organizations specializing in supporting, training, and promoting programs for disabled veterans. This will be accomplished by providing training, technical assistance, equipment and Paralympic mentors for injured veterans to participate in daily physical activity at the community level as an aspect of their rehabilitation. This relationship affords many of our members an opportunity that they would not otherwise have.

PVA was also pleased to see that the law creates an Office of National Disabled Veterans Sports Programs and Special Events and a Director position to oversee this Office. PVA has a special interest in this Office as the chief presenter, along with the VA, of the National Veterans Wheelchair Games. However, we remain concerned that the Office is required to report to the Veterans Benefits Administration. We believe that this Office would be more appropriately placed under the Veterans Health Administration (VHA). The ultimate purpose of the Wheelchair Games, Win-

ter 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.

We believe that much progress and enhanced cooperation has resulted from the Military Paralympic Program. Under this program, PVA has witnessed improved coordination between our organization, USOC-Paralympics, and other veterans' and community-based sports organizations that has enhanced existing programs and advanced development of new programs in communities that previously had not been served.

PVA and its chapters have already expanded specific opportunities with the Military Paralympic Program. These opportunities include:

- Partnered with PVA to implement a new handcycling program in four strategic locations throughout the United States (Chicago, Illinois; San Antonio, Texas; San Diego, California; and Washington, DC/Richmond, Virginia).
- Partnered with PVA to introduce USOC Shooting sponsored air gun and air pistol clinics and competitions at PVA National Trapshoot Circuit events.
- Partnered with PVA to introduce Paralympic-style events at the National Veterans Wheelchair Games for the purpose of identifying future potential Paralympic-level athletes.
- Partnered with PVA's Mid-America Chapter to coordinate a multi-event sports camp hosted by the University of Central Oklahoma from August 7–10, 2009 at Lake Arcadia, Oklahoma.

As a part of our testimony on sports and recreation opportunities offered last year, we made several recommendations that we believed would expand veteran participation in those programs administered by the VA. One of our principle concerns was to remove barriers to participation. Our concern then was that newly injured veterans should be provided timely access to education and training regarding sports and recreation opportunities. Furthermore, we believed that 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 believe that the Military Paralympic Program has helped alleviate some of these concerns, and we look forward to continued progress as a result of this program.

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 remain hopeful that through new coordination with the Military Paralympic Program, these barriers can be overcome.

There is no doubt that activities such as those listed above and all disabled sports and recreation activities have positive impact not only on the disabled service member or veteran, but on his or her family. Research shows that physical activity is an important aspect of the rehabilitation process for persons with disabilities. It enhances self-esteem, reduces stress and the incidence of secondary medical conditions, and obviously improves conditioning. Equally important is that sports and recreation rehabilitation allows a disabled service member or veteran to reengage with family, friends, and the community. This contributes to a greater level of success in education and employment.

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 Committee 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 Julia Ray, Manager,
Wounded Warrior Disabled Sports Project, Disabled Sports USA, Inc.**

Summary Page

- A member of the U.S. Olympic Committee, Disabled Sports USA (DS/USA) was established in 1967 to serve the war injured from the Vietnam War; and later civilian youth and adults with disabilities. Disabled Sports USA now has 100 community based sports chapters operating in 38 states offering over 30 different sports year round.
- For the past 6 years, DS/USA in partnership with its chapters and Wounded Warrior Project has conducted the Wounded Warrior Disabled Sports Project. Under the program, **over 2500** severely wounded servicemembers, family and hospital staff has been provided the opportunity to learn over 25 different sports as part of their rehabilitation.
- The WWDSP model is based on offering immediate sport participation opportunities as part of ongoing rehabilitation therapy and as part of recovery to a full and active life.
- Disabled Sports USA endorses the U.S. Olympic Committee (USOC) Paralympic Military Program.
- Disabled Sports USA supports the full appropriation of the authorized \$10 million for the United States Paralympic Integrated Adaptive Sports Program (P.L. 110-389) to provide training, technical assistance, equipment and Paralympic mentors for injured Veterans to participate in regular physical activity at the community level.
- PL 110-389 is critical to the health and fitness of disabled veterans and their families, offering adaptive sports on an ongoing basis in their home communities, leading to success in life.
- A 2008 Disabled Sports USA survey, which Harris Interactive® was commissioned to conduct, demonstrated a positive correlation between participation in sports during and after the rehabilitation process and higher levels of employment. Other studies have shown that regular exercise and health diet can reduce the risk of many diseases that cause millions of deaths each year, such as cardiovascular disease, diabetes, high blood pressure, obesity, and certain cancers. The Paralympic Military program will help reduce these risk factors for recently disabled veterans and consequently reduce healthcare costs for the Department of Veterans Affairs and higher employment rates for disabled veterans.

Background on Disabled Sports USA, Inc.

A member of the U.S. Olympic Committee, Disabled Sports USA was established in 1967 by Disabled Veterans to serve the war injured from Vietnam. 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, including its national Executive Director, Kirk Bauer, who is a decorated disabled Vietnam veteran.

Disabled Sports USA has 100 community based sports chapters operating in 38 states offering over 30 different year round sports. Sports offered include alpine and Nordic snow skiing, snowboarding, golf, cycling, rock climbing, kayaking, rafting, sailing, outrigger canoeing, horseback riding, shooting, fishing, rafting, track and field, and many 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 Paralympic Games.

Wounded Warrior Disabled Sports Project (WWDSP)

Since 2003, DS/USA in partnership with its local community based 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 25 different sports as part of their rehabilitation. All expenses for their participation are paid by DS/USA including airfare, lodging, meals, adaptive sports equipment and training by experienced adaptive sports instructors. Family members are encouraged to participate, in order to keep the family unit intact by sharing positive, healthy experiences with their wounded warrior.

Programs are offered at the major military medical centers where the severely wounded are treated, including Walter Reed Army Medical Center, National Naval Medical Center, Brooke Army Medical Center in San Antonio and Naval Medical Center San Diego. DS/USA also serves patients from many Veterans Hospitals, including Polytrauma centers at Palo Alto and Tampa, for injured servicemembers with Traumatic Brain Injury, paralysis and multiple injuries. Since its inception, over 2500 severely wounded servicemembers, family members and hospital staff have been served through more than 350 events in 25 different sports.

The WWDSP model is based on offering immediate participation opportunities as part of ongoing therapy while the wounded warrior is in the hospital and as part of recovery.

Sports are particularly effective during rehabilitation because basics of almost any sport can be taught in as little as one day. A quick, successful experience helps to provide a positive outlook and shows the wounded warrior 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!"

Disabled Sports USA, Inc. supports the U.S. Paralympic Military Program and P.L. 110-389

Disabled Sports USA endorses the U.S. Olympic Committee (USOC) Paralympic Military Program as a model that will support the work of the Wounded Warrior Disabled Sports Project as well as responding to a critical need to continue to provide sports and recreation opportunities when the wounded warrior transitions to civilian life and returns to his or her own local community as a disabled veteran.

Currently Disabled Sports USA, U.S. Paralympics and other community based sports organizations are contributing more than 40 million in private resources to help rehabilitate the severely wounded through sports. However, the current economic climate and an ever increasing demand to serve servicemembers returning with conditions such as polytrauma, traumatic brain injury and combat stress will require ongoing assistance provided by P.L. 110-389, which is critical to the continuation and expansion of these important programs at the community level, enabling the disabled veteran to lead an active and healthy life.

Importance of Adaptive Sports Rehabilitation

Many recent studies have demonstrated that disabled veterans have increased societal risk factors in areas such as suicide, homelessness, divorce and "lifestyle diseases" such as heart disease, obesity, high blood pressure, and certain cancers. The introduction of sports in the rehabilitation process and continued participation in sports after discharge from the hospital, will have a direct and positive influence on the prevention of these conditions.

In 2008, Disabled Sports USA (DS/USA) commissioned a survey conducted by Harris Interactive® entitled "Sports and Employment among Americans with Disabilities" to demonstrate a positive relationship between involvement in sport and employment levels.

Over 200 servicemembers who had received permanent disabling injuries while serving overseas and who had participated in the Wounded Warrior Disabled Sports Project, took the survey. The survey found that wounded warriors were more than twice as likely (64 percent vs. 30 percent) than the general disabled population to be regularly involved in physical activity and that 52 percent (compared with 33 percent of the general population) were employed. In addition, over half of those who were not working were enrolled in college or in certification courses.

Given today's high unemployment rate, this survey confirmed how important it is for Wounded Warriors to stay active in sports, utilizing all the tools possible to gain employment and advance in their careers. Wounded Warriors are even finding gainful employment in the field of adaptive sports—WWDSP has seen several participants make meaningful contributions as program managers, mentors, coaches and volunteers.

One such example is Scott Winkler, a Paralympian and WWDSP participant. After sustaining a spinal cord injury while serving as an Army SPC in Iraq, Scott has chosen to turn his injury into a positive life experience, working tirelessly for a non-profit "Champions Made From Adversity", spending his time visiting and encouraging people in similar situations to his own. In addition he continues to be an accomplished athlete, having competed as a member of the USA Paralympic Track and Field Team in Beijing.

Need for VA support of ongoing community programming

Participation in community recreation programs provided under the proposed legislation, will enable the disabled veteran to participate in sports alongside his or her family and friends which will help to maintain family cohesion and support for the veteran. This will be critically important to those disabled veterans who transition from the hospital to remote communities which may not have the resources to adequately serve them.

This network will encourage regular exercise and a healthier lifestyle, making activities available on a daily or weekly basis, close to home. The long term legacy of this will be healthier, happier, more active disabled veterans; who, due to these preventative measures will have less healthcare and social support needs. The new generation of disabled veterans will be the most equipped, informed and empowered group of disabled veterans this country has ever had, ready to teach and serve others in their footsteps.

Particularly during this economic downturn, DS/USA is experiencing an ever increasing demand for services by disabled veterans, but at the same time, reduced corporate and foundation support. In the first half of 2009 alone the Wounded Warrior Disabled Sports Project has served over 500 Wounded Warriors, their families and hospital staff through over 60 sports programs, including weekly programs in the hospitals in sports such as golf, kayaking, swimming and scuba. Despite this extensive outreach, we are consistently asked to meet individual needs by warriors in their home communities; however financial resources currently limit this capability. The proposed legislation is key in enabling us to meet these needs.

The younger generation also has new individualized interests. We have the expertise to respond by providing programs in extreme sports, endurance events, along with the high level coaching that the Wounded Warriors are demanding. There are those who wish to compete and train as integrated, non-disabled members of society, in golf tournaments, triathlons, adventure races, and conquer goals that many of us would only dream of; such as climbing Kilimanjaro, competing in the Paralympics, or completing the Hawaii Ironman. This is an ongoing process requiring support at an unprecedented level.

Increased attention is required for those with moderate to severe traumatic brain injuries, particularly once they have left full time rehabilitation. WWDSP has conducted camps that demonstrate the effectiveness of individualized sports programs built specifically to their needs. Family members learn how they can not only facilitate this, but enjoy the sports alongside their loved ones. This needs to be expanded at the community level, which the appropriation of P.L. 110-389 is vital to providing.

Therefore, this legislation comes at a more important time than ever before, as thousands of severely injured veterans return home and work alongside loved ones to re-build their lives. We know that adaptive sports are critical to this process, allowing disabled veterans to choose to lead an active and healthy lifestyle; which in turn leads to employment, good mental and physical health where it is most needed—at home.

Sample quotes from Wounded Warriors are included in this testimony clearly demonstrating this impact. Thank you Chairman Filner and Ranking Member Buyer—we welcome any questions.

Appendix I—Wounded Warrior, Family and Medical Staff Quotes

These patients change and transform in the eight days they are with Disabled Sports USA . . . in ways they did not change in six months of hospitalization. It's reintegration of who they once were.

Susan Feighery, Lead Therapeutic Recreation Specialist

Palo Alto VA Traumatic Brain Injury Unit—2009

When you're in the hospital all day, you're with injured people. All you talk about is what you did in Iraq, who you killed. Here it's just you and the mountain. I don't think about my flashbacks, I don't think about my injury. It's just-beautiful.

Army Pfc. Drew Goin, Visually Impaired

You get injured like this, you tell yourself you'll be OK, but deep inside you know there are limits. But doing something like this, you realize there aren't as many as you think, if you put your mind to it.

Marine Lance Cpl. Ufrano Rios Jiménez, Below Knee Amputee

The project showed me the path where I could still feel like I'm living this active lifestyle where I'm not like jumping out of planes and all this other cool stuff I did before my injury.

Adriel Gonzalez

They are learning as a family ... it's got nothing to do with disability or ability, it's about learning something you can do as a family.

1st Lieutenant (Ret) Ed Salau, Above Knee Amputee

When you're in the water, you're free.

Dennis Cline

If it wasn't for [the Wounded Warrior Disabled Sports Project], I'd be sitting at home depressed and just withering away. Wounded Warriors and DSUSA have totally changed my life and kept me from getting down and showed me that there's things out there I can do.

When I'm out there boarding, it takes the disability away from my mind and gives me more of my freedom. I'm enjoying what I went to protect. I owe a lot to this program. It saved my life.

Navy PO3 Mark Mix, Spinal Cord Injury

This is a life changing event. I really don't think that people who are volunteering understand that, I know they love what they're doing, but I don't think they understand the impact they have, because you get out there, you get back out into the world, away from the pain, away from the physical therapy, and you know everything is going to be ok.

