

RECREATION THERAPY AND HEALING OUR WOUNDED WARRIORS

FIELD HEARING

BEFORE THE
SUBCOMMITTEE ON HEALTH
OF THE
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
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JUNE 8, 2010
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RECREATION THERAPY AND HEALING OUR WOUNDED WARRIORS

TUESDAY, JUNE 8, 2010

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

The Subcommittee met, pursuant to notice, at 8:30 a.m., in the New Port Richey City Hall, 5919 Main Street, New Port Richey, Florida, Hon. Corrine Brown presiding.

Present: Representatives Brown of Florida and Bilirakis.

Also Present: Representative Miller of Florida.

OPENING STATEMENT OF HON. CORRINE BROWN

Ms. BROWN OF FLORIDA. Good morning. The House of Representatives Committee on Veterans' Affairs scheduled this hearing and will now officially come to order.

I'm going to change the outline slightly. Before we bring up our first panel, I would like my ex-colleague, Mr. Bilirakis, who represented this area for many years, to come and bring us greetings.

Come up, Mr. Bilirakis. Yes, the Chair says come up.

Mr. MICHAEL BILIRAKIS. Madam Chairwoman, you used to order me around up there.

Ms. BROWN OF FLORIDA. Come on up.

Mr. MICHAEL BILIRAKIS. I'm here with my fellow veterans. I'd rather be here with my fellow veterans. I appreciate that very much.

It was wonderful working with you. You were on the Veterans' Committee all through the years from the time you came up there until the time I retired, which shows an awful lot of dedication on your part.

And I very much appreciate, on behalf of us, all that you've done, the Veterans' Committee, down here, and you're taking care of my little boy up there.

Ms. BROWN OF FLORIDA. Thank you.

Will the first panel come up, please? I would like to thank everyone for attending this hearing.

I would also like to express my sincere gratitude to the city of New Port Richey and Congressman Bilirakis for hosting us today.

Thank you.

Mr. GUS M. BILIRAKIS. My pleasure.

Ms. BROWN OF FLORIDA. And I certainly want to thank Mr. Miller for joining us also.

Modern medical advances have increased the survival rate of our soldiers who sustain injuries while serving this country, but those soldiers are also left with serious and complex wounds, which require continuous care once they return home.

One of the key challenges facing the U.S. Department of Veterans Affairs (VA) today is the ability to meet the rehabilitation needs of our veterans by providing a broad and varied menu of therapy and treatment.

There is a clear need for high quality rehabilitative care for all of our veterans, both the old generation and those now returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).

Today's hearing offers us the opportunity to examine a particularly exciting rehabilitation method. Recreational therapy is an ideal component of the rehabilitation regime because it allows veterans to be active by engaging in their favorite sports and recreational activities, while simultaneously sustaining the healing of the mental and physical wounds of war.

Recreational therapists can use a variety of techniques, including sports, games, art, dance, crafts, animals, drama, music, and community outings to help reduce depression, stress and anxiety; enhance basic motor functioning; and build confidence among the program participants.

In other words, servicemembers and veterans have opportunities to engage in their communities and participate in sports and other activities that they may have enjoyed prior to sustaining their war injuries.

Today, I look forward to hearing from the veterans on our first panel about their personal testimony on how recreational therapy has benefited them.

I am also eager to learn from our second and third panels about the different types of recreational therapies that are available to our veterans, and how VA and private organizations are working together to offer this valuable treatment option to wounded warriors in the Tampa region and across the country.

I now want to recognize Mr. Bilirakis for any opening remarks that he may have.

Thank you again, Mr. Bilirakis.

[The prepared statement of Congresswoman Brown appears on p. 42.]

OPENING STATEMENT OF HON. GUS M. BILIRAKIS

Mr. GUS M. BILIRAKIS. Thank you, Madam Chairwoman. I really appreciate it very much.

I'm so pleased to be here today in the heart of the 9th Congressional District and want to thank my fellow Floridian colleagues, Corrine Brown and Jeff Miller, for taking the time out of their busy schedules to be here today.

As a matter of fact, ladies and gentlemen, we have votes this afternoon. If it were not for these two, we would not be having this hearing this morning. So they really made a special effort.

As you know, Corrine is from the Jacksonville area, and Jeff is from the Panama City/Pensacola area, and they really went out of

their way to be here; that's how much they care about this issue. So we really appreciate them very much.

It's a pleasure to serve this great State with two individuals so committed to championing the best interest of our servicemembers, veterans, and all the residents of Florida. I'm grateful to both of you again.

I also want to recognize the representative from Ginny Brown-Waite's office, Shirley Anderson.

Is she here? I know she's on her way.

Oh, hey, Shirley.

Ms. ANDERSON. Hi.

Mr. GUS M. BILIRAKIS. Thanks for being here.

Most importantly, I'm happy this morning to see my constituents from the 9th Congressional District.

Whether here as a witness or an interested participant, seeing so many that have gathered so early and are willing to spend their Tuesday morning exploring the role of recreation therapy in healing our wounded warriors is a testament to the depth of patriotism and caring in this community. I thank you. It's an honor to represent you in Congress.

Throughout my career, honoring the service and sacrifices of our veterans has been among my highest priorities—as a matter of fact, it's been my top priority. Ensuring the men and women who fought so bravely for our freedoms are given access to the highest quality care and services is a commitment I take seriously. That's why I specifically requested a seat on the Veterans' Committee when I was elected to serve in Congress in 2006.

Since then, I've introduced numerous bills, many of which were incorporated into law, aiming at improving veterans' care and benefits. I was pleased to lead the effort to bring a VA outpatient health clinic to Hillsborough County, and to work with local and national VA officials to expand the Pasco County Outpatient Clinic and bring additional services such as dental care to the 9th Congressional District.

I'm very appreciative of the fact that we have a world-class medical and polytrauma center, as well as the Michael Bilirakis Spinal Cord Unit—I'm very proud of that—nearby at the James A. Haley VA Medical Center.

The dedicated medical staff at Haley is second to none, in my opinion. However, it's always important that we strive to enhance the care and services provided to our brave veteran patients. We have to keep working and keep fighting.

And, today, I anticipate learning from those of you gathered here about the important topic of recreation therapy.

Recreation therapy is a therapeutic endeavor that improves an injured veteran's physical, mental, emotional and spiritual health through activities aimed at increasing independence and quality of life. It doesn't surprise me that Florida is a national leader in recreation therapy.

I look forward to taking the ideas we discuss today back to Washington to improve the lives of veterans, not only in our State, but in every VA facility throughout the Nation.

In closing, I would like us to take a moment to recognize and honor those veterans in the room. As always, I'm humbled by your bravery.

Please raise your hand or stand up, if you'd like, all of our heroes. Thank you very much.

As always, I'm humbled by your bravery and your dedication to a cause bigger than yourselves. Because of your efforts, we are able to gather this morning freely, safely, and democratically.

On behalf of our grateful Nation, I thank you for your service.

I yield back my time. Thank you, Madam Chair.

[The prepared statement of Congressman Bilirakis appears on p. 42.]

Ms. BROWN OF FLORIDA. I'm going to yield to Mr. Miller for his opening statement. And also I want to thank him in particular for coming because he's from Pensacola, Florida, and I know he's struggling with challenges there with oil problems.

OPENING STATEMENT OF HON. JEFF MILLER

Mr. MILLER. Thank you very much, Madam Chairwoman. It is indeed a pleasure for me to be here with each and every one of you today.

I do have a written statement that I would like to enter into the record, but it is a pleasure to join both the Chairwoman, Ms. Brown, and Gus Bilirakis here in New Port Richey.

I have the great honor of representing the 1st Congressional District. We like to say that it is the western gate to the Sunshine State where thousands live like millions wish they could.

Interestingly enough, I was born in Pinellas County and I'm a McMullen by birth, so our roots go pretty deep around here. And I can remember very clearly driving up and down U.S. 19 when it was just two lanes. So that tells you how far back it was.

And it's great to see both Mike and Evelyn here. Mike thinks I used to listen to him. It was actually Evelyn that would tell me what to do.

But I just—one thing that somebody had put in my opening statement—and I think it's very important—an old sergeant once said that morale is what makes your body do what your mind knows ain't possible. And that is very, very true.

And all of us on the VA Committee do what we can to make sure that the Administration has the tools that it needs to be able to provide the services for our veterans.

Again, northwest Florida is home to many veterans and, of course, quite a few military installations, as well.

So I ask that my full statement be entered into the record. And I look forward to hearing from the panelists that are here. Thank you for coming today.

[The prepared statement of Congressman Miller appears on p. 43.]

Ms. BROWN OF FLORIDA. Thank you.

And Mr. Bilirakis will introduce the first panel.

Mr. GUS M. BILIRAKIS. Thank you, Madam Chair.

And, Mr. Miller, there is a little road connecting Pasco and Pinellas named after you, McMullen-Booth Road.

All right. It's my pleasure and honor to introduce the first panel.

Mary Ann Keckler, a veteran from Spring Hill, Florida. Welcome.

Davis Celestine, Vice President of the Florida Gulf Coast Chapter of the Paralyzed Veterans of America (PVA). Welcome, sir. Thanks for being here.

And then Lee Nelson, a veteran from Land O'Lakes. Thank you so much for being here.

I'm so excited about this hearing. We're going to learn so much. And I'm really happy that there are members of the media here, as well, because we really need to get the word out.

Thank you.

Ms. BROWN OF FLORIDA. Thank you.

We're going to start with Mary Ann Keckler, who I've seen in many of our hearings around the State.

**STATEMENTS OF MARY ANN KECKLER, SPRING HILL, FL;
DAVIS CELESTINE, VICE PRESIDENT, PARALYZED VETERANS
OF AMERICA, FLORIDA GULF COAST CHAPTER, TAMPA, FL;
AND LEE NELSON, LAND O'LAKES, FL**

STATEMENT OF MARY ANN KECKLER

Ms. KECKLER. Thank you very much, Congresswoman Brown.

And good morning, Congressman Miller, Congressman Bilirakis, and Congresswoman Brown. Thank you very much for allowing me to testify today. It is my pleasure to be able to help in any way I can where our veterans are concerned.

My testimony this morning will be to let you know that I'm a veteran enrolled in the James A. Haley VA Medical Center since 1992. I have been both an inpatient and an outpatient. I am also the VAVS representative for the Disabled American Veterans (DAV) at this facility, as well as I have a son that is enrolled in this facility in the spinal cord unit, 100 percent service-connected, total permanent.

As an inpatient for 3 weeks in September of 1996, in the pain management program, I have had the opportunity afforded to me to deal with the many aspects of therapy to help with my pain problem. The one that stood out the most, and the one that worked on the mental release of my pain was recreation therapy.

All therapies, i.e., physical, mental, all just enhanced the pain as your mind on these two is constantly on the issues of the body. Not that they were not helpful—they were—but recreational therapy kept my mind off the problems it was dealing with.

When I went into the pain program, I was in a great deal of depression. Getting up every day was a major chore for me. I was encountering muscle spasms, and living off Flexeril to counteract them. This put me into an extreme lethargic state.

While in the pain program, I was interacting with others with similar problems. Recreation therapy kept my mind off my problems. I was able to show my creative side and also had socialization with others. We not only worked with our hands, but we went out on outings as a group. I then forgot I was suffering from chronic pain; mind over matter.

Suicide is a definite relation to depression. Pills that mask the pain—Flexeril, Valium, Morphine, Halcion, Demerol—can cause major depression leading to suicide, which from these I am a survivor, until I could feel myself going down that path again. I then

took measures to correct this effort. I am pill-free since 1996, and deal with my pain in other ways.

While in the hospital, I had the opportunity to clearly take hold of my problems. Recreational therapy played a major role in this. Not only did I have an hour a day with the therapist, I also took projects back to my room to work on later on. If I had a problem at any time working on a project, a therapist was always available.

The present Chief of Recreation Therapy, Cathy Williams, was one of my therapists. She always was willing to work with me on projects. This eliminated any thoughts of my physical aspects of pain. Again, mind over matter. It beats all pain medication, helps with my thoughts of depression or suicide. This is the best medicine yet.

Not only have I been successful with it, as a volunteer, I have seen this work on many occasions. By the way, this is why I became a volunteer, to make a difference and help other veterans.