Diane Cochran, US Army Ret., Spinal Cord Injury

[Thank you] so much. This is an opportunity that is much needed in my life. I don't leave my house and this is just what the doctor literally ordered. Thank you so much God bless you and yours.

James Smiley, Visually Impaired

It really shows me that I'm still alive. I'm still a person I can still do anything I set my mind to. I may not be able to see, but a loss of sight is not a loss of vision.

National Guard Sgt Chris Paiser, Visually Impaired

I'd like to give you a short anecdote relating to your study, as simple yes's and no's won't provide the real world information you may be looking for.

A few months ago when I filled out your survey I had the mentality that participating in sporting events would undoubtedly have a positive impact on my employment because I would much rather not be working and playing sports instead. I thought that if I could be participating in something else and not sitting at my desk I would be a happy man.

I was injured stateside in 2001 while on active-duty and things haven't gotten terribly better for me since. I still have significant issues with my BK prosthesis and high-impact activity remains out of the question for now. What has improved is my career orientation. Shortly after my injury I decided to pursue a degree in public relations and completed my requirements in May 2006. After graduation, I immediately began (and remain in) a 3-year career development internship that rapidly progresses me through the civil service pay grades. It is an exceptional management-focused program that is highly competitive in its selection and I was about to walk away from it because of a distraught mindset. One of your events changed that.

I was invited to participate in the recent SUDS/WWDSP diving trip to Guantanamo Bay, Cuba. When I left home for the event, I was a mess—physically, mentally, and emotionally. I was in constant pain, I hated my job and I couldn't work full days. I was considering leaving the employment program knowing deep down things probably wouldn't get much better even if I wasn't working, but I knew I just didn't want to be at work. Looking back, I'm not sure what the problem was, but spending just a few days diving changed it all.

After the trip I returned home and went to work with a new attitude. I feel better physically and I feel exceptional mentally. Something happened over the course of the event that brought me back to working full days, enjoying what I do, and looking forward to my future. I'm back into the swing of things at work and once again striving to be the best I can at my job. As an added bonus, I made several new

friends and look forward to meeting up with them again soon. Those social contacts will help get through personal challenges as much as the sporting events themselves.

Beyond diving, I've discovered that my interest to get involved in other adaptive sports has returned.

Having physical and social activities to look forward to after several days of hard work is a great feeling. As far as the study goes, there is no question in my mind that there is a direct correlation between participation in adaptive sports and maintaining gainful employment. I assume there's a key element to the social interaction, confidence, and physical therapy that sports provide to help influence the decisions I make on my career. Your program is effective and thanks for allowing me to be involved.

Marine LCPL Aaron Schoenfeld, Above Knee Amputee

**Prepared Statement of David Stringer, Richland County, South Carolina,
Parks and Recreation Department, on Behalf of National Recreation and
Park Association**

Good morning Chairman Filner, Ranking Member Buyer and Members of the Committee.

My name is David Stringer and I work for the Richland County Parks and Recreation Department in South Carolina. On behalf of the National Recreation and Park Association (NRPA), I want to thank you for allowing us the opportunity to provide testimony at this important hearing addressing the needs of injured Service Members and the Paralympic Military and Veterans Program. As you may know, NRPA is a national non-profit 501(c)3 organization dedicated to advancing parks, recreation, and conservation efforts that enhance the quality of life for all people.

More than 31,000 military personnel have been severely injured while serving our country during the conflicts in Iraq and Afghanistan and there are now more than 1.3 million disabled veterans in the United States. These individuals want to be physically active but to do that, they must have access to close-to-home spaces, places and opportunities for physical activity that are able to meet their needs and aid in their rehabilitation. The Paralympic program for injured Service Members that was authorized in 2008 is beginning to do just that in communities throughout our country. These partnerships and programs, which have been in development for several years, utilize sports and therapeutic recreation to rehabilitate those injured in combat or while serving our country. I have seen firsthand the difference Paralympic sports programs are making. I applaud this committee for recognizing the important role of therapeutic sports and recreation in rehabilitating those who were injured while serving our country and for your leadership in passing legislation that will ensure their improved quality of life, despite their physical limitations.

Unfortunately, those returning from duty with debilitating injuries face a host of challenges as they try to integrate back into their community and family life. Research shows that our returning Servicemembers with injuries face isolation, depression, anxiety, poor physical health, early mortality, and the potential to develop secondary conditions, such as chronic disease, as a result of physical immobility.

I faced similar adjustments as a teenager trying to cope with a disability. At the age of fifteen, the world as I had known it completely changed. In an instant, as a result of a diving accident, I went from being a typical teenager without a care in the world to a paraplegic who uses a wheelchair. I can relate to the challenges that our newly injured Servicemembers and disabled veterans face. Imagine being a strong, healthy, confident person to one lying in a hospital bed, unable to move, uncertain of the future and thinking about all the things that you will never be able to do again. Add to that the emotions and adjustments that your family is experiencing. Fortunately for me there was a wheelchair athlete, Paralympic Gold Medalist, Rick Siccato who came to my hospital room with a video on wheelchair Paralympic sports. I could not believe all the possibilities that were out there: basketball, tennis, track and field, and even swimming. Soon after getting out of the hospital I helped to start the first ever wheelchair basketball team at a local park and recreation facility in Charleston, South Carolina. Participation in adaptive sports changes the focus from the things that cannot be done—to the things that can be done—and helps those who once felt hopeless due to their disability realize the possibilities of what they can do are endless.

As a public servant, I have seen many disabled Servicemembers and their families from the nearby Fort Jackson Army installation, directly benefit from programs provided by Richland County Parks and Recreation. Servicemembers who were pre-

viously sedentary are now out of the house, leading a physically active life again, participating in sports with the support of family members and able to re-connect with friends. I see these programs as a means to break down the barriers that wounded Servicemembers face and a key to reintegrating into the community. Through participation in community sports programs, such as those provided by public parks and recreation agencies they bravely adjust to their new and challenging life.

These agencies realize the importance of helping wounded Servicemembers to become acclimated to their new lives and are seeking ways to play an active role in their rehabilitation. Take for example the wonderful work that is being done in Washington State. Here, Metro Tacoma Parks, NRPA, and U.S. Paralympics have organized a taskforce to focus on utilizing sports and recreation in the rehabilitation of injured Servicemembers. As a result of the taskforce created, Fort Lewis began a recreation and sports program for the 450 injured Servicemembers stationed there, a sports camp on post, and therapeutic recreation programming as well as family integration opportunities for injured Servicemembers outside the gates of the military installation. By creating and offering adaptive sports and recreation at the community level, those with limited abilities are afforded the opportunity to stay active and maintain a healthy lifestyle in a convenient and welcoming environment. This task force has regular communication on how to expand the use of local resources, events, and opportunities to benefit local wounded Servicemembers and their families.

Another example comes from the Sacramento Department of Parks and Recreation who is working locally in California to introduce Paralympic sports to returning warriors. The impact of this work can be summed up by comments made from a soldier who recently attended an event:

“I wanted to let both of you know that the experience I had at the camp was one of the most memorable times I have ever had. I learned a lot about myself and about life. I think that the most important thing I learned however is that no matter what stumbles life may throw at you, if you have the determination, they will not stop you. I would also say that as a soldier in the United States Army if all of our soldiers could somehow take the determination and positive attitude of the individuals I met—and bottle it into a formula we would have the most unstoppable force in the world.”

The National Recreation and Park Association has the ability to reach into each local community and assist in the recovery and rehabilitation of injured Servicemembers and Veterans. NRPA provides a tremendous network around the country to provide opportunities for physical activity, in addition they have the ability to efficiency train park and recreation professionals and provide technical assistance to the field. These assets along with the U.S. Paralympics expertise prominence, and distinction creates a significant partnership that has the potential to impact the lives of injured Servicemembers, veterans and their family's around the country.

In closing, I think we can all agree that serving our country can be hard at times, but coming home injured is even harder. These innovative partnerships help our servicemembers regain their quality of life while improving their mental and physical health as they face a challenging return and adjustment. Thank you for your leadership in passing legislation and vocal support among your congressional colleagues to help our men and women of the armed services confront the challenges they face.

Thank you.

Prepared Statement of Carlos Leon, Member and Paralympian, Iraq and Afghanistan Veterans of America

Chairman Filner and Ranking Member Buyer, thank you for the opportunity to testify on behalf of Iraq and Afghanistan Veterans of America (IAVA). IAVA is the Nation's first and largest non-partisan, nonprofit organization representing veterans of the wars in Iraq and Afghanistan. Chairman Filner and Chairwoman Herseeth Sandlin, I am especially grateful to both of you for the work you and your committee did last year to support the Military Paralympic Program.

America's newest generation of heroes are surviving injuries unthinkable in previous conflicts and, as a result, facing serious challenges upon returning home. Thankfully, members of Congress have been forward thinking and supported and funded programs like the Military Paralympic Program that can give these heroes hope and health through athletic training and competition.

I was 19 years old when I deployed to Iraq. After returning home from a successful tour I had a chance to relax a little while before my unit moved to Camp Pendleton. I was stationed in Kaneohe Bay, Hawaii where we took advantage of the beaches and weather while we were still there. On June 18, 2005 I was at the beach, a day that would change my life forever. I was the first to go in the water, while my friends remained on the shore. As I jogged slowly into the water I turned to them and told them to hurry up.

Before I turned back, I dove forward and hit a coral rock head-on. My neck broke instantly and I was immediately left motionless in the water. I received a laceration across the top of my head that needed 15 staples to close up.

Soon thereafter, in the hospital, I got the news from the doctor: I was paralyzed from the neck down. I stayed in Hawaii until I was stable enough to fly and then chose to have therapy at the VA medical center in Miami, Florida, where I would be closest to my family.

Early in my therapy, one of my phenomenal therapists came to my room and started to talk to me about sports. I did NOT think I could play sports again—I thought it was beyond my new life in a wheelchair. But learning that that might not be the case, early on in my injury, was key to my recovery. After learning about this opportunity, I signed up for a military sports camp in San Diego, California. The program was a week long and they showed us the different sports we could play in our chairs.

It was more than a positive experience, it opened my eyes to a different world—one that I wanted to be a part of.

I was told I needed to train in order to qualify for a competition early the next year. I couldn't wait to get started. When I got home, I was ready to start but I had absolutely no idea how to get started. The best I could do was just to make sure I was at least fit. So I began working out at the local gym. As the time went on, I got stronger and stronger. Not only did going to the Military Paralympic Program give me something to shoot for, it made my quality of life much better. Instead of being at home, bored, I was out and about living my life again.

There are great benefits to the Military Paralympic Program. Health is especially important to a wheelchair user. If I gained weight it would be harder to push myself around. If I was always sick I'd be in and out of the hospital. Training increased my chances of being a Paralympian and improved my physical and mental health.

After a year of training it was finally time to compete. And, unbelievably, I was named to the U.S. Track and Field team that summer. I traveled to Beijing and was proud to represent my country as one of the first Iraq vets to compete in the Paralympic Games. My story is now being included in the upcoming documentary "Warrior Champions."

If it wasn't for the Military Paralympic Program I wouldn't be here today or have accomplished any of my proudest feats.

The program saved my life, but there are still more things we can do to pave the way for newly injured vets. Not all injured veterans have access to the resources I did. Depending on where they live, they may not have the resources to go to the local gym or know who to turn to.

After being invited to testify, I learned all that this committee has done to support the Military Paralympic Program. I am grateful that this committee was responsible for passing a law last year that created a VA grant specifically for this program. I was also encouraged to learn that the VA asked Congress to fund that grant program for \$6.5 million starting in 2010. This money will go a long way toward reaching out to disabled veterans and involving them in this great program. This money can also be used toward "recruiting, supporting, [and] equipping," a new generation of paralympians.

Last summer, I had a chance to be a coach at one of the military sports camps. I remember the parents of one veteran, who was recently paralyzed, came to me with many question about equipment and training. Yet I felt powerless that I didn't have very many answers. There was no good place for me to direct these parents and where they lived, they did not have access to gyms, let alone gyms that would understand the modifications needed to train a handicapped veteran. With this money we can build more centers for veterans to train and more resources to train them with.

I was lucky—I found out about the Military Paralympic Program soon after my injury. I was able to start training quickly, before the physical and emotional strains set-in. Not all handicapped veterans are that lucky. I know this new VA grant program will make it easier to reach out to vets soon after their injury, introduce them to veterans like me, start their training, and give them hope.

Thank you for all that you have done and will continue to do for injured veterans.

**Prepared Statement of Dinah F.B. Cohen,
Director, Computer/Electronic Accommodations Program,
Office of the Assistant Secretary of Defense for Health Affairs, U.S.
Department of Defense**

Chairman Filner, Ranking Member Buyer and distinguished Members of the Committee, thank you for the opportunity to discuss the Department of Defense's (DoD's) program that provides assistive technology to wounded servicemembers. I am pleased to be here today.

Background

The Computer/Electronic Accommodations Program (CAP), a program in the TRICARE Management Activity (TMA), under the direction of the Assistant Secretary of Defense for Health Affairs, was established in 1990 as the centrally funded DoD program that provides assistive technology to allow DoD and Federal employees with disabilities to access electronic and information environment.

Following the National Defense Authorization Act for Fiscal Year (FY) 2000, Congress granted CAP the authority to provide assistive technology, devices, and services to Federal agencies that have a partnership agreement with CAP. CAP currently has agreements with 65 Federal agencies outside of DoD. CAP increases access to information and works to remove barriers to employment opportunities by eliminating the costs of assistive technology and accommodation solutions.