Here is the story of another veteran. This young man has been in the hospital in the spinal cord injury center for several years. He is now in the long-term care facility in spinal cord. When I first met him he would not speak hardly to anyone. As an amputee, he also was on pain meds. Depression had set in on him and he was feeling sorry for himself. He was pretty well bedridden.

The DAV had sponsored a pitcher from the Detroit Tigers through recreation therapy. This veteran loved baseball. This was the highlight of his stay.

I would then visit him on a regular basis and also spoke to recreation therapy about programs to the bedside. This was done. A smile appeared. He is now in a wheelchair and is all over the hospital, and he looks forward to the outings that recreation therapy sponsors. He is the first outside waiting to be loaded into the van.

I am working with another spinal cord veteran that is indeed—indeed tried to commit—tried to commit suicide. He and I have had some discussions on this matter. He also is now in recreation therapy daily and has a smile on his face, as he also goes on the outings. And that makes his day. Happiness goes a long way.

The present Chief of Recreation Therapy has worked very hard on programs that make a difference for our veterans, both in and out.

Winter sports clinic, wheelchair games, golden age games, disability golf, horseback riding, sports venues—there is no time to feel sorry for yourself.

This has all been put together in the last few years. Three years ago I went to the past chief to put together the winter sports clinic program, which is sponsored by the DAV. The answer was: This is Florida. People do not ski or participate in cold weather activities. My answer was that we were all mostly transients from other areas of the country and have at some time or another experienced winter sports.

Under the new chief this is a reality and many are participating.

My son, a spinal cord patient, when he was in the hospital, his forte was computers. Recreation therapy helped set up a computer for them to use or hooked up the one they brought in. Again, the outside world is available to them.

Bedside programs are available, football pools, and they all look forward to the pizza parties sponsored by organizations and run by recreation therapy, dinners sponsored by organizations through recreation therapy. Someone from the department needs to be on board when these are taking place. And, believe me, we have many. Ice cream socials. The list goes on and on. Without the recreation therapy department, this would not be possible.

I, as a volunteer, have the opportunity to work with recreation therapy in many aspects and areas of the hospital. They do make a major difference.

My life has taken a turn because of their efforts. As a volunteer, I also have the opportunity to go out on the outings and help them. When on the outings, they also have to act as a therapist and nurse's assistant. Their training goes beyond just fun and games.

If I was not—if it was not for recreation therapy and the staff that we have now, we veterans would not be able to participate in as many functions as made possible for the amount of veterans and active duty, both inpatients and outpatients, that we presently serve.

In summary, with regard to the above, recreation therapy is a must along with health care, to address the medical needs of our patients on both a mental and physical aspect. They are trained professionals in this respect and deserve to be noted as such.

Respectfully submitted, Mary Ann Keckler.

[The prepared statement of Ms. Keckler appears on p. 43.]

Ms. BROWN OF FLORIDA. Thank you. Thank you for your testimony.

We are—the testimony should be 5 minutes and—to give us time to ask questions at the end.

Mr. Celestine.

Mr. CELESTINE. Mine is going to be short.

Ms. BROWN OF FLORIDA. No, no. Take your time. It's your time.

STATEMENT OF DAVIS CELESTINE

Mr. CELESTINE. Good morning. My name is Davis Celestine. I was injured in 2001 in a training accident going over to Afghanistan for our yearly detachment. After my accident, I woke up in a hospital bed with several doctors around me. At first I thought it was a dream until I came to reality and it was not a dream. One of the doctors turned and said to me that you might never walk again, but miracles happen every day.

So with that said to me, I decided to do whatever it takes to stay active in my daily life. However, I was shipped off to the James A. Haley Hospital Rehab and that's when I was introduced to Cathy Williams and Jennifer Day.

From there on they got me started with simple stuff such as the game "Trouble" and playing cards. They paired me up with a paraplegic named Max and he told me, "If your fingers are not working as well, use your mouth to make a pair of moccasins for your wife." So with that type of motivation in their clinic, it was an inspiration to be there.

Now their programs have grown so well they have pushed me into the world of—the Paralympic world to compete in handcycling and swimming.

Also, I have a good family support that really helps. My wife, Deborah, and my twins keep me going to be the best that I can be.

In my spare time, I volunteer at my local chapter where I am the Vice President and fundraising chairman. I give back to the local hospital by trying to get the newly injured involved in the great sports program. And that concludes my testimony.

[The prepared statement of Mr. Celestine appears on p. 45.]

Ms. BROWN OF FLORIDA. Thank you. And thank you so very much for your service.

Mr. CELESTINE. You're welcome.

Ms. BROWN OF FLORIDA. And we're going to have questions when the last witness finishes. Mr. Nelson.

STATEMENT OF LEE NELSON

Mr. NELSON. Good morning, Madam Chairwoman, Mr. Bilirakis, Mr. Miller, and council members. Thank you for having us here today. And it's an honor to be here addressing each one of you.

My name is Lee Nelson and I am a Chaplain in the United States Army on active duty.

Last summer when I was driving to work stationed in Italy, I got tangled up with a semi-tractor trailer and received a spinal cord injury from that. There was some other injuries that they worked on as well—collapsed lung, different things like that—but I received a surgery and treatment there in Italy from the civilian hospital and was transferred to Walter Reed in Washington, DC, and then here to the Tampa VA Center, James A. Haley, because of the spinal cord injury work that the VA hospital in Tampa has done.

When I realized where I was here in the VA, they had a number of therapies that was set up for me: physical therapy, occupational therapy, speech therapy, and, of course, recreational therapy.

And when the recreation therapist talked with me about doing different things and we went and did some track and field events and some of the other things like swimming or things like that, but she talked with me about horseback riding. And I had been horseback riding before and been on trail rides and doing different things while on vacation or whatever. And I was familiar with the concept of riding a horse.

But because I was not an equestrian and didn't really know a lot about it—I had some experience of sitting on a horse—I knew that in order to stay on the horse I would wrap my legs around the horse and hang on with my legs and I wouldn't fall off. And if something were to happen, you had the saddle horn there to hang on to; but, otherwise, my stability was my legs. Well, because I'm a paraplegic now, that ability to hang onto the horse with my legs is gone.

And so I told her, the recreation therapist, that that's just a silly idea, get on a horse and fall off. And she said, "Well, there'd always be someone there to help stabilize you and everything." I said, "Well, you know, I'll just be falling around in people's arms all day."

But after talking with her and some of the patients that had been involved in the horseback riding, realizing that it was an ongoing program and other people did it who were paraplegics, so there must be another way to sit on a horse besides wrapping your

legs around it, I got involved on Tuesdays. I go to the Quantum Leap stables, which actually is in this part of the State, not too far from here, and ride the horses.

And as I think about recreation therapy, recreation in a sense—of course, you can break down the word and think about recreation and how it works—but I always thought about it just as off-time and time to relax, time to goof-off, and didn't really think about it as being productive.

Now, I've ridden horses before. In order to help my physical abilities, I did physical training in the military to do that, and riding the horse was for fun.

But as I have ridden the horses here at the Quantum Leap stables I've learned that there are certain core muscles that I had that were weaker than what I was thinking. And that was just simply because I had to balance myself on the horse—and even though there were a couple of people walking along on either side of me, somebody else guiding the horse—I thought it would be best if I tried to stay on the horse instead of just falling into their loving arms waiting for me there, but—so as I managed to do that.

And for the past several weeks, going each Tuesday, horseback riding has increased my core stability significantly. And I didn't realize how that had gotten weaker over this past year. It was last August I received my injury.

The core stability muscles had increased in such a way where it's easier for me to sit up in a chair long-term and—or throughout the day—instead of just a few hours and then lay back down exhausted and not being able to do anything else. I'm able to do more.

And so the horseback riding events has significantly strengthened up my core muscles enabling me to do other things and to be able to go and work with people.

And as I said before, being able to just simply maintain the day of being able to do things instead of having to stop and rest and lay down and everything in the middle of the day.

In fact, there was a moment one time, a few weeks ago, and, apparently, there were some flies bothering the horse, and the horse is trying to get rid of the flies. But their ability to reach up with their hooves and flick a fly off is—they don't have the dexterity that we do, so they just kick.

And as I was trying to get the horse to go around a barrel to the left, he decided to kick and throw me in that direction a little bit more than what I was planning on going. But because of the strength of my core stability muscles, I didn't fall off the horse. I just fell over to the side. And, of course, the young lady that was walking alongside me was able to straighten me back up.

But if I did not have that strength that I had received from several weeks of horseback riding, I probably would have just simply fallen on the ground very quickly and not been able to stay up on the horse.

But the important thing is not that I'm striving to be an equestrian or my ability to ride horses better, it is how it affects me in other areas of life: Being able to sit up in the wheelchair long-term, being able to go different places to sit and talk with people as a Chaplain.

I'm a counselor. And doing that counseling and talking with people is—in my mind it seems like, well, that's a very simple thing, you just go and talk to people. But because of my injury it's not so simple anymore or hadn't been.

But now, with the recreation therapy, I'm able to maintain my daily routine in being able to sit down and talk with people and have an extended conversation with them and help them through counseling, and as was mentioned before, sometimes suicidal thoughts and different things.

Just what I was doing when I was stationed in the military base talking with our soldiers, oftentimes marriage counseling is the topic. But suicidal thoughts, unfortunately, are common enough with our young soldiers.

And dealing with those issues and talking with them has been a requirement that I have the ability to stay alert and talk with them and not be exhausted in the middle of the conversation and distracting them and me from being able to give them a well thought out conversation and counseling. And the recreation therapy has enabled me to do that.

Thank you.

[The prepared statement of Mr. Nelson appears on p. 45.]

Ms. BROWN OF FLORIDA. Thank you very much. Thank you for your testimony. And for sharing that with us.

I've learned a lot just from listening to you, and I just want you to know, I also have experience riding horses. And it's wonderful.

The horses that I've been on in the past, they tried to throw me, so I'm glad you've been able to stay on.

But this is very educational, so thank you. And thank you all three of you, for your service.

I have a couple questions that I want to ask you. You all evidently went to the same service center, the James A. Haley Center. And, obviously, they're doing a very good job with their recreational therapy program.

How do you think we can improve the program to ensure that veterans nationwide enjoy the benefits of recreational therapy?

And we can start with you, Ms. Keckler.

Ms. KECKLER. Well, yes, it is something that's needed. We are number 1 in recreation therapy. We have a leader that has really taken the bull by the horns and moved with it. And it's something that probably should be experienced around the Nation in our VA hospitals, because it does make a major difference.

And what can we do to make it better? That is appropriated funding to be able to get out. Not every hospital can get the donations that we have been successful in getting.

And, of course, you know, with the economical situation in this country today, the donations are not as great as they were in the past.

Appropriated funding is the most important thing we can do for recreation therapy to be able to help our veterans get on their feet.

Ms. BROWN OF FLORIDA. Mr. Celestine, what kind of activities do you participate in?

Mr. CELESTINE. I participate in handcycling, swimming. I do archery. I do field events, that is put on also by recreation therapy, which includes javelin, shot put, and a couple others.

But the program is so well put together. But it's just more or less having like participation from the individuals to come out and see exactly what people, like myself and others, can do so they could get enjoyment and get more involved.

That's when you can become an athlete by going on to the Paralympics and getting picked up by those guys and doing more extensive training and—well, it's pushing you forward, pushing yourself every day so you can know that there is a life out there after you get injured and just don't feel sorry for yourself.

Ms. BROWN OF FLORIDA. I watched a group yesterday play water basketball. Do you do that also? Not yet?

Mr. CELESTINE. No, not yet.

Ms. BROWN OF FLORIDA. I mean, they were just doing it. And I was like okay. All right.

Mr. Nelson, do you want to add anything to that?

Mr. NELSON. Well, I think that, as you mentioned, it would be an excellent opportunity for our hospital patients across the country to be able to have facilities like this, because it's a dual role in that there's the physical aspect of just working on your balance and core stability to be able to sit on a horse. But as the side walkers would and the leader there would take the horse out into the fields and around through the woods, it's, of course, a different training when the horse is moving a little bit differently than just simply walking around in the stable area. And, of course, that requires a little bit more balance and a little bit more focus to stay on the horse.

But more than just the physical aspect of it, it's just simply being out in the outdoors and the connection with the animal.

The horses are different than horses that I had ridden before, which, in some cases, I had a hard time hanging on with my legs and my arms and everything else in some cases because the horse is—not to the extreme of trying to buck me off, but at the same time were not careful.

But these horses are very much trained and used to having people with some type of a handicap ability. And there seems to be a connection that's there.

And being able to connect with that large animal, even small horses are much larger than we are, and being able to bond with that animal and have some kind of a therapy, there is simply a connection between humans and animals that is beneficial, as well.

And, of course, being able to get outdoors and not just working out with weights in the gym and different things like that, which is excellent, as well. But there's a place for that. And then getting outside and feeling like you're alive—

Ms. BROWN OF FLORIDA. Yes, sir.

Mr. NELSON [continuing]. Is very useful.

And the mental aspect of having some type of handicap ability is extreme and it can be overwhelming.

And being able to do things like this brings the soldiers back to the thought that they're still alive, they're still here on planet Earth, and they can be—well, having a sense of normalcy to them.

And realizing that whatever the case may be, whatever their handicap is, they still have that particular loss, but they've not lost their ability to be alive and experience things in the world.

So this is an excellent program that I would recommend for all the VA hospitals across the Nation.

Ms. BROWN OF FLORIDA. Thank you.

Mr. Bilirakis.

Mr. GUS M. BILIRAKIS. Thank you, Madam Chair.

Lee, you've actually addressed this issue.

But, Davis, can you elaborate on how recreation therapy has improved your quality of life?

Mr. CELESTINE. Recreation therapy has improved my life whereas I can get up and go. They gave me—they instituted a lot of stuff into me where you never—like, for instance, like I started off playing a game "Trouble." I could have never picked up the little game piece to move it along, but with—with the patience and the therapists, they allowed me to grow.

And then with that said, it's like—it gives you more or less an introduction to doing stuff. It's like if you can't figure it out, take a minute, understand your situation, and then go forward. Because sometimes you have to step back and look at the bigger picture before you start trying to apply yourself.

And that's one of the things they really instituted into me, that you look at the big picture first before you start jumping into the water and knowing that you can't swim and it's too late then.

So with that said, that's the feeling I got from this program. And that's why I'm so adamant about trying to get other people to understand the logic and the ability of these therapists to instill stuff into us that's going to be beneficial to us in the lifelong—in the life that we have.

Mr. GUS M. BILIRAKIS. Thank you very much.

Mr. CELESTINE. You're welcome, sir.

Mr. GUS M. BILIRAKIS. Thank you.

Next question for the entire panel: What other recreation therapy would you like to see offered that's not being offered?

We'll just start with you, Mary, if you'd like.

Ms. KECKLER. Well, you know, that's a good question. And I'm trying to think in my mind, because we have a vast amount of recreational programs going on in our hospital, probably more than any other VA—I know more than any other VA in the country—and I can't honestly think of anything right off the top of my head because we have so many programs.

We're constantly—we're not just 24/7. We're 48/7 with programs in our hospital.

We now have instituted a lot of the programs such as the wheelchair basketball games—or wheelchair games we're doing through the PVA, there's the winter sports clinic in the DAV, we're doing the golden age games, which has been done for a long time. We're really moving on. We do the swimming.

Oh, there's so much going on in recreation therapy. I can't think of another thing, unless something new comes on the block that we don't know about, except putting volleyball courts out there, but with the spinal cords—unless we train the spinal cords to be equipped to play volleyball.

Mr. GUS M. BILIRAKIS. Lee, would you like to add?

Mr. NELSON. Well, again, I would have to repeat what Ms. Keckler was saying is that there's so much there that it is difficult to think of something that's not happening right now.

And I am new to the paraplegic world and so I'm not real familiar with what all is out there, what all can we do.

But I think that the only thing that I can say as far as getting something that we don't have, I can't think of anything.

Possibly improving or expanding on some of the things that we do, such as the bicycling, the handcycling. I've gotten involved with that some. But the areas where you can handcycle—and for inpatients you have to be kind of careful with them and what they can do and everything—but you might expand the program some. But it's there and people are able to—and they take patients out to go through the parks and handcycle through that area in a safe environment and everything. But that would be the only thing I can think of is to expand some programs that are there.

And, of course, obviously, we talk about other hospitals, they don't have some of these therapies, so to put them there would certainly be an improvement for them and for those veterans that are there.

But the only thing I can think of is to expand some of the things that they have going on right now.

Mr. GUS M. BILIRAKIS. Very good.

Davis, do you have anything? What would you like to see offered that's not being offered today?

I know we're very fortunate in this area, but this will be very helpful to the other Members of Congress throughout the United States.

Mr. CELESTINE. I was going to say we need to implement football. But they already have that, and that's called quad rugby.

Basically, like I said, there's nothing I could see unless we look at certain programs that will be beneficial to certain areas. Because depending on the terrain that you're at, it might be beneficial to them. Like I think next week they're putting on a ski clinic.

So they have different stuff going on, but at the same time you need to know what's right for that area or the type of crowd that you're more or less pertaining to.

So I'm going to have to say I don't know what else we can add to the curriculum.

Mr. GUS M. BILIRAKIS. Thank you.

Mr. CELESTINE. You're welcome.

Mr. GUS M. BILIRAKIS. In the interest of time, I'll ask one more question, even though I have a few more, because we have two more panels.

I think this is very important. What would you say to those who might question whether, in such economic times, recreational therapy, even in a therapeutic setting, is a necessary component of rehabilitation? What would you say to those who question this type of therapy whether it's feasible economically?

Ms. KECKLER. My answer to that is it is the ultimate of necessity in the VA hospital.

As I explained in my testimony, it takes the mind off of the problems that you're experiencing while you're in there. It gives you an outlook on life. It brings your life up. It lifts you up. It makes a

difference. You're not looking at four walls. Recreation therapy doesn't allow you to do that. You don't have the thoughts of depression.

And, yes, we need to go forth and we need to use the VA at James A. Haley as an example nationwide to get this moving.

It is—I can't think of anything more important in our hospital than our recreation therapy department.

And even what I experienced with our veterans, as well as myself, and those who are in and out, that's all I hear is recreation therapy, recreation therapy, recreation therapy. It's a very important factor for them.

Mr. GUS M. BILIRAKIS. You would say it's essential, correct?

Ms. KECKLER. Essential. Above essential.

Mr. GUS M. BILIRAKIS. Okay. Very good.

Lee.

Mr. NELSON. I would have to agree with Ms. Keckler that it is essential.

When I first arrived in the hospital and was involved in therapies and I was told about recreation therapy I was thinking, okay, well, that's our day off, that's the time to goof off and not do anything productive.

But as the weeks and months have gone by, I realized how essential it is. I do go to the gym. I work out with weights. I do some different things like that there in the hospital with therapists that are there.

And as necessary as that is, there's an obvious practicality to that aspect. You work out with weights, you increase your strength, and there's that direct correlation; whereas, with the—and you might get with like the swimming—in recreation therapy see a little bit more of the connection is there rather than horseback riding or some of the other—playing basketball. You're using muscles and balance that you would not otherwise use.

And simply being involved in a game or a sports event pushes you just to finish the game, just to keep up with the person that's next to you. And it pushes you mentally to be able to push yourself and do a little bit more than you would normally do. Not more than you could do, because if you can't do it, you can't do it, but you don't think you can do it, you don't realize you can do it. And so you learn from that aspect of—there's certain moves or certain balance or certain strength that I do have that I didn't realize I had it; and by doing that then it would increase that strength and that balance and that coordination and all those things.

And so simply going to the gym, working out with weights—as essential as that is—by itself, is incomplete.

And so the recreation therapy completes the therapeutic work for the wounded veterans that are dealing with certain handicaps that simply going to the gym, working out with weights, or other aspects of calisthenics, different things like that we do in the gym by itself, would be far short of what they could achieve through recreation and sports and games and pushing themselves to a higher level.

Mr. GUS M. BILIRAKIS. Davis, on a scale of 1 to 10, a 10 being the highest, what would you rate recreation therapy?

Mr. CELESTINE. I'd say 11.

Mr. GUS M. BILIRAKIS. It's good enough for me.

Mr. CELESTINE. As I said, the thing about recreation therapy is just trying to get you to do some stuff.

And the other thing I asked was—you know, usually, when you come through the door, the words that you can't really say in recreation therapy is "I can't," because that's not in their vocabulary. So they actually excluded those words. So they give you, more or less, a more positive outlook and like to move forward.

And, like I said, with that said, recreation is definitely needed within our hospitals and our way of life. That's it.

Mr. GUS M. BILIRAKIS. All right. Thank you. Thank you for your service to our country.

Ms. KECKLER. One of the things I would like to add to that, one of the things that recreation therapy does in our hospital—we have a lot of catastrophic injury, i.e., the spinal cord, the polytrauma, and we have a lot of caregivers because of this.

Recreation therapy—we have the outpatients that come in that are catastrophically injured, the caregivers drop them off, and they work with them to be able to get them to get their motor skills back together. And it gives the caregiver a break while they're there for an hour or two. That's a very important aspect of recreation therapy.

Mr. GUS M. BILIRAKIS. Good point. Good point. Thank you very much for your service. Thank you for your testimony.

I yield back to Madam Chair.

Ms. BROWN OF FLORIDA. Congressman Miller.

Mr. MILLER. I'm probably one of the most tight-fisted fiscal conservatives in the House.

But, Davis, I will tell you, that if anybody asks in regards to where we spend our money, you're the perfect shining example of where money is being spent appropriately; to think that you went from playing a simple board game "Trouble" to hand bicycling and those types of things. There's no question.

Quickly—because I want to try to help the Chairwoman get back on schedule—how did you guys find out that these services existed? A lot of your fellow soldiers and veterans may not be aware of it.

So how do we get the word out to them and encourage them that it works?

Ms. KECKLER. To me, like you have to introduce them to something they actually like or something they actually had in the past, then it kind of re-sparks their interest in getting themselves involved.

And that's what recreation does. It sparks your interest in—you know what, actually, I did it this way when I was an able body. Well, let me try it their way. And that's when they introduce a different way of doing stuff.

And, I mean, it's just—like I said, it goes back to basic stuff, just getting a better understanding of how to take your time, look at the big picture, and then apply yourself.

Mr. NELSON. Well, one of the things that has happened there in the hospital is that they sign you up. They don't wait for you to ask. They don't ask you if you want to do it. They just tell you this is what you're doing to do.

Mr. GUS M. BILIRAKIS. I like that.

Mr. NELSON. Now, I'm a soldier in the Army and I know how to follow orders. And so my nurses would come in and say, "Okay, Major Nelson, you're going to go and do this." And I'd just say, "Yes, ma'am," and go do it, including the recreation therapy.

Now, physical therapy, speech therapy, occupational therapy, all of those fell in the same category of they wrote out my schedule. And my schedule was at this time I'm going to recreation therapy, at this time I'm doing physical therapy, and that's what I did. I got up in the morning and I did the schedule that they set up for me.

Now, when I got to recreational therapy, they did have a wide variety of things where each week when I would go there they would have something different.

And some of the things really wouldn't be of interest to certain—to some people. But others, they find it was much more interesting than they thought it would be just thinking about what would you like to do, this event. And the answer would be, well, I don't know if I want to do that.

But they don't ask would you like to do it. You just do it. And you learn, oh, this is—this is something—when we went to some track and field events, we were doing shot puts and discus and different things, and they were asking, "Well, how many times have you thrown a discus?" And that's an easy answer. I can keep up with that. It was zero.

And they showed us how to throw the discus and the shot put, which I'm thinking is a big, heavy softball. So I guess you fling it over just like a softball. But, no, this is too heavy to do that. You can injure yourself. Anybody can injure themselves, their shoulders, whatever else, taking a shot put and throwing it like a softball.

And so in doing that, I was using different muscles and different coordination. And it's not something that I would have signed up for if it was just on the wall saying, oh, sign up for what you want to do. I mean, I may not have signed up for half of what I've done over the last year that they said, okay, this week, this is what we're going to do and go. And doing that particular outing turned out to be very beneficial.

I wasn't much of a basketball player previously. When I'm standing up, I'm really not all that tall. I played football, not basketball. So when they said, well, we're going to play basketball today, I'm thinking, well, I wasn't good at that before, I'm certainly not going to be good at it now. But we went out to play it anyway. And it was fun. I enjoyed it.

But more importantly, again, it's moving the wheelchair at a faster rate of speed than you normally do. And not just simply cones on an obstacle course, but you're having to get in a certain position to throw the basketball up through the hoop and different things like that that can cause people to find out what they're interested in.