Our mission is to ensure that people with disabilities and wounded servicemembers have equal access to the information environment and opportunities in the DoD and throughout the Federal Government. By fulfilling this mission of providing real solutions for real needs, CAP is helping to make the Federal Government the model employer for people with disabilities.

Much of CAP's success lies in our ability to provide reasonable accommodations to employees quickly and easily, increasing employment and retention of employees with disabilities and wounded servicemembers. In FY 2008, CAP filled 10,356 requests for accommodations for the DoD and other Federal agencies. In FY 2008, CAP broke another milestone and filled 2,782 accommodations for DoD employees and 2,985 for non-DoD employees. Additionally, CAP provided 4,589 accommodations for our wounded servicemembers.

Wounded Servicemember Initiative

Many of our Soldiers, Sailors, Airmen and Marines are returning every day from deployments with significant injuries and disabilities. CAP works closely with medical providers, therapists, case managers and wounded servicemembers across the Nation to ensure they receive appropriate assistive technology for their needs. Accommodations are available for servicemembers with vision or hearing loss, dexterity impairments, including upper extremity amputees, and communication and cognitive difficulties.

Once the appropriate assistive technology has been identified, CAP provides the solutions, *free of charge*, to support a servicemember's medical recovery and rehabilitation.

The CAP Wounded Servicemember (WSM) Initiative provides the following services:

- Individualized needs assessments;
- Medical and support personnel training and in-services;
- Assistive technology and training during recovery and rehabilitation; and
- Accommodations for internships and/or permanent employment within the Federal Government.

The ability to use assistive technology during the early phases of recovery can greatly impact rehabilitation outcomes and future employment opportunities. Further, wounded servicemembers may retain these devices upon separation from active service.

Accommodations for Wounded Servicemembers

CAP actively supports wounded servicemembers during their recovery and rehabilitation. In FY 2008, CAP provided over 780 needs assessments and 4,589 accommodations to servicemembers and military treatment facilities throughout the Nation, including Walter Reed and Brooke Army Medical Centers. CAP also partnered with several organizations to support disabled veteran reemployment efforts and attended Hiring Heroes Career Fairs. In order to integrate assistive technology into the recovery process, CAP continues to partner with the Army Wounded Warrior Program and Marines for Life.

Department of Defense Instruction 6025.22

The Department of Defense Instruction (DoDI) 6025.22: Assistive Technology (AT) for wounded servicemembers secures CAP's eligibility to provide AT to servicemembers. The ability to use AT during the early phases of recovery promotes positive rehabilitation outcomes and future employment opportunities. This Instruction also allows servicemembers to retain the equipment after separation from active duty, enabling them to pursue education and employment opportunities.

Support Through Training and Needs Assessments

CAP provides needs assessments, assistive technology, and training to our Nation's wounded servicemembers throughout all phases of recovery and the transition to employment.

CAP supports wounded servicemembers, working closely with medical providers, therapists, case managers, and military liaisons at military treatment facilities to increase awareness and availability of AT.

Trainings can be conducted onsite, via Video Teleconference (VTC) or webcast. In-service trainings include the following objectives:

- Discuss how CAP provides needs assessments and AT to wounded servicemembers throughout the recovery and rehabilitation process.
- Review and demonstrate available AT for various disabling conditions.
- Identify methods to integrate AT into rehabilitative services and settings using best practice partnerships and training models as examples.

Needs assessments are a critical step in the CAP accommodation process. Many servicemembers sustain multiple injuries and require an individualized needs assessment to identify the most appropriate AT solutions.

In an effort to streamline this process and provide the most appropriate solutions, the needs assessment questionnaire is required as the first step of the CAP process. Additionally, medical documentation may be required for certain requests. It is recommended to disclose all functional limitations, disabling conditions, and the servicemember's current status (i.e., Medical Evaluation Board status, Continue on Active Duty plans) when completing the questionnaire in order to maximize potential outcomes.

The CAP Office requires servicemembers and their families to coordinate the submission of the needs assessment questionnaire with their medical providers and/or therapists. Once coordinated with appropriate providers, either the servicemembers, family members, medical providers, therapists, or case managers can submit the questionnaires via the CAP Wounded Service Member Web site: www.tricare.mil/cap/wsm.

Equip with Assistive Technology Solutions

CAP is available to provide training and in-services to medical personnel interested in learning more about needs assessments, AT, and the CAP process.

CAP equips servicemembers with AT devices, accommodations and training. Many servicemembers sustain multiple injuries and require a combination of AT devices. Accommodations and training are available for the conditions described below.

Dexterity

CAP provides devices to assist servicemembers who have sustained nerve damage, fractures, burns, and amputations to their upper extremities, including compact keyboards, alternative pointing devices, and voice recognition software with certified training.

Cognitive Difficulties, Including Traumatic Brain Injury (TBI)

For TBI and closed-head injuries, CAP provides various cueing aids to Servicemembers who struggle with memory loss and other cognitive difficulties. Cueing aids can assist servicemembers in remembering appointments, medication schedules, and personal contact information. Technology options can vary in complexity, from simple cueing aids to powerful computer-based applications.

Vision Loss

For servicemembers that experience vision issues due to ocular or neurological trauma, screen magnification software and/or hardware may reduce eye strain, blurry vision, and eye fatigue. Software enlarges fonts and changes color contrasts, enabling users to customize the application for specific needs. Portable magnification devices are also available. For complete vision loss, CAP provides scanners and screen reader software with certified training.

Hearing Loss

CAP supports servicemembers who suffer from hearing loss, including fluctuating, progressive, or low-frequency hearing loss and tinnitus. Assistive listening devices can be used at an individual's discretion, allowing the user to adjust the level of amplification to their needs and reduce unwanted background noise. This technology can also be beneficial to individuals with TBI.

Empower through Employment

It is CAP's mission to empower our Nation's heroes by providing them with the AT and accommodations they need to increase access and employment opportunities in the Federal Government.

By having AT, our wounded servicemembers can return to school, find employment in the private sector or return as a Federal employee in DoD or any of our partner agencies.

DoD greatly appreciates the Committee's strong support of America's veterans and the concern you have shown for their health and well being. We have made great progress in meeting the challenges on many fronts and with the Committee's continued help and support, we will do even more.

Thank you for the opportunity to discuss the Department's program that provides assistive technology to wounded servicemembers. I look forward to your questions.

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

Good morning Chairman Filner and Ranking Member Buyer. My name is Charlie Huebner and I am the Chief of Paralympics for the United States Olympic Committee (USOC). I appreciate the opportunity to testify.

First of all, I would like to thank the two of you for your leadership in making the VA Paralympic Adaptive Sports Program a reality in 2008, and for the amendment ensuring that your legislation is fully funded. I would also like to recognize Congressman Boozman, Congressman Kennedy, Congressman Langevin, Congressman Murtha and Congressman Salazar for their ongoing leadership and support. Because of your leadership, the Paralympic Military program has accomplished the following in 2009:

- Provided training to more than 1,200 community, military and veteran leaders;
- Provided ongoing programming to more than 6,000 injured military personnel and veterans;
- Distributed grant funding to more than 45 organizations;
- Created new Paralympic programs in 99 communities to support injured servicemembers and veterans. This included providing technical assistance and programs to support four military medical centers, 11 warrior transition units, and 14 VA facilities.

Your amendment requesting the full funding of \$10mm through the VA, in the Paralympic Veterans program, and your support of a \$5mm request through the DoD, will create the continuum of care from active duty to veteran status and expedite the delivery of programs, allowing the USOC and its partner organizations in 2010 to:

- Expand programming and services to more than 150 communities;
- Expand community technical assistance and support from 14 to 30 VA facilities;
- Expand community warrior transition unit support from 11 facilities to 20, and;
- Our goal is to establish programming that serves injured military personnel and veterans in 250 communities by 2012. Those communities are being identified by need.

We can do this because of collaboration with partner organizations like the Department of Veteran Affairs and Department of Defense, and a well established infrastructure of community sport programs. More than 60 organizations are members of the USOC with more than 50 million members in big cities and small towns throughout the United States.

Our strategy is focused on a cost efficient model of training and collaboration with key partners such as Disabled Sports USA, the Paralyzed Veterans of America, National Recreation & Park Association, the American Legion and other USOC member organizations. Collectively, we are investing more than 40 million of private resources annually.

This model eliminates duplication and allows for the USOC and its partner organizations to deliver technical assistance, equipment funding, and services to local communities.

I'd like to share with you an example: Our hometown of Colorado Springs, Colorado, a community with significant military and veterans presence, lacked specific Paralympic programming prior to 2008. The USOC collaborated with Fort Carson, the Air Force Academy, and the City of Colorado Springs Parks and Recreation Department to develop Paralympic Sport Colorado Springs. Today, injured servicemembers and veterans no longer have to drive one-to-three hours just to participate in daily physical activity programs.

The USOC's recommended utilization of funds would be to continue supporting technical assistance, creating enhanced awareness of program opportunities, and provide the majority of the resources via grants to organizations that can deliver the services at the local level. The USOC has already built a system and infrastructure to manage, monitor, and measure impact of grants provided to external organizations.

The impact of these programs on injured servicemembers is best demonstrated through the words of a veteran, or in this case, a parent of a veteran, as shared with USOC Paralympic Military employee Chris Chandler, himself a veteran who lost his foot during combat in Afghanistan.

"Hello Chris. I am the mother of a Corporal in the Marines. I originally met you at Balboa hospital when my son was about to undergo his third surgery. You were so gracious to me at a time when we were so full of despair and I appreciate that more than you'll know. At the meeting, I talked to y'all about trying to restore dignity and respect back to those hurt/injured Marines. Mission accomplished for my son!

One of the ways he has been able to restore his soul is through the Paralympic sports. He had always been an athlete, and realizing that he still could be was a truly enlightening experience for my son. First off, he has lost 60-70 lbs due to his injuries. He has finally gotten the pain in the ankles in control and has even started riding a bike. He is working up to riding on one of the long trips with the battalion. He is playing water basketball and sit down volleyball. He recently was able to attend a Paralympic sports camp. At that time he discovered wheelchair racing. He loved it! He said, "Mom you can run/race with me!" This brought tears to my eyes."

When most people are injured, a typical support network tends to focus on all that was lost. In many cases, it is something as simple as skiing with your friends or running with your mom, that allows both the injured servicemember and the support network to begin to think about the possibilities. Possibilities in sport. Possibilities in education. Possibilities in employment. And possibilities in life.

This is especially critical when a servicemember or veteran leaves the military medical center or VA facility and returns home. Immediate connection to a local Paralympic program will assist with the transition for a veteran returning home and it will allow the veteran to return to the norm with friends and family, both physically and mentally.

While a primary focus is the development of ongoing physical activity in communities, the USOC is also responsible for helping Americans fulfill their dream of representing their Country and sending them to the Olympic and Paralympic Games. This provides a great opportunity to create awareness about the outstanding work of the VA and DoD, the importance of physical activity for persons with physical disabilities as part of rehabilitation, and develops role models for all Americans. In 2008, 16 veterans represented America at the Paralympic Games, including three from the Iraq and Afghanistan campaigns. The following video will give you a glimpse of the impact your leadership and legislation had on a few of these heroes. Thank you for the opportunity to testify today.

Prepared Statement of Diane Hartmann, Director, Office of National Programs and Special Events, U.S. Department of Veterans Affairs

Mr. Chairman and Members of the Committee, thank you for providing this opportunity to discuss with you the Department of Veterans Affairs' (VA) progress in implementing Title VII of Public Law 110-389 that requires VA to establish the Office of National Veterans Sports Programs and Special Events. Providing our Na-

tion's disabled Veterans with the opportunity for self-development while at the same time providing important therapeutic assistance is in the highest tradition of the Department's mission to "care for him who shall have borne the battle." We are very pleased to have the U.S. Olympic Committee (USOC) join us in these efforts. Although there is much work left to be done in order to fully implement the provisions of the law signed last year, VA has already achieved a great deal, which I will share with you today.

Public Law 110-389, Implementation and Oversight

Public Law 110-389 became law on October 10, 2008. Title VII of that law was enacted in the spirit of further enhancing the partnership between VA and the USOC. To that end, Title VII establishes within VA the Office of National Veterans Sports Programs and Special Events (ONVSPSE). One of the missions of this office is to facilitate VA's cooperation with the USOC, and its partners, to promote the participation of disabled Veterans and disabled members of the Armed Forces in its sponsored sporting events. Furthermore, Title VII authorizes VA to award grants to the USOC, through fiscal year 2013. One precondition to awarding these grants was the signing of a Memorandum of Understanding (MOU) between VA and the USOC. A MOU was signed by VA Deputy Secretary W. Scott Gould and Ms. Stephanie Streeter, Chief Executive Officer, USOC, on July 13, 2009.

However, VA did not wait until July 13 to begin implementing the other provisions of Title VII. Funding to support Title VII is in the President's FY 2010 Budget. VA has already begun to draft regulations for the payment of allowances, and other policy guidelines necessary to achieve the full implementation of Title VII.

VA is collaborating with the USOC to develop a certification process and has identified a payment system within the Veterans Benefits Administration that can be used to process and authorize the monthly assistance allowance paid to a Veteran with a disability invited by the U.S. Paralympics, a Division of the USOC, to compete for, or participate on, the U.S. Paralympic Team. We are now beginning to develop the grant approval and review process with U.S. Paralympics.

Title VII establishes several reporting requirements for the USOC, and VA, regarding the use of funds authorized under the title. Specifically, it requires the USOC to report to VA how the grants provided to it are used, and permits VA to conduct oversight of the use of the grant funds. As no grants have as of yet been issued, no oversight has taken place.