Because once I did that for about an hour then—for some people that would really spark a deeper interest, then they could continue on with it. And for other people it's like, well, that was fun, but I'm not going to do that again.

But, again, depending on the particular recreation, the particular game, then some people would be interested in it, it would click for

them, and be beneficial to their physical disability in finding out that it's not so much of a disability as they thought it was, and being able to do more than they thought they could do.

So this hospital has the word out. You know, like I said, not just a poster on the wall, signing up for it that everybody can see, but it is: This is what you're going to do today. And no questions. No options. Just as one guy said, "No highway options." Just this is what you're going to do today, and you go and do it. And it's a good opportunity to find out that you can do more than what you thought you could.

Mr. GUS M. BILIRAKIS. Thanks.

Ms. BROWN OF FLORIDA. Thank you. I'm going to thank all three of you. It's been very educational for all of us and we learned a lot.

And you all, your experience is amazing. You have a program that's a 10 and what we need to do is pass that on.

And on behalf of a very grateful Nation, we want to thank you so very much for your service, and also for your testimony.

We're going to stand in informal recess for 5 minutes, because I think the media wants to interview you all. And then would the second panel get ready to come up? We'll come back at 9:35.

Thank you.

[Recess.]

Ms. BROWN OF FLORIDA. Okay. We will officially come back to order.

Now, the second panel consists of Dr. Edie Dopking, Melinda Wheatley, Sandy Ackley, and David Windsor.

We will start with Dr. Edie E. Dopking.

STATEMENTS OF EDIE E. DOPKING, PH.D., PRESIDENT AND FOUNDER, QUANTUM LEAP FARM, INC., ODESSA, FL; MELINDA WHEATLEY, SENIOR RECREATION THERAPIST, HILLSBOROUGH COUNTY, FL, PARKS, RECREATION AND CONSERVATION DEPARTMENT, AND PARALYMPIC SPORT TAMPA BAY, TAMPA BAY, FL; SANDY ACKLEY, PROGRAMMING AND EVENTS COORDINATOR, SAILABILITY GREATER TAMPA BAY, INC., CLEARWATER, FL; AND DAVID B. WINDSOR, PRINCIPAL INSTRUCTOR, PROFESSIONAL GOLFERS' ASSOCIATION OF AMERICA, ADAPTIVE GOLF ACADEMY, INC.

STATEMENT OF EDIE E. DOPKING, PH.D.

Dr. DOPKING. I want to start out by thanking all of you for having me and having the rest of us here to talk about this today. It is a very important subject.

I'm the President and Founder of Quantum Leap Farm. We're a 10-year-old non-profit veterans' service organization located here in Tampa, Florida.

Please accept my sincerest thanks, again, for the opportunity to present my testimony today.

Quantum Leap Farm serves current and former military service-members and their families from the current conflicts all the way back to World War II.

We provide exercise therapy, cognitive/behavioral counseling, family reintegration days, and personal and professional growth

workshops for military servicemembers, families and groups. We use horses as a therapeutic tool and catalyst for positive change.

We've worked closely with the therapists at James A. Haley VA Hospital's recreation therapy department for just over 10 years. Through word-of-mouth referrals from our friends in recreation therapy, we also receive referrals from a list of other departments at James A. Haley VA: mental health intensive case management, social rehab, polytrauma, and spinal cord injury, as well as others.

In addition, we receive referrals from Bay Pines Medical Center and from family services centers located on MacDill Air Force Base: The Airmen and Families Services Center, CENTCOM Family Services Center and SOCOM Family Services Center, and from other veterans' service organizations.

This fiscal year alone, our organization will provide services to over 850 unique military servicemembers and their families at a cost of over \$469,000 to our organization.

Up until 2 years ago, our friends in recreation therapy were judicious with their referrals as they understood we didn't have funding to do this work and were donating our services entirely. In fact, we have never charged veterans of any conflict for any of the services we offer here at the Farm.

During our 10 years of working together, only two small recreation therapy grants became available through the general post fund. Our friends in recreation therapy applied for and received small amounts of funding for us—approximately \$2,500 in 2005, and \$2,900 in 2008—to help cover the costs of services we were providing their patients.

On several occasions, recreation therapists have made personal donations to the Farm to help cover the costs of their referrals.

Recently, though, we were awarded a one-time-only privately funded grant provided by the Florida BrAIVE Fund and administered by The Gulf Coast Community Foundation of Venice. BrAIVE Fund monies are earmarked per the original donor for services supporting OEF and OIF servicemembers and their families. This grant of \$618,566 enabled us to expand the types of services we offer, the amount of services we provide, and the number of military servicemembers we provide services to by 1,200 percent in barely 2 years: from 32 unique servicemembers in 2008 to 850 in 2010.

Unfortunately, our BrAIVE grant funding expires September 30, 2010. We are currently seeking alternative sources of funding, both private and governmental, and are exploring the possibility of establishing a contractual fee-for-service relationship with the VA and/or the U.S. Department of Defense (DoD).

This increase in military referrals we've experienced reflects a great and increasing need on the part of military servicemembers and their families.

Likewise, it also reflects the great and increasing degree to which VA hospitals are depending upon civilian organizations, like ours, to assist in healing visible and invisible wounds of war that our veterans and their families are so bravely enduring. The current conflicts in Iraq and Afghanistan are generating more catastrophically injured combat survivors than any other conflict to date

thanks to great improvements in field medicine. The ramifications are good and bad, big and small, focal and widespread.

VA health care workers are handling rapidly expanding caseloads of seriously injured patients; both the number and medical complexity exceed the caseloads VA medical professionals have managed before.

In fact, our friends at James Haley Recreation Therapy tell us that each of their therapists are serving over 130 beds, many of their occupants with traumatic brain injuries (TBIs), amputations, spinal cord injuries and burns. And those are merely the physical injuries. Many of them also suffer depression, post-traumatic stress disorder (PTSD) and have emotional and family issues to manage, as well. Young families are facing a lifetime of caregiving for seriously injured family members as they struggle to raise children, work, maintain households and marriages. Not surprisingly, divorce and suicide rates are high in this population.

Recreation therapists are instrumental in assisting injured servicemembers and families to successfully navigate the numerous and significant challenges they face post-injury.

Recreation therapists help injured veterans and families discover the new "normal": helping injured veterans reintegrate into civilian life; reacquainting family members with each other after extended separations and functional changes; helping families learn to recreate together focusing on strengths, abilities and resources; and promoting healthy relationships and engaged, active lifestyles.

Likewise, civilian veterans' service organizations, like Quantum Leap Farm, are instrumental in helping recreation therapists do their jobs, helping a large and diverse population of injured servicemembers and their families rebuild and recover from war-related trauma.

Recently our attendance at the Conference on Iraq and Afghanistan Veterans (CIAV) in Washington, DC, was sponsored by our military grantor, The Gulf Coast Community Foundation of Venice. Presenters included Brigadier General Loree Sutton, M.D., Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. There were also panels of veterans, caregivers, and service providers. Some of the Nation's most intelligent and well-informed lecturers spoke with legislators, met various department heads within the VA, and networked with other service providers sharing our experiences working with injured veterans.

Most relevant among several over-arching conclusions of the CIAV Conference: Although there is much great legislation currently being passed to help our Nation's wounded warriors recover physically, emotionally, socially and financially, it seems very little funding is trickling down to the community level where it would do the most good. If we're willing to award multi-million dollar contracts to defense and other governmental contractors, why are we not willing to award similar contracts to organizations that help fulfill our Nation's promise of caring for those willing to lay down their very lives for our freedom?

As a Nation, we are in uncharted territory. The number of profoundly disabled veterans needing long-term care and services is rising rapidly and won't peak for years to come. The effects on our health care system, our economy and our American culture remain

to be seen. However, one thing is certain: We, all of us, owe these veterans and their families our unfailing support and gratitude for their inestimable sacrifices.

It is my pleasure to submit this testimony to you today. Thank you again for your time and your consideration.

[The prepared statement of Dr. Dopking appears on p. 46.]

Ms. BROWN OF FLORIDA. Thank you. And I will remind the panel to please keep this testimony to 5 minutes so that we can get to the questions.

Thank you for your testimony.

STATEMENT OF MELINDA WHEATLEY

Ms. WHEATLEY. I'll try to keep it short. My name is Melinda Wheatley. I'm a Senior Recreation Therapist with Hillsborough County Parks, Recreation and Conservation Department. And I do work closely with Paralympic Sport Tampa Bay (PSTB).

And I'm here today to tell you about Paralympic Sport and what we do in conjunction with James A. Haley VA Hospital.

The mission of Paralympic Sport Tampa Bay is to promote health and independence and personal growth to people with physical disabilities—mainly, physical disabilities.

For a long time—talking about getting the education, Chairwoman Brown—for a long time people with physical disabilities had to participate in things like Special Olympics, which pretty much everybody is very familiar with Special Olympics. But Special Olympics is mainly for people with cognitive deficiencies.

But Paralympic Sports programs were developed nationally to emphasize the importance of sports and recreational activities for people whose primary diagnosis was a physical impairment.

The Paralympic Sport program works with people with cerebral palsy, spinal cord injuries, amputation, visual impairments, dwarfism, and then other problems like head injuries, muscular dystrophy, muscular sclerosis, etc.

Paralympic Sport Tampa Bay offers year-round seasonal programs like track and field, archery, wheelchair tennis, swimming, wheelchair soccer, wheelchair basketball, among others. And then we also offer 1-day clinics in close conjunction with the VA staff.

Next weekend—as one of the panelists said—we're doing a water ski clinic at Lake Wales, which will be the sit-ski clinic where all people can participate regardless of their abilities.

Hand cycling—we just had a strength and conditioning physical clinic last week which exposes the participants to different recreational activities, and then those skills can be enjoyed throughout their life. And they're enjoyed by adults and youth, as well. They provide—the clinic provides the fundamentals of a sport, which can be pursued through team activities or individual activities.

Now, our program has traditionally catered to youth. It was originally called Blaze Sports, if anybody has ever heard of that. But through the involvement with James A. Haley VA Hospital, we've grown to serve more adults.

We now have a Division 3 wheelchair basketball team, which is ranked 16th nationally, and an adult wheelchair softball team that is co-sponsored by the Tampa Bay Rays baseball organization.

Reviewed by many across the Nation as a program that should be modeled by all communities that have VA hospitals, the partnership between James A. Haley VA Hospital and Paralympic Sport Tampa Bay is a wonderful marriage. And I like to call it that because it's just that: We fit well together.

Not only, as many people have said, do sports and activities promote self-esteem and positive image of the participants, but they help release stress and depression as well.

Reintegration into the community after an injury is one of the most important aspects of rehabilitation. And the relationship is developed when our adult veterans and the children that we already serve participate in programs together. They're just unique and just so refreshing.

The adults become mentors to the youth, young athletes. And then they have similar disabilities so they share stories. And the adults tend to give advice about life situations that they've had to deal with and how they've dealt with them.

But at the same time, the adults are motivated by the youth because kids—our kids especially—are fearless and they'll try anything, which really inspires the adults to try new things, too.

So now I'd like to tell you a little bit about our office facilities in Hillsborough County, which have really, I think, benefited us in Hillsborough County, and not only in Hillsborough, but regionally, especially in this district, Pinellas, Pasco, Hillsborough. People come from all over to join in, veterans and youth alike.

Our facility is called the All People's Life Center. It is a wonderfully accessible place for people to recreate and play. It is a 44,000-square-foot facility. It's a community center which everybody can use, able body and disabled, but people with disabilities have priority usage on the facility.

We offer such amenities as a fitness center, which is fully accessible, gymnasium, double gymnasium, a dance room, beautiful outdoor trails, and an accessible playground for people to enjoy.

And I have to add to that that sometimes, you know, especially our veterans, they come back, they have families that if they go to a playground and it's not accessible, then the families can't play—the disabled can't play with their able-bodied kids. So accessibility is important from both aspects.

The place was designed for people with disabilities in mind. So everything down to the showers, down to the sinks, down to the way the floor was built, the signage, everything about it is totally accessible. It was a pleasure being able to help design it.

So as you can see, our viable relationship with James A. Haley Hospital is mutually successful. The veterans have a great place to come, and we have successful participants in our program.

I can't say enough about the awesome recreation therapy staff both organizations have. We have a team of 10 through Hillsborough County Parks and Recreation that offer not only sports but community outreach programs, after-school summer camp programs for kids. We're offering specialty camps for adults and kids this summer.