Office of National Programs and Special Events (ONPSE)

In 1999, VA established the Office of National Programs and Special Events (ONPSE) to oversee highly-successful and well-attended national rehabilitative programs for disabled Veterans: National Disabled Veterans Winter Sports Clinic, National Veterans Wheelchair Games, National Veterans Golden Age Games, and National Veterans Creative Arts Festival. VA currently has MOUs with partner organizations that co-sponsor these programs: Disabled American Veterans, Paralyzed Veterans of America, Veterans Canteen Service, Help Hospitalized Veterans and The American Legion Auxiliary. Last year, ONPSE began the Summer Sports Clinic, which is specifically designed for recently injured Veterans with amputations, traumatic brain injuries, burn injuries, or post-traumatic stress disorder. In September 2009, the National Veterans TEE (Training—Exposure—Experience) Tournament, which was previously a local event for visually impaired Veterans to develop new skills and strengthen their self esteem through adaptive golf, bowling, horseshoes and other activities, will be elevated to a national program under ONPSE and opened to Veterans with a wide range of disabilities. The goals of these events are to reach disabled Veterans during their recovery from traumatic injury or disease, introduce them to adaptive recreational activities, and challenge them with activities that give them a sense of accomplishment and enable them to redefine their capabilities. These events are open to all Veterans enrolled in the VA healthcare system. Each event encourages first-time participants. However, able bodied and disabled Veterans who meet the eligibility criteria can participate. Each year, thousands of Veterans who participate in VA's local programs have the opportunity to further their self-development through participation in these national events.

In 2005, VA entered into a MOU with the USOC to increase interest in and access to Paralympic sports programs for Veterans with disabilities. Prior to Public Law 110-389's enactment, VA partnered with the USOC to expand the awareness of Paralympic sports and provide elite-level athletes with direct access to the USOC Paralympics program.

Office of National Veterans Sports Programs and Special Events (ONVSPSE)

On February 23, 2009, the Secretary of Veterans Affairs redefined the functions of ONPSE to include carrying out the new requirements of Sections 702 and 703 of P.L. 110-389, and he realigned the new Office of National Veterans Sports Programs and Special Events directly under the Office of the Secretary.

Impact of Public Law 110-389 on Existing Programs

VA has worked diligently to implement the new law. The law states that to the extent appropriate and without impacting the services provided by the Veterans Health Administration (VHA), VHA may permit recreational therapists, physical therapists, and other medical staff to facilitate participation of Veterans in sporting events conducted under the auspices of the United States Paralympics, Inc., without the need for such personnel to take personal leave. VA medical staff is currently supporting Veterans participating in Paralympic-sanctioned events by accompanying Veterans to such events and assisting with the procurement of specially-adapted equipment for these Veterans. At this time we do not have an assessment of this impact on local medical services.

Conclusion

VA has made great progress toward implementing the provisions of P.L. 110-389 and enhancing its partnership with the USOC. Although work remains before us, we have developed a spirit of cooperation and teamwork with the USOC, and I am confident that we are moving in the right direction. Thank you again for this opportunity to come before you. I will be happy to answer any questions that you may have.

MATERIAL SUBMITTED FOR THE RECORD

Committee on Veterans' Affairs
 Washington, DC.
July 30, 2009

Adrian M. Atizado
 Assistant National Legislative Director
 Disabled American Veterans
 807 Maine Avenue, SW
 Washington, DC 20024

Dear Adrian:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by fax at 202-225-2034. If you have any questions, please call 202-225-9756.

Sincerely,

BOB FILNER
Chairman

JL:ds

**POST-HEARING SUBMISSION FOR
 ADRIAN M. ATIZADO
 ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
 OF THE
 DISABLED AMERICAN VETERANS
 FROM THE HOUSE COMMITTEE ON VETERANS' AFFAIRS HEARING
 JULY 29, 2009**

Question 1: In your testimony you mentioned that approximately 370 participants from across the country participated in the most recent learn-to-ski clinic. How do these participants fund their way to and from these events?

Answer: The veteran is responsible for purchasing their airfare and lodging to participate in the National Disabled Veterans Winter Sports Clinic (Clinic). Financial support for these items can come from their local VA facility that has established general post funds for this purpose. On occasion, a local Disabled American Veterans (DAV) Chapter or Department or other veterans service organization will sponsor the individual veteran. In some cases veteran participants choose to pay their own way.

Transportation from the airport to the Clinic and back, meals, and appropriate sports equipment are provided by the event. Participants need only to bring clothes for layering, waterproof shoes or boots, gloves, hat, sunscreen, sunglasses, medication and personal identification.

Question 2: How soon after a veteran is injured can they attend the Winter Sports Clinic?

Answer: Veterans who wish to participate in the Clinic must submit an application, which requires a medical clearance that needs a physician's concurrence.

Question 3: What are DAV's top concerns regarding seriously injured veterans and their rehabilitation?

Answer: The DAV was founded on the principle that this Nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled.

Recreational therapy offers diverse rehabilitation benefits addressing the needs of disabled veterans with a range of disabling conditions. It improves physical, cognitive, social and emotional functioning. It helps develop the skills needed to enhance functional independence for community living and to promote a higher quality of life for the veteran and their family. Recreational therapy also prevents the decline in physical, cognitive, and psychosocial functioning, and results in a reduced need for health services, to include reduction in secondary disability and associated higher healthcare costs.

Through the Clinic, veterans of all ages, all levels of ability and impairment, are able to reap the rehabilitation benefits of recreation therapy through adaptive sports and recreational activities, such as Alpine and Nordic skiing, rock climbing, and scuba diving. Other national sports and recreation programs, such as the National Veterans Wheelchair Games, National Veterans Golden Age Games, and the National Veterans Summer Sports Clinic, focus on the rehabilitation of many severely disabled veterans.

They showcase the preventive and therapeutic values of sports, fitness, and recreation, which are key factors in VA's extensive rehabilitation programs. They are also extremely beneficial to veterans, helping many to overcome or mitigate the physical and emotional impact of severe disabilities.

Accordingly, we believe the responsibility for rehabilitative special event programs should be transferred from the Office of Public Affairs to the Veterans Health Administration. In addition, we believe the primary purpose of rehabilitation through sports (promoting rehabilitation, fitness, and an enhanced quality of life) should be protected.

We thank the Committee for its interest and actions taken to expand the quantity and quality of sports and recreation opportunities available to severely disabled veterans. However, we believe more needs to be done to identify and eliminate the barriers severely disabled veterans face, and must overcome, to successfully engage and receive the benefits from sports and recreation.

Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Carl Blake
National Legislative Director
Paralyzed Veterans of America
801 18th Street, NW
Washington, DC 20006

Dear Carl:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by fax at 202-225-2034. If you have any questions, please call 202-225-9756.

Sincerely,

BOB FILNER
Chairman

JL:ds

Paralyzed Veterans of America
Washington, DC.
September 1, 2009

Honorable Bob Filner
Chairman
House Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, DC 20515

Dear Chairman Filner:

On behalf of Paralyzed Veterans of America (PVA), I would like to thank you for the opportunity to present our views on the Military Paralympic Program and how it is serving veterans and servicemembers with catastrophic injuries. We were also pleased to outline the many sports and recreation programs that PVA sponsors and how they meet the rehabilitation needs of our Members, veterans with spinal cord injury or dysfunction, and all other disabled veterans.

We have included with our letter a response to each of the questions that you presented following the hearing on July 29, 2009. Thank you very much.

Sincerely,

Carl Blake
National Legislative Director

Question 1: What are the biggest barriers to participation in a sports therapy program?

Answer: It is critically important to remove barriers to participation in sports therapy programs. With this in mind, we would like to make a few recommendations. These ideas are at least partially based on our observations and experiences with severely injured active duty servicemembers at Walter Reed Army Medical Center. 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 Department of Veterans Affairs (VA) and the Department of Defense (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 United States Olympic Committee (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.

Question 2: What percent of injured veterans participate in adaptive sports therapy?

Answer: The simple answer to this question is that we do not know. We are not aware of any particular statistical data that tracks this information, nor do we believe that it would be easily obtainable. However, we do know that in FY 2009, approximately 600 disabled and severely disabled veterans will participate in PVA Sports and Recreation programs. Of that number, approximately 95 percent are PVA Members.

Question 3: What are PVA's top concerns regarding seriously injured veterans and their rehabilitation?

Answer: First and foremost, we remain concerned that newly injured veterans are not receiving comprehensive information in a timely manner regarding sports

and recreation opportunities during their rehabilitation. Without this assistance, many severely injured veterans run the risk of falling through the cracks.

Moreover, VA should develop and implement a standardized curriculum for recreation therapy to support VA national programs and special events. Currently, we do not believe that VA recreation therapy programs are consistent across the board. By focusing on standardization, the VA will be able to better provide the training and awareness at the local level to support these programs and maximize their benefits.

As we mentioned previously, the VA should also coordinate with the Department of Defense (DoD), veterans' service organizations, and the USOC-Paralympics to 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. VA and DoD should facilitate outreach efforts of legitimate organizations promoting sports and recreation opportunities by improving their access to newly injured veterans. Without this coordination, grant moneys appropriated by the Military Paralympic Program may be awarded to organizations that are unable to provide, or are ill-equipped to administer, these important rehabilitative programs.

Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Julia Ray, Manager
Wounded Warrior Disabled Sports Project
Disabled Sports USA
451 Hungerford Dr., Suite 100
Rockville, MD 20850

Dear Julia:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

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Sincerely,

BOB FILNER
Chairman

JL:ds

Committee on Veterans' Affairs
U.S. House of Representatives
Post-Hearing Questions for Julia Ray
Manager, Wounded Warrior Disabled Sports Project
Disabled Sports USA, Inc.
From the Honorable Bob Filner
July 29, 2009
Meeting the Needs of Injured Veterans
in the Military Paralympic Program

Question 1: In your testimony, you say that Disabled Sports USA encourages families to participate, what is the average cost for a family Member to participate?

Response: The cost depends on the length and type of sport program. For example, a 7 day, ski/snowboard program will cost over \$1200 per person. A 2 hour, local golf clinic costs approximately \$30 per person.

Question 1(a): Who pays for the family member?

Response: The Wounded Warrior Disabled Sports Project. The wounded warrior and family member participate free of charge.

Question 2: In your testimony you state that you provide for all the expenses of participation for a veteran. On average how much does it cost to fund all these expenses per veteran?

Response: As with a family member it depends on the length and type of sport program as we offer a range of sports and clinics. At all programs, the Wounded Warrior Disabled Sports Project supplies all adaptive equipment, accessible facilities, trained instructors, lodging, travel expenses, meals and any other required expenses such as lift tickets. A 7 day ski program can cost more than \$1200 per person.

Question 3: How many employees do you have and what type of certifications do they need to provide this special therapy?

Response: Disabled Sports USA (DS/USA) has 11 employees at their National Headquarters located in Rockville, MD. DS/USA partners with its nationwide network of 100 chapters to provide year round services to the wounded warriors. Each chapter employs their own staff. Qualifications vary but commonly include Recreation Therapists (CTR/L); Sports Program Managers (Sports Management) and other Outdoor Leadership Specialists. Instructors/Coaches used must be trained and certified by the appropriate sports governing body and have training, certification and/or experience in teaching people with a disability. This ensures safe and effective instruction for the wounded warrior.

Question 4: You state that your organization is experiencing an ever increasing demand for services by disabled veterans. What are the top three services being requested by veterans?

Response: First, because of the severity of the injuries with resulting multiple injuries or "Poly Trauma", the length of rehabilitation for individual wounded warriors requires longer rehabilitation and therefore more sports activities and events.

In addition, the wounded warriors are indicating higher interest in the following programs:

- Endurance sports, i.e. marathons, triathlons, other outdoor adventure sports
- Skiing and Snowboarding
- Water Sports, especially SCUBA diving, water skiing and kayaking

Question 5: What kind of partnerships does Disabled Sports USA have with other similar organizations?

Response: Disabled Sports USA primarily partners with approximately 40 of its 100 chapter members to offer programs to the wounded warriors. These chapters are all well established adaptive sports programs and we are confident they will offer a positive first time sports experience for the warriors. Others also include:

- Wounded Warrior Project/SoldierRide
- 100 member DS/USA Chapter organizations (i.e. Challenge Aspen, Sun Valley Adaptive Sports, Soldiers Undertaking Disabled SCUBA, Team River Runner)
- PGA of America
- Tee It Up for the Troops
- Non-Commissioned Officers Association
- British Limbless Ex-Servicemembers Association
- Professional Ski Instructors of America/American Association of Snowboard Instructors
- Diving Equipment and Marketing Association
- Challenged Athletes Foundation
- American Canoe Association
- USA Water Ski
- National Recreation and Parks Association of Maryland
- Trijicon



Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Barbara Tulipane
Chief Executive Officer
National Recreation and Park Association
22377 Belmont Ridge Rd.
Ashburn, VA 20148

Dear Barbara:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by faxing your responses to Debbie at 202-225-2034. If you have any questions, please call 202-225-9756.

Sincerely,

BOB FILNER
Chairman

National Recreation and Park Association
Washington, DC.
September 10, 2009

The Honorable Bob Filner
U.S. House of Representatives
Committee on Veterans' Affairs
35 Cannon House Office Building
Washington, DC 20515

Dear Representative Filner:

First off, thank you for the opportunity for the National Recreation and Park Association (NRPA) to provide answers to the hearing questions posed from the Committee hearing on "Meeting the Needs of Injured Veterans in the Military Paralympic Program". As you know, David Stringer, Human Resources Director for the Richland County, South Carolina Parks and Recreation Commission, testified on behalf of NRPA at the July 29, 2009 hearing regarding meeting the needs of injured veterans in the Military Paralympic Program. We thank you for this opportunity and please find below NRPA's responses to the post-hearing questions.

Question 1: What is the key thing that we should be doing to help veterans stay healthy and active in their communities?

Response: An active lifestyle is important for the mental and physical health of all Americans and has become even more important to our Nation as we face an obesity epidemic that is claiming the lives of millions and causing healthcare costs to spin out of control. The veterans and servicemembers, who are now physically disabled, are at an increased risk for contracting various chronic diseases and becoming obese. In order for these individuals to stay active and maintain a healthy lifestyle, they must have convenient, close-to-home access to the places, spaces and programs that encourage and help them to become physically active.

Every community in the United States has a park and recreation agency that can provide these very resources to veterans and active duty servicemembers and, in turn, help ensure they are living a healthy, physically active lifestyle. However, Federal funding for park and recreation has significantly decreased over the past 9 years thereby limiting the ability of communities to meet the personal and therapeutic recreational needs of veterans and active duty servicemembers who have physical disabilities and now have different needs.

In order for public parks to meet the needs of our veterans and active duty servicemembers, especially those with physical disabilities, we must ensure communities throughout this country have the recreational infrastructure, professional staff, and innovative programming to support and enhance the rehabilitation of the many veterans and active duty servicemembers who have bravely served our country. Currently the National Recreation and Park Association is working to do just this in partnership with the U.S. Olympic Committee's Paralympics Division, but the need significantly outweighs the available resources (funding, staffing, etc.) necessary to accomplish this goal. NRPA strongly encourages Congress to provide \$10 million to the Paralympic Adaptive Sports Program and \$5 million to the Paralympic Military Program (funded through the Department of Defense) which will ensure our veterans and servicemembers have the recreational resources they need to stay healthy available to them in the communities where they live and serve.

Question 2: Does your organization have an active partnership with VA or DoD?

Response: Through our partnership with the U.S. Olympic Committee's Paralympics Division NRPA has had the opportunity to work with representatives from both the Department of Veterans Affairs (VA) and the Department of Defense (DoD). We are actively exploring opportunities to expand our working relationship with both of these Departments as we believe this will greatly assist our efforts to ensure veterans and injured servicemembers have the resources and outlets to live a physically active life.

Question 3: The NRPA and U.S. Olympic Committee's Paralympics Military Program task force expanded the use of local resources and events to benefit local communities. How exactly were local resources expanded to benefit local servicemembers and their families?

Response: The combined work of NRPA and U.S. Olympic Committee's Paralympics Division on the Military Program task force has resulted in greater utilization of local resources to increase physical activity of veterans and injured servicemembers.

The task force is systematically working with Warrior Transition Units around the country and has been working with the WTU at Fort Bragg, Ft Lewis and other select installations. A few examples of the work being done in local communities are below.

A dynamic partnership has formed between Fayetteville-Cumberland Parks and Recreation and Fort Bragg, MWR-Sports, Fitness and Aquatics to work with the wounded warriors in the Fayetteville area. Masaryk Park in Fayetteville has tennis courts, trails, fishing and presented a prime opportunity to engage injured servicemembers in physical activity. During the first week of a tennis program that Fayetteville-Cumberland Parks and Recreation created to serve the wounded warriors, a game ensued between the warriors and some local senior citizens. The seniors were actually WWII Army Veterans and were highly encouraged to see how the community and the partnership with Fort Bragg is working to take care of their own. Additionally the park and recreation staff member who is leading this program is a military veteran and is honored to be a part of the partnership with Fort Bragg and witnessing the impact on the warriors involved in the program.

Another example is the innovative work that is being done in Washington State. Here, Metro Tacoma Parks, NRPA, and U.S. Olympic Committee's Paralympics Division have organized a taskforce to focus on utilizing sports and recreation in the rehabilitation of injured servicemembers. As a result of the taskforce created, Fort Lewis began a recreation and sports program for the 450 injured servicemembers stationed there, a sports camp on post and therapeutic recreation programming and family integration opportunities for injured servicemembers and families outside the gates of the military installation. By creating and offering adaptive sports and recreation at the community level, those with varied abilities are afforded the opportunity to stay active and maintain a healthy lifestyle in a convenient and welcoming environment in the community they call home. This taskforce has regular communication on how to expand the use of local resources, events, and opportunities to benefit local wounded servicemembers and their families.

Further, NRPA has also been working with Fort Lewis on a Remote Care Program for wounded warriors. Local park and recreation agencies have been assisting in developing physical training plans that meet the requirements set forth by the medical staff at Fort Lewis. These plans connect soldiers to their hometown public parks and recreation agencies thereby allowing them to return home for rehabilita-

tion and recovery. The agencies work directly with the base and the soldier to develop a plan to ensure their rehabilitation and recreational needs are met.

A final example comes from the Sacramento Department of Parks and Recreation which is working locally in California to introduce Paralympic sports to returning warriors. The impact of this work can be summed up by comments made from a soldier who recently attended an event:

“I wanted to let both of you know that the experience I had at the camp was one of the most memorable time I have ever had. I learned a lot about myself and about life. I think that the most important thing I learned however is that no matter what stumbles life may throw at you, if you have the determination, they will not stop you. In fact, those stumbles may make some of the things you desire to a bit more difficult, but with the right attitude more difficult just means a challenge and most people love a good challenge.”

In concert with public park and recreation assets and the U.S. Olympic Committee’s Paralympics Division’s expertise and prominence, and distinction creates a unique and particularly beneficial partnership that has the potential to impact the lives of injured servicemembers, veterans and their families around the country.

NRPA thanks the Committee for the opportunity to provide testimony and information on the many ways in which public park and recreation agencies are working to rehabilitate wounded veterans and servicemembers. Should you require additional information, please feel free to call me or Stacey Pine in our Public Policy office at 202–887–0290 or spine@nrpa.org.

Sincerely,

Barbara Tulipane, CAE
Chief Executive Officer

Committee on Veterans’ Affairs
Washington, DC.
July 30, 2009

Paul Rieckhoff
Executive Director and Founder
Iraq and Afghanistan Veterans of America
770 Broadway, 2nd Floor
New York, NY 10003

Dear Paul:

In reference to our Full Committee hearing entitled “Meeting the Needs of Injured Veterans in the Military Paralympic Program” on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans’ Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by faxing your responses to Debbie at 202–225–2034. If you have any questions, please call 202–225–9756.

Sincerely,

BOB FILNER
Chairman

JL:ds

**U.S. House Committee on Veterans' Affairs,
"Meeting the Needs of Injured Veterans in the Military Paralympic
Program"
Followup Questions, Carlos Leon, IAVA Member & Paralympian**

Question 1: What percentage of injured veterans from the Iraq and Afghanistan War have participated in adaptive sports therapy?

Response: An estimated 30,000 OEF/OIF servicemembers have been injured since 2003. The USOC and its partner organizations are currently providing physical activity programming at the community level to more than 6,000 injured servicemembers and veterans.

Question 2: Currently what outreach is being done by VA and other similar organizations to inform seriously injured veterans from the Iraq and Afghanistan War about these adaptive sports programs?

Response: In my experience, I was informed of these programs within days of starting my physical therapy at the VA. Shortly after learning about these programs I was signed up for my first military sport camp. Once I was brought into the USOC community they then informed me of more programs in my community.

Question 3: When is the best time to inform an injured member about these adaptive sports therapy programs?

Response: I believe the sooner the better. I can't stress enough how important it is for the servicemembers not to go into depression. It is vital that they're informed of these programs in the beginning of their therapy. This not only gives the veteran something to look forward to while in therapy, but more importantly it does not let emotional strain set in. That is key to a health recovery.

Question 4: With the new appropriated funds, how do you think the Paralympics Military Program should use the resources to help injured veterans or servicemembers participate in sports programs?

Response: I would recommend utilizing the existing system developed by the U.S. Olympic Committee to distribute funds to Paralympic, veteran and USOC member organizations at the community level. By providing the funds to the USOC, they can utilize the existing grant system that reviews applications, distributes funds and evaluates impact for reporting back to the DoD, VA and Congress.

Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Hon. Robert M. Gates,
Secretary
U.S. Department of Defense
The Pentagon
Washington, DC 20301-1155

Dear Mr. Secretary:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by fax at 202-225-2034. If you have any questions, please call 202-225-9756.

Sincerely,

BOB FILNER
Chairman

Hearing Date: July 29, 2009
Committee: HVA
Member: Congressman Filner
Witness: Ms. Cohen

Question 1: Does DoD have an active partnership with VA regarding assistive technology?

Question 1(a): If so, how are both agencies working together?

Answer: The Computer/Electronic Accommodations Program (CAP) was established in 1990 as the centrally funded reasonable accommodations program for employees with disabilities in the Department of Defense (DoD). Following the National Defense Authorization Act (NDAA) of FY 2000, Congress granted CAP the authority to provide assistive technology, devices, and services free of charge to Federal agencies that have a partnership agreement with CAP. The TRICARE Management Activity, a field activity in the Office of the Assistant Secretary of Defense (Health Affairs), serves as the executive agent for CAP.

On February 27, 2002, CAP established a partnership agreement with the Department of Veterans Affairs (VA) to provide assistive technology to VA employees with disabilities as outlined in the NDAA. Since the inception of this VA partnership, CAP has filled over 3,200 requests for assistive technology and accommodations.

The assistive technology is provided to VA employees as a work-site accommodation. Equipment remains with the VA as government property. This supports VA's compliance with the Rehabilitation Act of 1973, as amended, to "recruit, place, accommodate and retain employees with disabilities."

VA employees may submit their requests for accommodations to CAP via the web at www.tricare.mil/cap. CAP provides the accommodation and training at no cost to the VA or the employee. The VA provides the accommodations outside of CAP scope per the NDAA.

In the area of accommodations for wounded servicemembers, CAP provides accommodations to them during their recovery and rehabilitation in the military treatment facilities. Once a servicemember separates from active duty, he/she will receive any additional assistive technology from the VA. CAP and the VA work closely to ensure they are providing similar assistive technology that makes it easy for the servicemember to receive upgrades and continue to use the technology provided by CAP.

Question 2: Has the assistive technology that DoD provides permitted any servicemember to return to active duty?

Answer: Yes. Since the inception of the Computer/Electronic Accommodations Program (CAP) to provide assistive technology to wounded servicemembers, we have filled over 12,300 requests for accommodations.

We have filled over 941 accommodations for servicemembers who have remained on Active Duty. Examples of the assistive technology accommodations include:

- Alternative keyboards, input devices, and voice recognition software for servicemembers with dexterity impairments;
- Screen readers and training, magnification software, closed-circuit televisions (CCTVs) for servicemembers with vision loss;
- Assistive listening devices (ALDs) and personal amplification devices for servicemembers with hearing loss; and
- Cueing and memory aids, literacy software, screen readers, ALDs, augmentative communication devices for servicemembers with cognitive impairments, including Traumatic Brain Injuries (TBI).

We have also provided 104 accommodations to wounded servicemembers who have separated and returned to the Federal Government as civilian employees. One of the many servicemembers that have remained on active duty is Capt. Scott Smiley. While deployed in Mosul, Iraq, he was hit by shrapnel in the face from an improvised explosive device, causing brain injury and permanent blindness. He was introduced to assistive technology by CAP during his recovery at Walter Reed Army Medical Center. He has completed his MBA and is now an instructor at U.S. Military Academy at West Point and continues to use the assistive technology from CAP. His full story can be found at <http://militarytimes.com/smoy/army/army-winner-2007.php>. Employees with disabilities and wounded servicemembers can see and test the various assistive technologies at the CAP Technology Evaluation Center (CAPTEC) at the Pentagon. CAPTEC provides needs assessments and demonstrations of the latest assistive technologies.

Question 3: Can you give us the number of veterans who have needed assistive technology in the past 3 years?

Answer: We have filled over 11,300 accommodations for wounded servicemembers during their recovery and rehabilitation at military treatment facilities during the past 3 years.

As they separate from Active Duty, the Department of Veterans Affairs (VA) tracks if any have requested additional or new assistive technology. We are aware of 30 disabled veterans who have returned to Federal employment and requested technology from the Computer/Electronic Accommodations Program (CAP) for their work location.

CAP has also been involved in 12 VA training/conferences over the past 3 years, including a session at the Veterans Benefits Administration Leadership Conference. Over 600 VA case managers, rehabilitation specialists, and medical professionals have attended the trainings and received information on the CAP process and assistive technology.

Additional information on CAP can be found at www.tricare.mil/cap.

Question 4: How many adaptive sports therapy programs does DoD have at this time?

Answer: Sports and recreation therapy programs are available throughout DoD within the medical treatment facilities and on DoD installations that have wounded warriors assigned. The ability of injured servicemembers to engage in recreational activities is a very important component of rehabilitation and reintegration. Our installation MWR specialists are successfully working with medical personnel, wounded warrior units, community parks and recreation, and non-profits to integrate sports and recreation as part of the healing process. The number and type of activities vary by location based on types of injuries, identified needs and interests, staff and volunteer expertise, and accessible facilities. Activities may include swimming, kayaking, skiing, hiking, rock climbing, rafting, fishing, horseback riding, biking, and team sports such as basketball and volleyball.