But the therapists at the VA hospital have always been so wonderful with planning things that they know they will like. And they plan that so kids might join and jump in, too.

And, you know, some things are just for adults and some things are just for kids, but we work very well together.

And even if it's a VA-sponsored event, our staff will come join in. If it's a PSTB event, then the VA staff joins in. So, like I said, it's kind of a unique marriage. I hope that we can continue to work real closely with the VA hospitals and develop some new exciting things that everybody can enjoy.

And I thank you very much for your time in speaking about something that's very, very close to my heart.

Thank you.

[The prepared statement of Ms. Wheatley appears on p. 48.]

Ms. BROWN OF FLORIDA. Thank you.

Ms. Ackley.

STATEMENT OF SANDY ACKLEY

Ms. ACKLEY. Yes. Hi. My name is Sandy Ackley. I work for Sailability Greater Tampa Bay, which is a non-profit operating out of Pinellas County. The services are provided to the Greater Tampa Bay area.

Our mission is to provide affordable, accessible sailing activities and education to children and adults of all ages and abilities, focusing on community integration to improve the quality of life for all involved.

The concept of our program was born in March of 2001. It was at that time a small group of people envisioned and implemented an opportunity within their community.

The challenged individuals that we take out sailing quickly realized that the only limitations they faced were those in their mind, and that whatever one might set their mind to do can be accomplished. This I know because my husband is also a veteran who is disabled, and recreation therapy is what kept my family strong.

Sailability is 9 years old now and has built a fleet of 13 access boats, 3 catamarans and a motor boat.

Grants, fundraising and local supporters made it possible for us to purchase our first 303 servo assist boat that has adaptive equipment which includes a "sip and puff," chin control, electronic joysticks and adaptive seating, which a ventilator dependent quadriplegic would be able to sail independently.

In fact, after training provided by Sailability Greater Tampa Bay, Lynn, from James A. Haley, a ventilator dependent quadriplegic, set a record here in Clearwater—well, there in Clearwater—to be the first ventilator dependent quad to sail independently in the United States on an access dinghy.

Lynn and other veterans come out to our community sails, which are held four times a year, to lead the way demonstrating the opportunities our waters can provide to veterans while he navigates the Clearwater Intercoastal Waterway.

We have wheelchair-bound veterans from our community, recreational rehab and spinal cord programs, various veteran support groups, as well as Paralyzed Veterans, James A. Haley, Bay Pines Hospital, returning Iraqi veterans accompanied by their families and friends and therapists, watch in awe from the top of *The Miss Beverly*, which is known—it's a 24-foot pontoon boat that we borrow from the Bay. This is when I know that what I do gives our

vets a sense of worth, confidence, assurance and belief while building on self-esteem reaching their goals and drives, as they wave their arms—screaming words of joy and triumph with happy tears running down their faces. I know this because Sailability is what empowers people and kept my family strong.

The Miss Beverly, again, is a 24-foot wheelchair accessible pontoon that resides at MacDill. *The Miss Beverly* is borrowed to take Bay Pines, James A. Haley and community veterans out fishing or used as a spectator boat for the more “I have to challenge Sandy” veteran while others sail the bay. I get them all in a boat sooner or later. They learn to trust in, believe in themselves again, this I know with certainty.

Since we are driven to get as many veterans out on the water as possible, we also strive to support those who would like to facilitate programs such as ours locally, regionally and nationally.

Not only does this enhance awareness of all individuals, it facilitates the need to keep our waterways and environment not only eco-friendly and pristine but accessible to all.

We are proud of the fact that since our inception we have been able to have a positive impact on many individuals.

Our program has graduated a multitude of sailors, many of which were either mentally or physically challenged, as well as able-bodied children, adults, and seniors. Some of those physically challenged individuals include, but are not limited to, paraplegics, quadriplegics, amputees, stroke survivors, and those with neurological impairments such as cerebral palsy, multiple sclerosis and head trauma injuries.

Moreover, we’ve been able to introduce the experience of sailing and touch the lives of more than 500 individuals, along with their family members and caregivers. This I know because I’m the one who gets the tears of joy, the “thank you” cards for giving me my life back, the gratitude from recreation therapists, staff, and the appreciation from family and friends. These sailboat rides are more rewarding to me than I can describe. Men that have the wind taken out of their sails, from them I get my strength to make others strong.

Sailability Greater Tampa Bay also has the ability to travel to outside counties and support other groups. Our presence at these travel events raise awareness in our community for the need to maintain community inclusion and accessibility for all, while giving our veterans what they need and deserve.

We are obligated to do this for people who gave their souls in belief that we will stand by them. We feel that our presence and support within our community will fuel the acceleration of programs like ours. And this I know because my son is a third generation Marine, who volunteered since he was 10 years old putting veterans out on the water. These proud veterans taught my son loyalty, trust and gave him confidence and strength.

We pride ourselves on the fact that all these accomplishments have been made through an extremely dedicated volunteer staff.

And as we move into the next decade, we anticipate growing our program and touching more lives as we live through war.

Thank you.

[The prepared statement of Ms. Ackley appears on p. 51.]

Ms. BROWN OF FLORIDA. Mr. Windsor.

STATEMENT OF DAVID B. WINDSOR

Mr. WINDSOR. Good morning. Thank you very much. It is an honor to be here. I really appreciate everyone on the same wave-length here today.

For the record, my name is David Windsor. I'm a member of the Professional Golfers' Association (PGA) of America. I've been a PGA member for 10 years, I've been a teaching professional for 20, and for the past 10 years I've been teaching adaptive golf.

I represent the Adaptive Golf Academy, but most importantly, as a community supporter of the James A. Haley VA Adaptive Golf program every Friday morning at Terrace Hill Golf Club.

As we heard from the first panel, we heard testimonies stating about how they felt, the way that they were thinking before they were involved with recreational therapy.

Specifically, with adaptive golf, our participants, the therapists, the staff, the supporters, they're helping change the way our veterans are thinking; a more positive track.

It's a noted fact that disability or injury can put veterans in a lonely place, both mentally and physically. The James A. Haley Adaptive Golf program introduces and involves these patients into a fail-proof athletic activity within the confines of a positive environment. And this method of combining personal and physical interaction takes their mind off of that therapy and allows their recovery process to be self-initiated. And we heard that quite a bit from panel one.

In November of 2007, the program was just a couple months going, and I had the opportunity to meet a Humvee gunner. His name was Jim. He had survived an improvised explosive device roadside blast. He was badly burned, 53 percent of his body, both legs were broken; one, I remember, being shattered, which explained the rods and pins that were extending from his left leg.

His first time out we remember him saying he didn't even feel like swinging a golf club. He was just happy to get out of the hospital for a little while. That's what he was looking forward to.

Then he was introduced to the SoloRider golf cart. This golf cart is designed for wheelchair players to become more upright so they can swing the golf club better and get really complete access to the golf course.

He said—he was quoted as saying, "You know, we have classes with therapists and they're great, but we're inside. For me, the best was being outdoors and having people like this to help crack a few balls ... this is my best day of therapy! This is helping my body get going again, a great way to get out, get some fresh air and be with a bunch of people who love golf." So this is really expanding the therapy that goes on outside of the hospital.

I just want to make a quick note that I actually sent him an e-mail. We've been staying in touch a little bit. And, I just want to confirm, he's still playing golf.

But just in a case like his, what started out to be a case of cabin fever, being inside those four walls, doing that traditional therapy, it just led Jim to experience that greater feeling, that better—that

good feeling that you get when you enjoy it. He's around caring folks that empowered him for the future.

And one thing I do remember, I remember how he had really drawn an audience. He was in that SoloRider golf cart, he's in an upright position, he had rods coming out of his left leg, and he's cracking balls out there and he's drawing an audience.

And you could just see how his chest started to bow up and he was feeling so proud of himself. And everybody started to clap. And it was just a feeling that was contagious among everyone.

Just the simple act of getting outside and leaving that traditional therapy setting, it just encourages other patients to interact in a nonstressful situation in whatever organization.

And they're with their peers that are facing similar issues. They're able to talk to other folks that had boots on the grounds. So a therapist or a staff or whatever, with that veteran, they're on the equation and they're doing their thing together. It's a veterans-helping-veterans atmosphere.

They're there and they can trust a consistent form of therapy that they can pursue for the rest of their life. They focus on improved connection with their family, their friends and co-workers.

I can't tell you how many times being there helping instruct I had someone turn to me after hitting some shots right down the middle of the driving range or out on the course and they'd say, "Hey, is this something I can do to bring my kids out or bring my wife?" You know, it's just a great way for them to do something together in hometown U.S.A. and just get reconnected.

They're there and they focus on what we say; "fairways and greens" for you golfers in the room. And that's their escape from their issues, just like any of us. Right? We all need an escape.

I don't have to really list and bullet point what the adaptive golf really serves, but to name just a few: brain injury, spinal cord injury, limb loss, all those that we've been aware of here today.

And, again, we've heard from panel one, you know, how easy it is to become detached or disconnected from themselves, from their family and their communities. And that's a challenge right here that the James A. Haley Adaptive Golf program faces and has taken head-on every Friday.

Did you know that the James A. Haley VA Adaptive Golf program is now approaching its 3rd year? It began on September 28, 2007, a Friday morning, and has continued every Friday right here in Tampa Bay.

The program consists of the James A. Haley inpatients, brought by the therapists over to Terrace Hill Golf Club—it's a nearby course off of Busch Boulevard—where they're greeted by PGA professional Ken Juhn and members of AVAST, which is the Amputee VA support team; and it is a solid group of area outpatients and volunteers that are there every Friday morning.

The golf program has been more than just a weekly golf outing, but rather a vital part of the rehabilitation process and community reintegration process that's taking place.

And for the record, as I stated, I've been involved with adaptive golf for 10 years, so this is not the very first program of its kind; rather, it's an extension of a weekly program that I helped develop in 1999 in Sarasota, Florida.

I was a PGA professional. As a club professional I had a 27-hole golf course, and I was approached to have therapists bring out their clients as a golf outing at first. However, I soon realized that there was much more to the program than just helping them hit a few balls down the fairway.

And this is the reason why our veterans are coming out week after week, playing additional rounds of golf with their friends, with their peers at area courses right here in Tampa Bay.

So they are affirming that they want this positive environment. It's a therapeutic outlet and it's a nontraditional therapy setting.

At the James A. Haley Veterans' Hospital our active-duty soldiers and veterans who face physical challenges or complicated barriers with their PTSD, depression, traumatic brain injuries, are encouraged to reach functional independence so they can get back to their lives. The theme here: The quality of life.

Of all recreational activities we favor the adaptive golf experience the most as it introduces the concept to help our patients maximize their potential. With adaptive golf this process of recovery is self-initiated.

And in the words of Dr. Scott—What is more American than a game of golf? It's the band of brothers coming together on Friday mornings. It is something that everyone can learn and do no matter where they end up, in hometown U.S.A.

We have had our CTRS, Kathryn Bryant, not just bringing over and maintaining the program on Fridays, but she has accompanied a number—I think it's the 2nd year they're going to be going to the National Tee Tournament out in Iowa. It is an opportunity for veterans around the country to gather for such an event, and that's going to continue.

What's next? We have golf now as part of the 2016 Olympics. That means Paralympics are on a lot of folks' minds right now.

To sum it up, the James A. Haley Adaptive Golf program has become a driving force for the rehabilitation process for which veterans, active military personnel with disabilities can relearn and develop skills which they thought were beyond their capabilities.

Physically, adaptive golf improved their balance, coordination, endurance, functional ability for those daily activities, decreasing risk of falls and injuries and increasing overall quality of life. Mentally, it helps train individuals to focus on more positives and develop better, everyday life and judgmental skills.

When you come out to the golf course there's not too many people there saying, "Gee, I think I'm going to play worse today." They're there looking to improve their skills. And they're around that positive environment, improving every time. And that just really leads to self-esteem, confidence, independence and a feeling of dignity, giving new hope to expand their horizons as they transition back into civilian life.

And, in closing, there is one way to know that it's Veteran's Day at Terrace Hill. As for the golfers in the room, traditionally you would hear out on a golf course, "Fore!" if someone happens to hit their ball toward another group. But at Terrace Hill you're going to hear, "Incoming!" And that's when you know it's Friday.

Thank you very much.