The Department has contracted with Penn State University to provide 12 joint Inclusive Recreation Training Courses over 3 years. The 4 day course trains 30 installation recreation specialists to successfully integrate wounded warriors and family members into existing MWR programs. Feedback from the first year (four courses) has been very positive.

Thanks to support from Congress, the United States Olympic Committee's Paralympic Military Program has been hugely successful in enhancing the rehabilitation, readiness, and quality of life of severely injured servicemembers and veterans. The U.S. Paralympics has provided training to develop adaptive sports and fitness programs at many military treatment facilities, VA Polytrauma hospitals, warrior transition units, and wounded warrior regiments. The program engages Paralympic mentors in all aspects of program development and implementation. Another key component are the U.S. Paralympic staff who help connect injured military personnel to sports and fitness programming in their local communities.

Additionally, there are many other civilian non-profit organizations providing recreation programs for wounded warriors and their families.

Question 5: Does DoD participate in any of the national adaptive sports events sponsored by VA?

Answer: Active-duty members have participated in two events: the winter sports clinic and the wheelchair games. Active Duty members can participate if they meet the eligibility requirements and the Secretary signs a waiver authorizing their participation in that event. Travel related expenses have been paid by donations, as VA is not authorized to use appropriated funds.

Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Charlie Huebner
U.S. Olympic Committee Chief
U.S. Paralympics Division
1101 17th Street, NW
Washington, DC 20036

Dear Charlie:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by fax at 202-225-2034. If you have any questions, please call 202-225-9756.

Sincerely,

BOB FILNER
Chairman

JL:ds

**Committee on Veterans' Affairs
U.S. House of Representatives
Post-Hearing Questions for Charlie Huebner
Chief of Paralympics
U.S. Olympic Committee
From the Honorable Bob Filner
July 29, 2009**

Meeting the Needs of Injured Veterans in the Military Paralympic Program

Question 1: During the March 13, 2008, hearing on U.S. Paralympics Military Program, in your testimony you stated that the USOC goal was to establish new Paralympics-based programs in 75 communities by the end of 2008. Can you provide us an update on this goal?

USOC Response: Please see the attached list (Attachment A) of USOC Paralympic and Veteran program locations in addition to a listing (Attachment B) of the 99 current community-based programs (Paralympic Sport Clubs). As of July 29, 2009, the USOC has created Paralympic community-based programs in 99 U.S. communities.

Question 2: In your testimony you refer to a collective \$40 million in private resources invested annually. I applaud your tenacity in finding these resources. Can you give us a sense of how much an event like the National Veterans Wheelchair Games costs to plan and execute?

USOC Response: Our primary focus with the Paralympic Military and Veterans Program is to provide daily physical activity programming at the community level for injured servicemembers or veterans that return home. The National Veterans Games is a week-long event that provides competition and introduction to sport at a national level. U.S. Paralympics is not involved in the planning of the Veterans Games. Diane Hartman of the VA would be able to give you an accurate figure of the cost to host the Games. The Veterans Games is an important aspect of the rehab process, but not our focus. The focus for U.S. Paralympics is to implement ongoing sport programs that veterans and injured servicemembers can participate on a daily basis in their local community.

Question 3: What changes has the USOC implemented since 2005, when USOC and VA signed a memorandum of understanding, to ensure lessons learned are implemented in future events?

USOC Response: The memorandum of understanding signed in 2005, created the avenue for the USOC and VA to work together. We have signed a new in MOU in June 2009 that focuses on the programming relating to the 2008 legislation. Our primary focus is to work with DoD and VA facilities at the community level to provide physical activity training, resources, Paralympic mentors and equipment for ongoing programming. This is done in a flexible manner based on the need and wishes of the local facility. Included in the list of program locations as referenced in response #1 is a list of communities where we are currently working on developing and establishing ongoing sport programs with VA facilities. One success story of our VA partnerships involves our relationship with the VA Hospital in Tampa FL. We have worked closely with leadership at the hospital to implement a variety of ongoing sport programs that are regularly scheduled and accessible to both in and out patients. In fact, the Tampa VA just had one of their sport program athletes named to the National Adaptive Rowing Team and will compete in the 2009 World Rowing Championships. This athletes' success is due in part to the ongoing sport training he continues to receive through the VA. The Tampa VA also has a working relationship with the local community-based sport program, Paralympic Sport Club Tampa Bay. The local Sport Club assists the VA programs by providing sport facilities, necessary adaptive equipment and coaching.

Question 4: What is your vision on how to spend the appropriated 10 million?

USOC Response: Our primary recommendation for funds would be to provide program grants to Veteran, Paralympic, and Community-Based programs to implement ongoing physical activity programs at the community level. The USOC already has an infrastructure in place to implement a grant program (see attachment C). A small portion of the funds, would be to expand infrastructure to support ongoing training and technical assistance to develop community programs in cities that have needs. We would also expand the education and awareness materials available to DoD and VA staff, injured military personnel, veterans and their family member to make them aware of programs in their local communities.

Question 5: You have provided grant funding to 45 organizations. Who are these organizations, what do they do and what was the average dollar amount of the grant awarded?

USOC Response: Please note the attached list (Attachment D) of grants distributed to date to a variety of organizations to develop ongoing sport programming and to enhance the rehabilitation of injured servicemembers and veterans. You'll note from the list that grant recipients range from Veteran, Paralympic and/or community-based organizations that request funding to meet a specific need for injured military personnel and/or veterans, utilizing physical activity as part of the rehab process. The grants funds distributed provide a variety of functions in order to develop ongoing programming for injured servicemembers and/or veterans including, but not limited to equipment, coaching, training, and facilities/sport venues. Examples include a grant to a local parks and recreation department to support an archery program for veterans or a grant to a Veterans organization to implement hand cycling clinics in four cities.

Grant activity is monitored through regularly scheduled progress reports. Staff members also complete site visits whenever possible to ensure program quality.

Question 6: You state in your written testimony, that you have provided technical assistance. What does technical assistance encompass?

USOC Response: The technical assistance we provide involves a number of initiatives from 'Train the Trainer' programs, focusing on coaching techniques for particular sports, to leadership training on how to implement military programs. In addition, we provide partnering organizations with strategic planning tools for program implementation and expansion, educational materials and opportunities to learn from others through forums and conferences. A majority of the technical assistance we provide is customized as the needs of organizations we work with are different. Technical assistance is broad and maybe different in each situation. Primarily it is leadership training for local military, veteran or community leaders to be trained in how to implement a local program, or coaching expertise to run a specific physical activity program at the local level. It also may include identifying and providing funds for renting of facilities, creating education and awareness materials, or providing sport equipment.

Question 7: Can you elaborate on what you and the: 4 medical centers, 11 warrior transition units and the 14 VA facilities are providing to veterans and servicemembers?

USOC Response: To date more than 6,000 injured servicemembers have been introduced to physical activity through ongoing sports programs at the community level in collaboration with Military and Veteran Medical Treatment Facilities and/or installations. As examples, at the 4 DoD Medical Treatment Facilities the Paralympic Military Program is offering an average of 6 sports per facility to nearly 1,000 injured servicemembers. Of the WTU's we're currently working with 8 Units are offering an average of 7 sports while the other 3 Units are in the strategic planning and/or train the trainer phase of implementation and will be offering a variety of sports in the near future. Our work with each of the VA's is different based on their population and program needs. Being flexible and building programs with the input from local leadership is a core component of success with each of the VA's. Some will partner with local community-based programs others find it works best to offer sport programs in-house. We are there to support each VA and their sport offerings by helping them gain an understanding of the concept—enhancing rehabilitation through sport.

Based on a training model we developed in collaboration with the Ft. Lewis WTU, we are providing train-the-trainer sessions on how to implement physical activity programs as part of duties at WTU's throughout the U.S. We also create alignment with local Paralympic or community-based sport organizations to assist. In military medical centers, we have full-time Paralympic mentors providing ongoing physical activity to soldiers in the wards based on their sport interest. At VA facilities, we have aligned our local resources—a Paralympic Sport Club or community-based organization—to provide ongoing physical activity at the VA facility or in the community for injured Veterans.

Question 8: In your testimony you state that the communities to which you are expanding are being selected based on need. How do you define need?

USOC Response: Creating a stronger link to DoD and VA systems to communicate with injured servicemembers, especially as they return to local communities, is a primary driver for identifying communities based on need. Our focus in community growth is based on the number of injured servicemembers or veterans returning to a specific community and/or the infrastructure needed to implement programs. By collaborating with USOC Member organizations, we can cost efficiently provide training and programming to meet the needs of urban and rural areas.

A majority of our programs are currently centralized in areas with a service Member population center. Our concern is reaching out to and serving those servicemembers that reside in rural communities. Edmond Oklahoma has been a good model for us in serving injured servicemembers in rural communities. By collaborating with the University of Central Oklahoma we've been able to reach a number of injured servicemembers in the surrounding rural areas. The University offers programs on campus and has also taken their programs on the road to reach those that may have difficulty getting to the University campus.

Question 9: How exactly do you manage, monitor and measure the impact of grants provided to external organizations?

USOC Response: In each grant application to the USOC, specific programs and measurables are outlined. We have dedicated staff that is focused on quarterly monitoring of grant applications with a focus on outcomes. We are also collaborating with Paralympic, Veteran and University resources to create long-term research focused on the impact of ongoing physical activity as it relates to overall health; long-term success in education and employment.

Attachment A

2008–2009 Paralympic Military and Veterans Programs Highlights

During the past year the USOC Paralympic Military Program has been using several distinct components to collectively enhance the rehabilitation of injured servicemembers and veterans through ongoing activities at local, regional and national levels.

- Training in the development and implementation of sports and physical activity programs for injured servicemembers has been provided to **nearly 1,000 community leaders** within the past year;

- New programs have been initiated at 15 Warrior Transition Units and 14 Veterans facilities with ongoing programming, technical assistance and provision of Paralympic mentors;
- Through the fourth quarter, **5,700 injured servicemembers** have been introduced to physical activity through ongoing sports programs at the community level in collaboration with Military and Veteran Medical Treatment Facilities and/or installations;
- Grants have been provided to nineteen community/military partnerships throughout the country. These programs offer **3,500** injured servicemembers sports opportunities to enhance their rehabilitation at the community level;
- More than **60** injured servicemembers have been identified as individuals who have demonstrated the potential to pursue higher levels of athlete training and performance, and;
- Five Veterans, four of which have physical disabilities, have been hired to implement the program.

The USOC and Paralympic Organizations throughout the country continue to utilize existing infrastructure and resources to meet the needs of injured servicemembers and veterans, thus making the program extremely cost effective.

2010 Goals

- Provide training-of-trainers for local community leaders to expand programming support in targeted areas of need;
- Increase programming, technical assistance and Paralympic mentor support at Warrior Transition Units, Veterans facilities and in community programs;
- Enhance communication and awareness capabilities to ensure injured servicemembers, Veterans and their families are aware of programming options in their local communities;
- Increase grant support to enhance and develop programming in communities with needs, and;
- Provide resources for equipment to participate in everyday physical activity.

USOC Paralympic and Veterans Program Locations

Veterans Administration Hospital Facilities:

- Richmond, VA
- Palo Alto, CA (2 programs)
- Minneapolis, MN
- Tampa, FL
- Augusta, GA
- Oklahoma City, OK
- Cheyenne, WY (via Eldora Ski Program)
- Denver/Boulder, CO
- Tucson, AZ (via USABA)
- Birmingham, AL (via USABA)
- Hines, IL (Chicago—2 programs)
- Jesse Brown, IL (Chicago)
- La Jolla, CA
- Washington DC, VA

Warrior Transition Units:

- Ft. Bragg, NC
- Ft. Campbell, KY
- Ft. Lewis, WA
- Brook Army Medical Center, TX
- Balboa, CA
- Ft. Stewart, GA
- Walter Reed Army Medical Center, Washington, DC
- Ft. Carson, CO
- Ft. Sill, OK
- Ft. Gordon, GA
- Ft. Benning, GA
- Ft. Richardson/Wainwright, AK
- Ft. Drum, NY
- Ft. Hood, TX
- Ft. Riley, KS

Department of Defense Medical Centers:

- Walter Reed Army Medical Center, Washington, DC
- National Naval Medical Center, Bethesda MD

- San Diego Naval Medical Center, San Diego CA
- Brooke Army Medical Center, San Antonio TX

Wounded Warrior Battalions:

- Camp Lejeune,
- NC Camp Pendleton, CA

Attachment B**Paralympic Sport Clubs**

Paralympic Sport Alaska	A program of Challenge Alaska	Anchorage, AK
Paralympic Sport Albany	A program of STRIDE Adaptive Sports	Rensselaer, NY
Paralympic Sport Arlington	A program of University of Texas—Arlington	Arlington, TX
Paralympic Sport Aspen	A program of Challenge Aspen	Snowmass Village, CO
Paralympic Sport Atlanta	A program of BlazeSports Atlanta	Atlanta, GA
Paralympic Sport Austin	A program of Texas Rowing Center	Austin, TX
Paralympic Sport Birmingham	A program of Lakeshore Foundation	Birmingham, AL
Paralympic Sport Boulder	A program of City of Boulder Parks and Recreation EXPAND Program	Boulder, CO
Paralympic Sport Breckenridge	A program of Breckenridge Outdoor Education Center	Breckenridge, CO
Paralympic Sport Central New Hampshire	A program of New England Handicapped Sports Association	Newport, NH
Paralympic Sport Charlotte	A program of Mecklenburg County Park and Recreation	Charlotte, NC
Paralympic Sport Chattanooga	A program of City of Chattanooga, Chattanooga Parks & Recreation, Therapeutic Recreation Division	Chattanooga, TN
Paralympic Sport Chicago	A program of Chicago Park District	Chicago, IL
Paralympic Sport Chicago	A program of Rehabilitation Institute of Chicago (RIC)	Chicago, IL
Paralympic Sport Cincinnati	A program of Cincinnati Recreation Commission Foundation	Cincinnati, OH
Paralympic Sport Colorado Springs	A program of City of Colorado Springs Parks, Recreation and Cultural Services, Therapeutic Recreation Program	Colorado Springs, CO
Paralympic Sport Columbus	A program of Columbus Recreation and Parks Department	Columbus, OH
Paralympic Sport Columbus	A program of Columbus Parks & Recreation Department	Columbus, GA
Paralympic Sport Denver	A program of National Sports Center for the Disabled— Denver	Denver, CO

Paralympic Sport Clubs—Continued

Paralympic Sport Denver	A program of Craig Hospital	Englewood, CO
Paralympic Sport Fort Wayne	A program of Turnstone Center for Children and Adults with Disabilities	Fort Wayne, IN
Paralympic Sport Great Lakes Region	A program of Great Lakes Adaptive Sports Association	Lake Forest, IL
Paralympic Sport Greater Augusta	A program of Champions Made From Adversity (BlazeSports Augusta)	Evans, GA
Paralympic Sport Houston	A program of Houston Parks and Recreation Department— Adaptive Recreation	Houston, TX
Paralympic Sport Houston	A program of TIRR Memorial Hermann	Houston, TX
Paralympic Sport Indianapolis	A program of Rehabilitation Hospital of Indiana (RHI)	Indianapolis, IN
Paralympic Sport Kansas City	A program of National Sports Center for the Disabled— Kansas City	Kansas City, MO
Paralympic Sport Kennesaw State University	A program of Kennesaw State University— College of Health and Human Services— Global Center for Social Change	Kennesaw, GA
Paralympic Sport Kentwood	A program of Kentwood Parks & Recreation Department	Kentwood, MI
Paralympic Sport Lake Tahoe	A program of Disabled Sports USA Far West	Tahoe City, CA
Paralympic Sport Las Vegas	A program of City of Las Vegas Adaptive Recreation and Clark County School District	Las Vegas, NV
Paralympic Sport Loma Linda	A program of PossAbilities	Loma Linda, CA
Paralympic Sport Louisiana	A program of Louisiana GUMBO Inc.	Pineville, LA
Paralympic Sport Louisville	A program of Frazier Rehab Institute	Louisville, KY
Paralympic Sport Mammoth Lakes	A program of Disabled Sports Eastern Sierra	Mammoth Lakes, CA
Paralympic Sport Memphis	A program of MidSouth Adaptive Sports & Recreation, Inc.	Memphis, TN
Paralympic Sport Mesa	A program of City of Mesa Adaptive Sports and Recreation	Mesa, AZ
Paralympic Sport Miami	A program of Miami-Dade Parks & Recreation Leisure Access Services	Miami, FL
Paralympic Sport Milwaukee	A program of Milwaukee Recreation Department	Milwaukee, WI
Paralympic Sport New Hampshire	A program of New England Disabled Sports	Lincoln, NH
Paralympic Sport New Hampshire	A program of AbilityPLUS, Inc.— New Hampshire	Waterville Valley, NH

Paralympic Sport Clubs—Continued

Paralympic Sport New Hartford	A program of Charles T. Sitrin Medical Rehabilitation Center	New Hartford, NY
Paralympic Sport New Jersey	A program of Children's Lightening Wheels	Mountainside, NJ
Paralympic Sport New York City	A program of New York City Department of Parks & Recreation	New York, NY
Paralympic Sport Northeast DuPage	A program of Northeast DuPage Special Recreation Association— NEDSRA	Addison, IL
Paralympic Sport Northern Illinois	A program of South West Suburban Special Recreation Association (SWSRA)	Alsip, IL
Paralympic Sport Northern Illinois	A program of Fox Valley Special Recreation Association (FVSRA)	Aurora, IL
Paralympic Sport Northern Illinois	A program of Special Recreation Services	Dolton, IL
Paralympic Sport Northern Illinois	A program of Lincolnway Special Recreation Association	Frankfort, IL
Paralympic Sport Northern Illinois	A program of West Suburban Special Recreation Association (WSSRA)	Franklin Park, IL
Paralympic Sport Northern Illinois	A program of Warren Special Recreation Association (WSRA)	Gurnee, IL
Paralympic Sport Northern Illinois	A program of Illinois Therapeutic Recreation section Adapted Sports Committee	Northbrook, IL
Paralympic Sport Northern Illinois	A program of Maine-Niles Association for Special Recreation (M-NASR)	Northbrook, IL
Paralympic Sport Northern Illinois	A program of Northern Suburban Special Recreation (NSSRA)	Northbrook, IL
Paralympic Sport Northern Illinois	A program of Oak Lawn Park District/Special Recreation Cooperative	Oak Lawn, IL
Paralympic Sport Northern Illinois	A program of Heart of Illinois Special Recreation Association (HISRA)	Peoria, IL
Paralympic Sport Northern Illinois	A program of Northwest Special Recreation Association (NWSRA)	Rolling Meadows, IL
Paralympic Sport Northern Illinois	A program of Tri County Special Recreation Association	Romeoville, IL
Paralympic Sport Northern Illinois	A program of South Suburban Special Recreation Association (SSSRA)	Tinley Park, IL
Paralympic Sport Northern Illinois	A program of Special Recreation Association of Central Lake County (SRACLC)	Vernon Hills, IL
Paralympic Sport Northern Illinois	A program of Special Recreation Service of Northern Lake County (SRSNLC)	Zion, IL
Paralympic Sport Northern Illinois	A program of Southeast Association for Special Parks and Recreation (SEASPAR)	IL
Paralympic Sport Northern Illinois	A program of Northern Illinois Special Recreation (NISRA)	IL

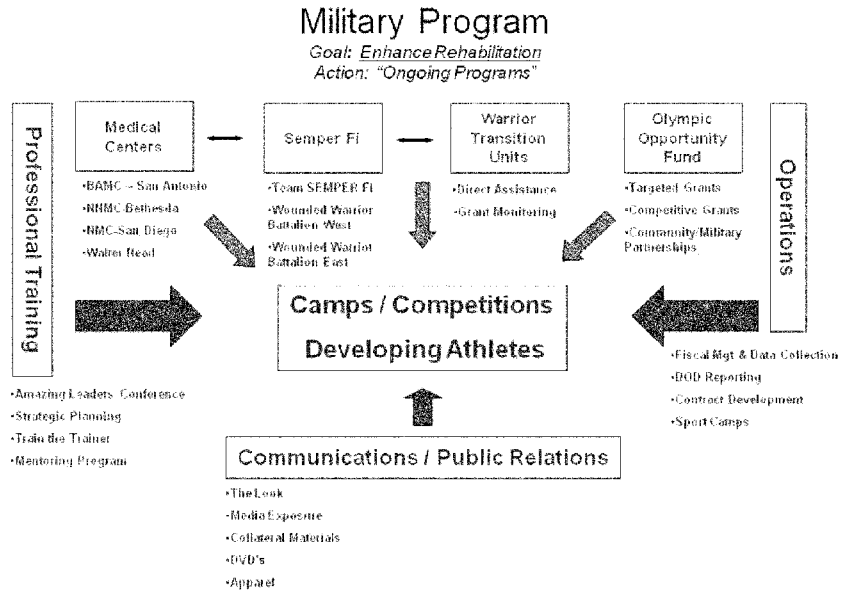
Paralympic Sport Clubs—Continued

Paralympic Sport Park City	A program of National Ability Center	Park City, UT
Paralympic Sport Pasadena	A program of City of Pasadena Verne Cox Multipurpose Recreation Center	Pasadena, TX
Paralympic Sport Philadelphia	A program of Pennsylvania Center for Adaptive Sports	Philadelphia, PA
Paralympic Sport Phoenix	A program of Grand Canyon State Fencing Foundation	Apache Junction, AZ
Paralympic Sport Pittsburgh	A program of HOPE Network	Pittsburgh, PA
Paralympic Sport Portland	A program of Oregon Disability Sports	Portland, OR
Paralympic Sport Reno	A program of City of Reno Parks, Recreation and Community Services	Reno, NV
Paralympic Sport Rockford	A program of Rockford Park District	Rockford, IL
Paralympic Sport Sacramento	A program of City of Sacramento Department of Parks and Recreation, Access Leisure section	Sacramento, CA
Paralympic Sport Saginaw	A program of Michigan Sports Unlimited	Saginaw, MI
Paralympic Sport Salt Lake County	A program of Salt Lake County Adaptive Recreation	Midvale, UT
Paralympic Sport San Antonio	A program of The San Antonio Fencing Center	Kyle, TX
Paralympic Sport San Diego	A program of San Diego Adaptive Sports Foundation	San Diego, CA
Paralympic Sport San Jose	A program of Far West Wheelchair Sports	San Jose, CA
Paralympic Sport Seattle	A program of Seattle Adaptive Sports	Seattle, WA
Paralympic Sport Southern Cook & Will County	A program of Midwest Wheelchair Sport & Social Club (MDWSSC)	Dolton, IL
Paralympic Sport Southern New Hampshire	A program of Northeast Passage	Durham, NH
Paralympic Sport Spokane	A program of St. Lukes Rehabilitation Institute	Spokane, WA
Paralympic Sport St. Louis	A program of Disabled Athlete Sports Association	St. Peters, MO
Paralympic Sport Sun Valley-Ketchum	A program of Wood River Ability Program	Sun Valley, ID
Paralympic Sport Tacoma	A program of Metro Parks of Tacoma	Tacoma, WA
Paralympic Sport Tampa Bay	A program of Hillsborough County Parks, Recreation & Conservation	Tampa, FL
Paralympic Sport Telluride	A program of Telluride Adaptive Sports Program	Telluride, CO
Paralympic Sport Triangle	A program of Bridge II Sports	Durham, NC

Paralympic Sport Clubs—Continued

Paralympic Sport Twin Cities	A program of Courage Center	Golden Valley, MN
Paralympic Sport University Park	A program of Ability Athletics and Disability Recreation Program of Penn State University	University Park, PA
Paralympic Sport University Park	A program of Penn State Ability Athletes Program and Disability Recreation	University Park, PA
Paralympic Sport Vermont	A program of Vermont Adaptive Ski and Sports	Killington, VT
Paralympic Sport Vermont	A program of AbilityPLUS, Inc.— Vermont	West Dover, VT
Paralympic Sport Washington DC	A program of National Rehabilitation Hospital	Washington, DC
Paralympic Sport Waterford	A program of Oakland County Parks	Waterford, MI
Paralympic Sport Western DuPage	A program of Western DuPage Special Recreation Association	Carol Stream, IL
Paralympic Sport Wichita	A program of Wheelchair Sports Inc.	Wichita, KS
Paralympic Sport Windham	A program of Adaptive Sports Foundation	Windham, NY
Paralympic Sport Winter Park	A program of National Sports Center for the Disabled— Winter Park	Winter Park, CO
Paralympic Sport Wolfeboro	A program of Huggins Hospital Adaptive Sports Program	Wolfeboro, NH

Attachment C



Attachment D

U.S. Paralympic Grants

Grantee	Grant Total	Grant commitment	Type
Achilles International, Inc.	\$15,000	fund injured military in handcycling events	Community/Military
Adaptive Sports Foundation at Windham Mountain	\$10,000	military fund injured military with the Stratton VA	PSC/Military
Bay Area Outreach & Recreation Program (SF Bay Area)	\$15,000	injured military cycling, wheelchair basketball and Goalball	Community/Military
Blaze Sports America (Atlanta GA)	\$75,000	BSA shall provide technical assistance & support to Paralympic Sport Clubs that provide services/programming to injured service-members.	
BlazeSports America Inc. (Atlanta GA)	\$5,000	swimming program	PSC Only
Bridge II Sports (Durham NC)	\$5,000	Paralympic skills program	PSC Only

U.S. Paralympic Grants—Continued

Grantee	Grant Total	Grant commitment	Type
Central Cross Country Ski Association (Hayward WI)	\$25,000	construct and loan out sit skis to injured military	Community/Military
Challenge Aspen	\$50,000	support military athletes who qualify for and commit to training with Challenge Aspen	
Challenged Athletes Foundation (San Diego CA)	\$25,000	support Operation Rebound to provide funding to injured military for training and competition in Paralympic-related Sports	Community/Military
Champions Made from Adversity (Augusta GA)	\$60,000	develop and implement ongoing programs for the soldiers assigned to the Warrior Transition Battalion at Fort Gordon, the Charlie Norwood Veterans Affairs Medical Facility and for local veterans in the Central Savannah River Area of Georgia and South Carolina	
City of Boulder Parks and Recreation Exciting Programs, Adventures and New Dimensions "EXPAND"	\$5,000	track program	PSC Only
City of Colorado Springs Parks, Recreation & Cultural Services, Therapeutic Recreation Program	\$32,000	handeyling and shooting for injured military	PSC/Military
City of Reno Parks	\$1,500	Paralympic Academy	PSC Only
City of Sacramento Department of Parks and Recreation, Access Leisure section	\$5,200	track program	PSC Only
Eldora Special Recreation Program (Boulder CO)	\$28,000	injured military skiing program	PSC/Military
Great Lakes Adaptive Sports Association (Lake Forest ILL)	\$13,000	track and swimming for injured military	PSC/Military
Greater Metro Parks Tacoma Foundation	\$21,000	rowing for injured military	PSC/Military
Headquarter Air Force Command (Colorado Springs)	\$17,500	archery for injured military	Community/Military
Hillsborough County Parks, Recreation and Conservation Department (Tampa FL)	\$5,000	basketball and archery programs	PSC Only
HOPE Network (Pittsburgh PA)	\$5,000	adaptive sport equipment for injured military	Community/Military