[The prepared statement of Mr. Windsor appears on p. 52.]

Ms. BROWN OF FLORIDA. Thank you.

Thank you for all of your testimony, too.

I have a couple of quick questions. This question is for the entire panel.

Each of you uses a different recreational therapy: Sports, sailing, golf. Is there any particular therapy that's better for a veteran depending on their ability, disability or—

Dr. DOPKING. I'll jump in here.

Ms. BROWN OF FLORIDA. Do you understand?

Dr. DOPKING. Yeah, yeah. I think it depends on a person's personal preferences and their history with a certain sport, their interest, their family's interest.

I think it's important to have a wide variety of sports available because there's such a wide variety of military servicemembers and their families, you know, there has to be something to appeal to everybody, but it's so important to offer those things.

Ms. BROWN OF FLORIDA. Well, I heard what Mr. Nelson said, and it was very interesting because when they first offered him horseback riding, he said, "Absolutely not. What's wrong with you?" But he found he enjoyed it.

Dr. DOPKING. That's the thing about recreation therapy, though, is it introduces people to things that they didn't really know they were going to like, you know.

So it's so important for them to be able to explore all those options in golf and sailing, you know, and all the different sports that you offer, horseback riding, hang-gliding and water-skiing. You know, it's so good for them to be able to get out there and experience that new "normal" that I was talking about.

Ms. BROWN OF FLORIDA. Well, what I hear you saying is more about getting them to do it. Because we can bring them to the baseball games and football games, but this is something that they're physically participating in, which is good.

Ms. WHEATLEY. Right. And it's not only just about the physical aspect.

I mean, when you were asking the panel about what other sports and things could be offered at the Veterans' Hospital—you know, I have a lot of friends that have disabilities because I've done therapy with them for so long, I guess, and a lot of them are just not really into—they're not into sports, they're not into any physical activities, they're more into things like woodworking or shooting sports, things like that.

So you're asking how to expand those programs; you might consider looking into things that are daily activities, but—things that we all do on a daily basis but just need a little modification in order to continue those activities when with a disability.

Ms. BROWN OF FLORIDA. I heard you all talking about the cost of funding the program. And I know that we've increased veteran funding. But for some reason we have not been able to get the VA to collaborate with community partners.

I think none of the Members are happy with this. And that is the area that we're continuing to work on because it is so important that as we expand the number of veterans, that we expand the community partners we work with as well.

And so can you talk about the unit cost for caring for the veterans? I know that you all are working well together, but we're talking about funding, which is a little different than the program.

Dr. DOPKING. I know for our organization our cost is \$95 per ride or per half hour. But, you know, Quantum Leap, because we have horses there to care for, it's a 24/7 sort of operation.

So, you know, we have staff members that are directly involved with the program because they're caring for the animals and the horses. And we also have a large number of volunteers that are very, very generous with their time that help us maintain the program, too. And even with that, our cost is \$95 a half hour.

I'm sure that these other programs have some similar costs, too. And, of course, you know, we—I'm sure we all get funding from numerous places and none of us I think are looking to one source to support our entire program.

I think—I don't want to put words in your mouths, but I think we're looking to get paid for what we do, you know, like a fee-per-person that we work with or, you know, in a contractual relationship, rather than a grant or something like that.

I don't know. What are your thoughts?

Mr. WINDSOR. Well, with the golf program, we established that as pretty much more of an internal coming from the James A. Haley program.

It was my intention right along to develop this program, help them see that and adopt, in which—with the blessing of Dr. Scott and Cathy Williams and now Kathryn Bryant helping on every Friday—we've gotten to that. So now it's part of their programs. There's a general posting fund that's set up to specifically help this adaptive golf program.

And we're just working on a very minimal budget right now. We're working together for another year. But right now it's a little over \$1,000 a month for the services we provide locally.

Ms. BROWN OF FLORIDA. How many people participate in the program?

Mr. WINDSOR. Inpatients could vary every Friday. Could be anywhere from three up to six to eight inpatients that come. And a large number of outpatients come, as well. And they pay their own fee to access the golf course.

Ms. BROWN OF FLORIDA. And sometimes you said they come with their family members.

Mr. WINDSOR. Sure. You may have 20 to 30 outpatients from the Tampa Bay area that come.

Ms. BROWN OF FLORIDA. And sailing?

Ms. ACKLEY. We—it usually costs \$60 per hour to put a boat out, including staff. We try to put a little in the till for wear and tear on the boat. Boat parts are very expensive.

But we only charge James A. Haley \$10 per head. We do—

Ms. BROWN OF FLORIDA. Do they just sail or fish or what do they do?

Ms. ACKLEY. Well, for the first-timers that need to be reassured that it's going to work for them, they want to see someone else do it first.

Ms. BROWN OF FLORIDA. Yes.

Ms. ACKLEY. So the returning sailors we put in the boats pretty immediately. And then anyone else—spectator, family members, the therapists, we even give them a day out on the water—they'll be fishing off of the pontoon, *The Miss Beverly*. And then they watch.

And by the second month they'll come out and they'll get in a boat. And it just keeps on rotating out. They keep bringing their parents and their grandparents and their kids. And so it is a very large family. It's a big family day.

Mr. WINDSOR. And I'd like to add that, I mean, we do the same thing, you know, minimal cost for the inpatients to come.

But to do any program properly, to train the staff, to have the right equipment, that's where some of the cost can come in for—such as the accessible golf carts, some other equipment that needs to be welded and modified for that to happen.

Ms. BROWN OF FLORIDA. Mrs. Wheatley.

Ms. WHEATLEY. Paralympic Sport Tampa Bay staff is funded through Hillsborough County Board of County Commissioners which consists of four full-time staff for that particular program.

Everything else we do, you know, we get private donations, funding, we do fundraisers, grants, et cetera, et cetera. We try to never charge the participants, if at all possible, just because usually people with disabilities have a lot more personal costs and are many times unable to pay.

I agree with everybody here that if you've never bought a wheelchair or anything like that, adaptive equipment is probably three to four times more expensive than anything that you and I would have to buy.

Consider the cost of a vehicle, a van. You know, you can buy a vehicle for \$15,000. And theirs is going to cost \$60,000. So, I mean, it's really—life with a disability is very costly for some things.

Ms. BROWN OF FLORIDA. Congressman Bilirakis.

Mr. GUS M. BILIRAKIS. Thank you, Madam Chair.

You are all non-profits, correct?

Dr. DOPKING. Yes.

Mr. GUS M. BILIRAKIS. And you all participate in contracts with the local VA?

Dr. DOPKING. Uh-huh.

Mr. GUS M. BILIRAKIS. Explain to us how older veterans can benefit from these programs.

Dr. DOPKING. My Ph.D. is in aging study. It's very similar to gerontology, only we study the process of aging rather than older folks themselves. And I would say the need for physical activity in older persons is just as great, maybe greater than for people who are younger, because really your body and your mind is a "use it" or "lose it" proposition.

So inactivity, and especially if there's a disability, you know, people tend to be more inactive with a disability.

So older veterans with disabilities need physical activity. They just—they really, really need to stay engaged and active and probably in a greater way than younger folks do.

Mr. GUS M. BILIRAKIS. How many older veterans participate in your program? I'd like to ask you first.

Dr. DOPKING. Oh, boy.

Mr. GUS M. BILIRAKIS. Approximately, percentage-wise.

Dr. DOPKING. I'll bet you—I don't have those numbers right in front of me, but because we always focus on adults, our mission is to serve adults, I'll bet 30 percent of our population is 50 or older. We've had several World War II veterans that were 92.

Mr. GUS M. BILIRAKIS. How do you get the word out that the services are available?

Dr. DOPKING. We don't have a big budget for advertising—I'm guessing you guys don't either—so most of it is word of mouth.

Mr. GUS M. BILIRAKIS. Word of mouth.

Dr. DOPKING. Yeah. And the recreation therapists have done a great job of promoting, especially Quantum Leap, and, apparently, your programs, as well, and making it available to everybody that they touch.

Mr. GUS M. BILIRAKIS. Very good. Thank you.

Anyone else?

Mr. WINDSOR. Well, primarily, the Adaptive Golf program in its initial launch in September of 2007 was made up of Vietnam veteran era, and they continue to be there week in and week out as sort of the big brothers for the younger generation that appears on Fridays from the VA.

We've had still a number of World War II veterans, Korean war, and they're there. And they get just as much out of it as the younger generation. They actually have more of an appreciation of a lot of it because they're there and they're taking part in it, which gives them that good feeling, that, hey, this is—they call it the game of a lifetime. We have the tools, the resources, the staff training. They love that environment. That's what keeps them coming.

Mr. GUS M. BILIRAKIS. Without the golf cart, it would be very difficult for veterans to participate in your program; is that correct?

Mr. WINDSOR. For many. For many. If someone has had a recent limb loss and they're working on endurance and balance and different issues there, the golf cart is very beneficial because it gets them in an upright position. It takes that weight-bearing off.

Mr. GUS M. BILIRAKIS. Maybe you can show a picture of the golf cart. I wanted to bring it in, but I guess it wasn't practical.

How much does that cost?

Mr. WINDSOR. Don't quote me. I believe they're right around like \$9,000, \$10,000.

And for the record, every military golf course and every military base should have two of these by now. Not specifically the one manufacturer, but I know it was made—maybe Mr. Miller would know more about that—but two accessible golf carts should be at every military golf course to provide accessibility.

Mr. GUS M. BILIRAKIS. In the interest of time for the panel, how many vets do you have participating in the individual programs?

Dr. DOPKING. Our number is as of—our fiscal year ends in June. And from July 1 through now, we're over 850.

Ms. WHEATLEY. We have, depending on the sport, up to 200.

Ms. ACKLEY. Yeah, I have probably up to about 200, 250.

Mr. WINDSOR. What was the question? I'm sorry.

Mr. GUS M. BILIRAKIS. How many veterans participate in your program?

Mr. WINDSOR. Inpatients? Outpatients? Everyone?

Mr. GUS M. BILIRAKIS. Everyone.

Mr. WINDSOR. Well, if you imagine, I mean, at least 20 every Friday. And it's every Friday. So 1,000 or more. If we do clinics, if we do some things for awareness in the community, you may have up to 100 that day, 200.

Mr. GUS M. BILIRAKIS. Okay. Very good. Thank you very much, Madam Chairwoman.

Ms. BROWN OF FLORIDA. Mr. Miller.

Mr. MILLER. Madam Chairwoman, I'll pass.

Ms. BROWN OF FLORIDA. Okay. Well, I wanted again to thank you all very much for your service. And I want to tell you all a secret. They're going to be sorry they invited me here because now I'm jealous and we have to have these programs in my area.

So thank you very much. In Jacksonville, we have some water. We have lots of golf courses. I'm going to get her to come over to Jacksonville and get my organizations going.

Mr. WINDSOR. And, for the record, you had asked the question if all of us are non-profit.

My entity, The Adaptive Golf Academy, is not. But the goal of that is to help non-profits as a service to develop Adaptive Golf programs to serve the needs of their clients.

Ms. BROWN OF FLORIDA. Good.

Mr. WINDSOR. And, really, the main objective is to develop a sustaining Adaptive Golf program with every possible VA hospital and community to enhance the physical, mental, social and emotional well-being of veterans and increase their participation around the great game of golf.

[The following was subsequently received from Mr. Windsor:]

July 13, 2010

To: Diane Kirkland, Printing Clerk, Committee on Veteran's Affairs

From: David B. Windsor, PGA

I would like to request that the below material be added to my testimony on Recreational Therapy and Healing on June 8. This briefly states our objective for VA hospitals to better serve wounded warriors/veterans and also our contact information.

The objective of the Adaptive Golf Academy is to educate, train and inspire physical and recreational therapists and directors at VA hospitals around the country to develop their own adaptive golf program and ultimately "make a difference" in many veterans' lives.

Contact info:

David Windsor, PGA (941) 650-5750

Email: David@AdaptiveGolfAcademy.com

Website: www.AdaptiveGolfAcademy.com

Thank you,
David

Ms. BROWN OF FLORIDA. That sounds good. These are in all my areas, but we don't have these programs, so thank you very much.

Mr. WINDSOR. Thank you.

Ms. WHEATLEY. We'd love to come up and help train folks. We can all share in that and go up and help people, you know, train people in recreation therapy and how to implement programs.

Ms. BROWN OF FLORIDA. That's good. Thank you all very much.