U.S. Paralympic Grants—Continued

Grantee	Grant Total	Grant commitment	Type
Lakeshore Foundation (Birmingham AL)	\$25,000	hosting military camp	
Lakeshore Foundation (Birmingham AL)	\$5,000	track program	PSC Only
Louisiana Games Uniting Mind and Body “GUMBO”	\$5,000	expand adaptive equipment	PSC Only
Memorial Hermann Foundation (Houston)	\$4,500	sled hockey	PSC Only
Miami-Dade County Park and Recreation Depart- ment	\$5,000	judo	PSC Only
Midsouth Adaptive Sports and Recreation Inc. (Memphis TN)	\$5,000	expand adaptive equipment	PSC Only
Milwaukee Public Schools— Department of Recreation	\$5,000	cycling equipment	PSC Only
National Recreation and Parks Association	\$200,000	expand community programs and opportunities for injured military personnel to pursue physically ac- tive lives through the use of grants for equipment, training, and pro- gram development by public park and recreation agencies around the country	
National Sports Center for the Disabled (Den- ver)	\$7,500	soccer	PSC Only
National Sports Center for the Disabled (Den- ver)	\$20,000	skiing equipment loaner program for injured military	Community/ Military
New England Disabled Sports (Lincoln NH)	\$5,000	biathlon	PSC Only
New England Disabled Sports (Lincoln NH)	\$15,000	hosting military camp	
Northeast Passage (Dur- ham NH)	\$5,000	training camp	PSC Only
National Wheelchair Basketball Association (NWBA)	\$75,000	NWBA’s commitment to recruit in- jured servicemembers to wheel- chair basketball teams	
Operation Comfort (San Antonio TX)	\$16,000	sled hockey for injured military	Community/ Military
Oregon Disability Sports (Portland OR)	\$5,000	expand adaptive equipment	PSC Only

U.S. Paralympic Grants—Continued

Grantee	Grant Total	Grant commitment	Type
Paralyzed Veterans of America Handcycling	\$143,000	PVA staff to plan and implement a Paralympic Military Handcycling Program in four strategic locations (Washington DC/Richmond, Chicago, San Antonio and San Diego).	
Rehabilitation Hospital of Indiana Sports Program	\$5,000	archery & track programs	PSC Only
Rehabilitation Institute of Chicago	\$8,000	hosting military camp	
Rockford Illinois Park District	\$5,000	expand adaptive equipment	PSC Only
San Diego Adaptive Sports Foundation	\$24,000	year round sports programs for injured military	Community/Military
Tampa VA	\$57,500	Tampa VA staff to implement Paralympic Sports opportunities for military servicemembers and veterans in the Tampa Bay area as an extension of their rehabilitation.	
Team Semper FI	\$35,000	expand adaptive equipment and programming for wounded Marines at Camp Pendleton	
Team St. Luke's (Spokane WA)	\$7,500	field equipment	PSC Only
Telluride Adaptive Sports Program	\$5,000	ski camp	PSC Only
Texas Rowing Center—Adaptive Rowing Program (Austin TX)	\$17,500	rowing for injured military	PSC/Military
The University of Central Oklahoma's Sports and Recreation	\$14,000	purchase of trailer to transport equipment for injured military	Community/Military
The University of Texas at Arlington	\$16,000	college sport programs for injured military	Community/Military
The Washington DC VA Medical Center	\$22,000	rowing and judo for injured military	Community/Military
Therapeutic Recreation and Independent Lifestyles "TRAILS"	\$23,600	handcycling and skiing for injured military at George E. Wahlen VA Medical Center	Community/Military
U.S. Handcycling	\$15,000	competitive handcycling series for injured military	Community/Military
The University of Central Oklahoma's Sports and Recreation	\$75,000	to coordinate 2009 Endeavor Games focusing on injured servicemembers	

U.S. Paralympic Grants—Continued

Grantee	Grant Total	Grant commitment	Type
Underwater Warriors Foundation (Ft. Campbell KY)	\$6,000	scuba program	
U.S. Association of Blind Athletes (USABA) Opportunity Fund Grant extension	\$50,000	to develop and implement programs for injured servicemembers with eye injuries	
USABA position grant proposal	\$50,000	grant is for hiring consultant to implement the programs noted above— it is a matching grant where USABA will match 25% or \$12,500 for total of \$62,500	
Vail Veterans Adventure Team	\$6,000	Adventure Team race	
Vail Veterans Program	\$35,000	winter sport programming	
Vermont Adaptive Ski and Sports	\$5,000	purchase of van to transport equipment for injured military	PSC Only
Total	\$1,446,300		

Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Hon. Eric K. Shinseki
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20420

Dear Mr. Secretary:

In reference to our Full Committee hearing entitled "Meeting the Needs of Injured Veterans in the Military Paralympic Program" on July 29, 2009, I would appreciate it if you could answer the enclosed hearing questions by the close of business on September 11, 2009.

In an effort to reduce printing costs, the Committee on Veterans' Affairs, in cooperation with the Joint Committee on Printing, is implementing some formatting changes for materials for all Full Committee and Subcommittee hearings. Therefore, it would be appreciated if you could provide your answers consecutively and single-spaced. In addition, please restate the question in its entirety before the answer.

Due to the delay in receiving mail, please provide your response to Debbie Smith by fax your responses to Debbie at 202-225-2034. If you have any questions, please call 202-225-9756.

Sincerely,

BOB FILNER
Chairman

JL:ds

Questions for the Record
Hon. Bob Filner, Chairman
House Committee on Veterans' Affairs
July 29, 2009

Meeting the Needs of Injured Veterans in the Military Paralympic Program

Question 1: In the last Congress, the Subcommittee on Economic Opportunity conducted a hearing on this same subject. They received testimony from Disabled Sports USA expressing concern that the VA was considering a rule change to reclassify the hand-cycle as a sports wheelchair. The concern is that this rule change may negatively affect one's ability to participate in rehabilitative sports activities. Can you provide us an update on this matter? (The concern is that they will get one wheelchair as opposed to two.)

Response: The Department of Veterans Affairs (VA) has made great progress to alleviate concerns regarding a Veteran's ability to participate in rehabilitative sports activities. In April, 2008, the Under Secretary for Health of the Veterans Health Administration (VHA) issued new clinical practice recommendations (CPR) for the issuance of recreational and sports equipment. These guidelines are available on VA's prosthetics service Web site: <http://www.prosthetics.va.gov/cpr.asp>. The guidelines indicate that each Veteran is entitled to an individualized evaluation and that VA can provide adaptive sporting equipment to a Veteran for the sport(s) in which the Veteran is actively engaged with options for demonstrating active participation outlined in the document. The guidelines do not identify a specific number of sports/activities to be supported; rather, decisions are based on meeting the criteria for the requested equipment. Thus, if a Veteran meets the criteria for each sport for which equipment is requested, they can receive that piece of adaptive sporting equipment. Furthermore, the guidelines establish an independent review of each device requested. With the publication of this CPR, the availability of adaptive sports and recreation equipment has been greatly broadened. Prior to this CPR, VA provided handcycles and sports wheelchairs only (i.e. basketball, rugby, tennis, etc). Now, when an enrolled Veteran meets the identified indications, mono-skis, adaptive Nordic skis, ice sleds, and tandem bikes for those with visual impairment, and other pieces of adaptive equipment may be considered for issuance when prescribed by a VA clinician.

Question 2: Public Law 110-389 requires the VA Secretary to draft oversight reporting requirements. Has the VA begun drafting its oversight reporting requirements? If so, when do you expect to have this finalized?

Response: VA is drafting regulations for implementing a monthly assistance allowance as specified in section 703 of Public Law (P.L.) 110-389 that includes specific provisions for oversight, including access to Paralympics-sanctioned events and activities to provide such oversight. In regards to the grant program specified in section 702 of P.L. 110-389, VA is still in the process of determining the appropriate level of oversight. However, through collaborative efforts with U.S. Paralympics, VA is examining the feasibility of a quarterly reporting mechanism to include information on budget, cash transaction reports, and a summary of grant-funded activities, participants and outcomes. VA will follow the prescribed process for publishing a notice of proposed rulemaking and a final rule. VA officials are tracking this action closely as a means to expedite publication in the Federal Register.

Question 3: What kind of outreach campaign does the VA plan to implement to reach Veterans, especially rural Veterans who may be interested in participating in a VA sponsored event? Do you plan on using mass media (TV or radio) as authorized by Public Law 110-389?

Response: VA is currently focused on implementing the allowance and grant programs authorized under P.L. 110-389. VA is developing the outreach plan and will implement it as we move forward in fiscal 2010.

Question 4: We have heard complaints that there is insufficient followup after a flagship event. Can you explain how VA plans to followup with veterans participating in a major event like this month's National Veterans Wheelchair Games that took place in Spokane, Washington?

Response: VA is not aware of complaints regarding insufficient followup to VA's National Rehabilitation Special Events. Each participant in our National Veterans Wheelchair Games receives a survey upon the completion of the event. Through this survey, participants have an opportunity to provide direct feedback which VA uses to shape subsequent events. In addition to this followup, these events are an exten-

sion of the rehabilitation that occurs daily at VA medical facilities. As such, Veteran patients are sent from their local VA medical centers to participate in these events. Upon their return home, followup continues at the local level as they resume recreation therapy through their local VA medical center programs. VA welcomes the opportunity to examine specific complaints from Veterans, and requests the Committee staff provide any available details of these complaints.

Question 5: The 2005 memorandum of understanding (MOU) between the VA and U.S. Olympic Committee requires both parties to collectively establish a mechanism for annual evaluation of the Paralympic sports program. Can you elaborate on what are the key elements of the evaluation and the results of any evaluations done?

Response: VA's 2005 MOU with the U.S. Olympic Committee (USOC) specifies that both parties evaluate the effectiveness of a program to build upon the National Disabled Veterans Winter Sports Clinic and the National Veterans Wheelchair Games by expanding opportunities for disabled Veterans to participate in Paralympic sporting activities. As such, VA has collaborated with the USOC to introduce and evaluate Paralympic sporting events for participants at the National Disabled Veterans Winter Sports Clinic and the National Veterans Wheelchair Games. This evaluation is specific to these events and is based upon Veteran interest, attendance and satisfaction in specific Paralympic introductory events. The results of the evaluation are used to further enhance these opportunities. For example, at the Winter Sports Clinic, we originally introduced an elite training component as part of our MOU with the USOC. VA was pleased to see much interest among Veterans in this new event. However, through an ongoing evaluation in conjunction with USOC, we determined that only a few participants had serious potential. Many of those originally interested were 55 years and older and did not have the skill and level of commitment required for serious Paralympic contention.

VA and USOC did, however, notice a great deal of interest in advanced training and education for Veterans and adaptive ski instructors. As a result VA implemented a program whereby Veterans can test ride new, higher-end equipment and be fitted by a VA adaptive-equipment expert. This is a tremendous new aspect to the Winter Sports Clinic as it allows Veterans to identify the proper model of adaptive equipment and have direct access to the VA purchasing official on site at the event. Based on the program evaluation, VA is providing personalized services to a greater number of Veterans while still providing high performance training experiences for those looking to take their training to the Paralympic level.

VA also added curling, biathlon and alternate wheelchair fencing to the activities at the Clinic to introduce Veterans to these Paralympic sports. At the 2007 Wheelchair Games, VA established a "stand-up" track and field clinic for Veterans with amputations. An evaluation of this clinic led to the introduction of new and permanent Paralympic "stand-up" events in table tennis and archery at subsequent Wheelchair Games.

Committee on Veterans' Affairs
Washington, DC.
July 30, 2009

Hon. Eric K. Shinseki
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Shinseki,

In reference to our Committee hearing of July 29, 2009, I would appreciate your response to the question below for the record by close of business Wednesday, August 26, 2009.

Public Law 110-389 requires that the Director of the Office of National Veterans Sports Programs and Special Events report to one of the following: the Secretary, the Deputy Secretary, or a person in VBA as determined by the Secretary. To whom will the Director report and when will that reorganization take place?

It would be appreciated if you could provide your answers consecutively on letter size paper, single spaced. Please restate the question in its entirety before providing the answer.

Thank you for your cooperation in this matter.

Sincerely,

Steve Buyer
Ranking Republican Member

SB:dwc

Questions for the Record
Hon. Steve Buyer, Ranking Republican Member
House Committee on Veterans' Affairs
July 29, 2009

Meeting the Needs of Injured Veterans in the Military Paralympic Program

Question 1: Public Law 110-389 requires that the Director of the Office of National Veterans Sports Programs and Special Events report to one of the following: the Secretary, the Deputy Secretary, or a person in VBA as determined by the Secretary. To whom will the Director Report and when will that reorganization take place.

Response: The new Office of National Veterans Sports Programs and Special Events will be aligned under the Office of the Secretary and the Director shall report to the Secretary through the Chief of Staff. The decision to realign that office was made in late February and the reorganization will take place with the new fiscal year.