Mr. WINDSOR. And I'll bring the golf clubs.

Ms. BROWN OF FLORIDA. Yes. I have a set myself and I sent them away Sunday because they're rusting from not being used.

Thank you all very much.

Dr. DOPKING. Thank you.

Ms. BROWN OF FLORIDA. All right. The last panel, please.

So this is the great center that everybody has been talking about all day.

Ms. Cathy Williams, the James A. Haley VA Veterans' Medical Center, VA Health Administration, U.S. Department of Veterans Affairs. You all are doing a tremendous job.

And Dr. Steven G. Scott, D.O., Chief, Physical Medicine and Rehabilitation Center, James A. Haley VA Medical Center, Veterans Health Administration, U.S. Department of Veterans Affairs.

Well, I'll take the word back to Washington that you all are doing a good job. You all are getting 11s, not even 10s, on the scale.

We're going to start with you, Ms. Williams. Thank you very much.

STATEMENTS OF CATHY CHIOVITTI WILLIAMS, CTRS, SUPERVISOR, RECREATION THERAPY SECTION, JAMES A. HALEY VETERANS' HOSPITAL, TAMPA, FL, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND STEVEN G. SCOTT, D.O., CHIEF, PHYSICAL MEDICINE AND REHABILITATION SERVICE, JAMES A. HALEY VETERANS' HOSPITAL, TAMPA, FL, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

STATEMENT OF CATHY CHIOVITTI WILLIAMS, CTRS

Ms. WILLIAMS. Good morning, Congresswoman Brown, Congressman Bilirakis, and Congressman Miller. Thank you for inviting us here today to discuss recreation therapy at James A. Haley Veterans' Hospital. It is truly an honor for me to be here.

The James A. Haley Veterans' Hospital provides recreation therapy to veterans and servicemembers within Veterans Integrated Service Network 8. The Physical Medicine and Rehabilitation Service's Recreational Therapy Section currently has 21 full-time employees, 17 of which are recreation therapists who possess specialized training, which is a bachelor's degree or master's degree in therapeutic recreation. Most of my staff are—currently hold certifications in—from the National Council for Therapeutic Recreation, and all of my recreational therapists are certified brain injury specialists.

Our goal is to maximize each patient's rehabilitation potential through active recreation, leisure and sport pursuits, which are designed to improve or maintain the physical, emotional, social and cognitive functioning for a better quality of life and increased independence.

Recreation activities enhance physical health, psychosocial and cognitive status, and improve functional independence in the community.

Recreation therapy provides resources and opportunities to improve overall health and well-being. It improves physical health by increasing mobility, range of motion, strength, motor skills coordination, vestibular balance, agility and athletic skills.

Recreational therapy also improves psychosocial communication, trust and cooperation while enhancing morale, life satisfaction, self-esteem, socialization and, of course, camaraderie.

In addition, the program addresses cognitive deficiencies—because most of our active servicemembers have had brain injuries—through attention, memory and perception; increased alertness and awareness of surroundings; and reduced confusion and disorientation.

VA clinical staff conducts a thorough assessment to ensure that we develop a treatment plan that best meets the needs of the individual patient. We work with the patient and his or her family to help develop this plan. Activities and programs are developed to be appropriate for each individual patient to facilitate the best possible outcome.

In sum, we adopt the “whole person” view that considers the individual’s activity interests and patterns before injury, illness and disability, and we focus on returning the patient as much as possible to his or her previous functionality, ability and activity level to promote active community participation.

The therapeutic recreation staff conducts leisure education counseling to provide a baseline of information for patients. This counseling enables patients to broaden their perspective of what activities are available to them. Patients are offered as many opportunities as possible to participate in community recreation resources and to improve their overall well-being through leisure.

In Tampa, our recreation therapy programs include activities such as archery, animal-assisted activities—which is pet therapy—bowling, fishing, horseback riding, air gun and trap shooting, basketball, cycling, golf, power soccer, rowing, sled hockey, tennis, water skiing, sailing, track and field, and most of all, arts and crafts.

The James A. Haley Veterans’ Hospital Recreation Therapy program benefits considerably from our multiple community, government and university partnerships. We collaborate closely with external parties to provide recreational special events for inpatients such as trips to Kennedy Space Center shuttle launches, cultural and community events, and local sporting events such as basketball games, NASCAR events, and, of course, the Super Bowl.

Veterans receiving treatment at our facility also participate in VA nationally sponsored events such as the National Veterans Summer Sports Clinic, the National Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games and the National Veterans TEE Tournament.

The national training exposure and experience that these patients receive also—I’m sorry. We have patients that also participate in other national events that are often not necessarily sponsored by VA, which include Challenge Aspen, Lima Foxtrot, the Endeavor Games, and the Paralympics Military Sports Camps.

Our program in Tampa continuously provides patient-centered recreation therapy services. This enhances current abilities and helps veterans develop new skills through recreation activities for daily living, community functioning and, of course, quality of life.

Thank you again for the opportunity to appear before you today. My colleague and I are prepared to answer any questions that you may have.

[The prepared statement of Ms. Williams appears on p. 56.]

Ms. BROWN OF FLORIDA. Mr. Scott.

STATEMENT OF STEVEN G. SCOTT, D.O.

Dr. SCOTT. Congresswoman Brown, Congressman Bilirakis, and Congressman Miller, thank you for the opportunity to discuss the James A. Haley Veterans' Hospital Therapeutic Recreation Therapy program and its role in rehabilitation of those who serve our country.

In my role—and I've always done rehabilitation medicine for over 30 years—I've always emphasized the importance of recreation and sport activities in personal development and rehabilitation.

My colleague, Cathy Williams, has presented an overview of our current program and its benefits as a patient-centered service. I'd like to focus today and discuss the importance of recreation therapy to the veterans from Operation Enduring Freedom and Operation Iraqi Freedom.

We are in a new era of rehabilitation and recreation therapy. Our society values sports, recreation and leisure. Sports and recreation activities have been an important part of the lives of our newest veterans, and their identities are frequently linked to these activities, so that injuries that limit their ability to participate may have a significant impact on their sense of self.

Changes in warfare and battlefield medicine have led to new injuries and new challenges in rehabilitation. Some of our newest veterans come to the Department of Veterans Affairs with brain injuries, ranging from minimal to the most profound that we have ever seen in the history of medicine; severe post-traumatic stress disorders; other mental health problems; and multiple injuries that often need prolonged rehabilitation that we've never seen in mankind.

In this era of rehabilitation, recreation therapy success is possible through specific inclusion in a multidisciplinary rehabilitation team that includes physical, occupational and speech therapies.

Recreation therapy provides an environment of adventure and discovery within which each veteran can practice and integrate the skills that they learn from other therapy team members.

For our newest veterans, recreational therapy provides new hope, new opportunity to discover new goals and new dreams for the future. It is an integral part of our rehabilitation that our veterans are provided the opportunity to relearn the skills that they once had, to develop relationships, and find new meaning and purpose in life.

In addition to this approach to care, new technology and new advances have opened up new opportunity for our veterans to participate in recreation activities and sports. New prosthetic devices and other assistive technology have allowed people like amputees to participate in competitions or sport events or in community events where previously they were not able. Wheelchair technology has allowed family members to transport the most severely injured vet-

erans to community activities, allowing them to participate in a wide range of public affairs.

The Internet and video games have opened new possibilities for connecting through social networking. And recreational activities such as hunting and sailing, as you heard, that were once not possible, are now available.

The newest veterans have greater interest in extreme sports and recreational activities. These include a wide range of activities that we've never seen before. We just talked about horseback riding, adaptive golf. But we've also seen hot air ballooning, we've seen blimps, we've seen flying, we've seen kayaking, we've seen water skiing, we've seen hockey, we've seen scuba diving. You name the sport and they have participated in all of those.

We have observed severely injured veterans run marathons, compete in 20-mile bike races, catch a 100-pound fish. We have observed a very severely injured, blind individual who's an amputee record a song, composing it in his room on a tape-recorder at night. The joy to see these experiences is really beyond words and beyond what makes us great as a country to observe these things.

Recreational therapy does give a freedom to those who fought for our freedom: freedom to run when they couldn't stand, freedom to think when they could not remember their name, freedom to be successful when they felt lost, and a feeling of hope for a new meaningful life at home.

Thank you for this opportunity to appear before you. And my colleague and I are prepared to answer any questions you might have.

[The prepared statement of Dr. Scott appears on p. 57.]

Ms. BROWN OF FLORIDA. Thank you. Thank you both for your testimony.

Dr. Scott, let me ask you this question. Well, let me just make a statement first.

There are 30,000 suicides in the U.S. every year, 20 percent of which are veterans. That's about 6,000 a year. Suicide rates are up 26 percent from 2005 to 2007 for young veterans age 18 to 29. Veterans who used to be in a health care system were less likely to commit suicide than those who were not.

What role do you think what we're doing with recreation therapy at your center can play in helping to combat the number of young veterans committing suicide?

Dr. SCOTT. There's actually documented studies that show that recreational therapy and adaptive sports do reduce suicide rates.

And this should be emphasized and done more frequently, to help maybe to reach out to those who we haven't reached.

And this is an opportunity that we can do that and do it in a positive way. And as you mentioned, reduce that terrible statistic so that we can give at least an opportunity that we can—in some type of healthy environment.

Ms. BROWN OF FLORIDA. Yes.

Dr. SCOTT. And we can tell them what's right and not what's wrong, and what's good and not what's bad, and what's well and not what's sick. And I think with that approach we'll have a better outcome.

Ms. BROWN OF FLORIDA. Thank you very much.

Ms. Williams, as you heard in the earlier testimony, one of the questions had to do with funding. And I think it was a comment about fee-for-service or how we can get additional resources to some of your stakeholders. The VA has been very slow to collaborate with community groups that help us with our veterans.

Ms. WILLIAMS. Well, basically, where we're at is we function off what's called a general post fund, which is donate a dollar. So at our VA we have to connect the dots with the community. So when we saw the service and we saw the need we were able to reach out to the community and kind of connect the dots.

Ms. BROWN OF FLORIDA. So these are not taxpayer dollars.

Ms. WILLIAMS. These are all donated funds.

Ms. BROWN OF FLORIDA. Okay. And what kind of budget do you have for the donated funds? I know it varies, and it's probably down this year.

Ms. WILLIAMS. Yes, ma'am. With those in kind donations, which are non, you know, cash donations for equipment and other things, I brought in almost \$500,000 last year.

But, again, it takes a lot of money to run as many patients as we are running through our program. So it takes a large amount of money to have that outcome.

Ms. BROWN OF FLORIDA. I see.

Mr. Bilirakis.

Mr. GUS M. BILIRAKIS. Thank you. Question for both witnesses: Has it been proven that a veteran may take less medication due to these recreational programs?

Dr. SCOTT. Absolutely. One of the things is as you get more active and as you start to develop a healthy lifestyle you become less in need of dependency on medication, less in need of dependency on being sedentary, less dependent on really health care in general, which is good, you know, because you're out there and being productive. And so it has those positive benefits. It's a hidden cost value that we need to probably emphasize more.

Mr. GUS M. BILIRAKIS. Thank you.

Ms. WILLIAMS. As you can tell from the first panel, when you actually talk to the patients, as they become more involved, they're—if they were taking medicine for depression, they'll tell you that they're still taking it, but they now have better quality.

So I can't necessarily say that it's decreased. I just know what our successes are, that we see patients that have severe PTSD and they're wandering around and they don't really know what to do. You know, we can guide them, we can kind of contain them back into their life.

And, you know, I can't answer the question: Does it actually decrease medicine? I don't know. Can I tell you that it helps with quality? Absolutely. And we have testimony on that.

Mr. GUS M. BILIRAKIS. Appreciate it. Doctor.

Dr. SCOTT. I just want to add your first witness today stated she was in a chronic pain program and was able to reduce medications. And what we see is they come home with a whole smorgasbord of medications, tons of them, and too many of them, they can't even remember what they're taking.

And one of the first things we do is get them active and get them in recreation, get some fun back into their life, fill them with self-esteem, and reduce their medications.

And in our pain program, recreational therapy is an integral part of that. And almost everyone gets off narcotics, reduces their medications dramatically, improves their function, improves their quality of life and has all the positive outcomes.

Mr. GUS M. BILIRAKIS. That's vitally important as far as I'm concerned.

And how much Federal funding do you receive? How much does Haley receive for the recreation program?

Dr. SCOTT. I will have to actually get back to you on that, because they don't really fence in the money specifically for it. So we can do our best to put that together and get back to you on that answer.

Mr. GUS M. BILIRAKIS. Thank you.

[The VA subsequently provided the following information:]

In fiscal year 2010, the James A. Haley Veterans Hospital in Tampa, FL, received \$29,719 to support the various National Games (such as the Wheelchair Games, the Golden Age Games, etc.), and received \$1,566,076 for staffing expenditures. The total recreational therapy budget allocation for this facility is \$1,595,795.

Ms. BROWN OF FLORIDA. Because I'm just wondering—you're telling me that not any of the Federal funds that come to the medical facility are used for recreational therapy.

Dr. SCOTT. Well, funding generally comes from the Veterans Equitable Resource Allocation model system, which is based on average cost.

Ms. BROWN OF FLORIDA. Right, right.

Dr. SCOTT. From the DoD appropriations if they're active duty. Or sometimes you get third-party.

But, specifically, recreation therapy, it's not fenced in.

Ms. BROWN OF FLORIDA. Well, I think we really need to take a look at this area, because I think the therapy you all are providing shows benefits in quality of life, suicide prevention and incorporating the family in what we're doing. I think it's really important.

And, of course, I want all of these partners that you all have gone out and gathered, but I think these are programs that should be instituted in all of the programs, really.

Mr. GUS M. BILIRAKIS. I'm with you, Madam Chair. I don't think there is a line item—

Ms. BROWN OF FLORIDA. Yes.

Mr. GUS M. BILIRAKIS [continuing]. Specifically in the budget for recreation therapy, so I want to work with you on that.

Ms. BROWN OF FLORIDA. I think we should look at it. And we'll look at it because we have a conservative Member on the panel also.

Mr. GUS M. BILIRAKIS. I'm pretty conservative, too, but I consider this a priority.

Ms. BROWN OF FLORIDA. That's right. I am quoting the first President of the United States, George Washington: "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional as to how

they perceive the veterans of earlier wars were treated and appreciated by their country.”

Mr. GUS M. BILIRAKIS. One more question. Dr. Scott, I understand that last July the VA Central Office approved your proposal to hold an East Coast National Veterans Sports Clinic in 2010. Congratulations. This will complement the West Coast program in San Diego.

What is the status of the funding for that particular program?

Dr. SCOTT. Well, we were planning to move it ahead 1 year and the funding stopped so we weren't able to hold it this year.

We're supportive 100 percent behind the idea. We had some great concepts of having the flag come down from Washington and have all the service organizations along the East Coast join them all the way down and participate in that. And I think it would have been a great event.

And more importantly, I think Florida and the East Coast having a yearly type of summer event would be important because of reaching the media, and also all the veterans that we have here.

And then also, as you mentioned, all the benefits you heard this morning, which would be important.

And we can do it here in Tampa with minimal cost. We thought it would not be that costly either.

Mr. GUS M. BILIRAKIS. Approximately how much would you say it would cost?

Dr. SCOTT. About \$100,000.

I said I'd do it for nothing because it's part of our rehabilitation program.

I feel it's so essential that they have an opportunity—that they get an opportunity to compete, that they have an opportunity that their families could come together, communities come together, and that they can be recognized with achievement that I thought that we could probably do it for nothing. It would be worth it as part of rehabilitation care.

Mr. GUS M. BILIRAKIS. If you did it for nothing, it would take away from other programs; is that correct?

Dr. SCOTT. That's correct. Without the support that we would need from the Central Office, we couldn't host the national event. We had to have some support higher up.

Is that right?

Ms. WILLIAMS. Yes.

Mr. GUS M. BILIRAKIS. Chairwoman Brown, will you join me in writing a letter to the Secretary?

Ms. BROWN OF FLORIDA. Yes. I have a couple of questions for him.

Mr. GUS M. BILIRAKIS. Okay. Yeah. You go ahead.

Ms. BROWN OF FLORIDA. You said that it would cost \$100,000.

When was the program planned? When would they have the East Coast—

Dr. SCOTT. We were thinking April.

Ms. BROWN OF FLORIDA. It would have been April.

Ms. WILLIAMS. Because of the heat.

Ms. BROWN OF FLORIDA. It is Florida.

Mr. GUS M. BILIRAKIS. Apparently, there's only one in the U.S. on the West Coast and it's extremely successful, is that correct, in San Diego?

Dr. SCOTT. I don't know. Well, we didn't feel it would be as successful as we could do.

Ms. BROWN OF FLORIDA. Now he's messing with the Chairwoman.

But my question to you is: How long does it take to plan such an event? Because I'm sure—

Ms. WILLIAMS. I can answer. I think if we were actually going to do it correctly that we would need at least 6 months' preparation, because you have to find venues, you have to be able to move these patients, these outpatients, from place to place; and they're all disabled, so, therefore, you have transportation cost and—

Ms. BROWN OF FLORIDA. But do you think you could do it for \$100,000?

Ms. WILLIAMS. Oh, absolutely.

Ms. BROWN OF FLORIDA. All right.

Ms. WILLIAMS. I think we can—actually, you know, I think we can do it not only better than California—it's just so expensive to fly people across the country to participate in something—we can do it better.

Ms. BROWN OF FLORIDA. We're talking about the East Coast.

Ms. WILLIAMS. Well, they're currently doing it in California now. And this year they set the limit at 100. And our goal was when we're planning it, we could actually do 100 people just in our region, just people in our own region that we've actually treated.

Ms. BROWN OF FLORIDA. Well, let me see, how far is your region? Does it go to Jacksonville?

Dr. SCOTT. Yes, it does. It covers the Panhandle.

Ms. BROWN OF FLORIDA. Well, I think we could plan one for 6 months. I'll get with the Secretary and we'll get the funds, we'll raise it.

Mr. GUS M. BILIRAKIS. Congressman Miller, are you going to help us with that?

Mr. MILLER. Yes, sir.

Ms. BROWN OF FLORIDA. All right. Sounds like a plan.

Mr. GUS M. BILIRAKIS. Thank you very much.

Ms. BROWN OF FLORIDA. Mr. Miller.

Mr. MILLER. Doctor, if you would, the significant injury in ongoing wars is TBI. How does recreational therapy assist with TBI?

Dr. SCOTT. First, it's raised the awareness of this impairment to the sports world and the recreational leisure world.

We didn't even know how to classify TBI at the beginning of the war. We had no classification.

We did not even know how to classify the severity of the head injury so they could be in sports to compete.

So we had to start from scratch just like we've learned to treat and medically rehabilitate them differently. We've had to start from scratch to start to learn new ways and new activities that they could participate in.

And what we find is that many times the head injury population, especially the mild head injuries, they have behavioral, cognitive memory type disorders, and have interpersonal skills defects. And

what we find with the activities of sports and recreation, all those things are treated nonmedically, without drugs and in a non-institutionalized type setting.

And, if I may add back to the Subcommittee, a lot of times you talk about costs, but this could be a cost avoidance if we could have them take less meds, if they don't get institutionalized, if we can reduce the number of hospital visits for these mild head injuries and severe head injuries.

So, in terms of head injuries, we don't limit them based on a head injury. Maybe deep scuba diving because of the intracranial pressure.

I remember when we did our balloon flying, the biggest scare we had was we took a couple of guys with seizure disorders. And when you are a couple hundred feet above the ground, you don't want anybody to have a seizure from a head injury. And so we took some risks and that's what it's about many times.

And by doing that, they learn they're able to go out and be involved in the community without fear and without fear that something is going to happen to them.

Mr. MILLER. Ms. Williams, have you had any problematic issues with any of the organizations that you've been involved with? If you have, how did you resolve them?

Ms. WILLIAMS. You mean, for the community partners? Yes, VA we—what we do is we consider a memorandum of understanding. And it's, basically, the agreement is like a handshake that says what the community can provide for us and what we can provide for the community. And I've just recently had a little bump in the road with one of our organizations.

And, you know, the VA's large and we have the support of legal counsel. And we went to legal and said, "What do we do? We need to terminate this partnership." And they said okay. And so we mailed a letter and said, "Thank you for doing what you do; however, we don't want to partner with you anymore."

I haven't heard anything yet, so we'll see what happens. But, yeah, we—it happens.

I mean, if your focus—our focus might be different than the community. And we have to stay focused on what's important for the veterans.

Mr. MILLER. Thank you.

Ms. BROWN OF FLORIDA. Thank you. Thank you all again for your service to our veterans. And thank you for doing such a great job. Mr. Bilirakis and Mr. Miller, do either of you have any further questions?

Mr. GUS M. BILIRAKIS. Well, I just wanted to thank everyone for attending. I want to thank the City Council for offering City Hall chambers this morning.

And thank you, again, Madam Chair, for coming down from Jacksonville.

And thank you, my good friend, Congressman Miller, for coming, as well. I appreciate your service to our country and God bless everyone.

Ms. BROWN OF FLORIDA. Members have 5 legislative days to make any revisions to the record.

And this hearing is officially over. But if you all don't mind, I want to do something very different.

Will all participants come down front so we can take a picture? We'll get ready for the letter we're planning to send.

Mr. GUS M. BILIRAKIS. You're always thinking ahead.

Ms. BROWN OF FLORIDA. Yes. So will all of the participants come down front?

Thank you.

[Whereupon, at 10:54 a.m., the Subcommittee was adjourned.]

A P P E N D I X

Prepared Statement of Hon. Corrine Brown

The Subcommittee on Health will now come to order. I would like to thank everyone for attending this hearing. I would also like to express my sincere gratitude to the city of New Port Richey and Congressman Bilirakis for hosting us today.

Modern medical advances have increased the survival rate of our soldiers who sustain injuries while serving this country, but these soldiers are often left with serious and complex wounds which require continued care once they return home. One of the key challenges facing VA today is the ability to meet the rehabilitative needs of our veterans by providing a broad and varied menu of therapies and treatments. There is a clear need for high quality rehabilitative care for all of our veterans, both of older generations and those now returning from Operation Enduring Freedom and Operation Iraqi Freedom. Today's hearing offers us the opportunity to examine a particularly exciting rehabilitative method.

Recreational therapy is an ideal component of the rehabilitative regimen because it allows veterans to be active by engaging in their favorite sports and recreational activities, while simultaneously healing the mental and physical wounds of war. Recreational therapists can use a variety of techniques, including sports, games, dance, arts and crafts, animals, drama, music, and community outings to help reduce depression, stress and anxiety; enhance basic motor functioning; and build confidence among the program participants. In other words, servicemembers and veterans have an opportunity to engage with their communities and participate in sports and other activities that they may have enjoyed prior to sustaining their war injuries.

Today, I look forward to hearing from the veterans on our first panel about their personal testimonies on how recreational therapy has benefited them. I am also eager to learn from our second and third panels about the different types of recreational therapies that are available to our veterans, and how VA and private organizations are working together to offer this valuable treatment option to wounded warriors in the Tampa region and across the country.

I now recognize Mr. Bilirakis for any opening statement that he may have.

Prepared Statement of Hon. Gus Bilirakis

Good morning. I am so pleased to be here today in the heart of the 9th Congressional District and want to thank my fellow Floridian colleagues, Corrine Brown and Jeff Miller, for taking time out of their busy schedules to be here today.

It is a pleasure to serve this great State with two individuals so committed to championing the best interests of our servicemembers, veterans, and all of the residents of Florida. I am grateful to both of you for being here. I am proud to call you colleagues and even prouder to call you friends.

Most importantly, I am happy this morning to see my constituents from the Ninth District. Whether here as a witness or as an interested participant—seeing so many that have gathered so early and are willing to spend their Tuesday morning exploring the role of recreation therapy in healing our wounded warriors is a testament to the depth of patriotism and caring in this community. I thank you for being here—representing you is a true honor.

Throughout my career, honoring the service and sacrifices of our veterans has been among my very highest priorities. Ensuring the men and women who fought so bravely for our freedoms are given access to the highest quality care and services is a commitment I take seriously. That is why I specifically requested a seat on the Veterans' Affairs Committee when I was elected to serve in Congress in 2006.

Since then, I have introduced numerous bills, many of which were incorporated into law, aimed at improving veterans' care and benefits. I was pleased to lead the effort to bring a VA outpatient health clinic to Hillsborough County, to work with

local and national VA officials to expand the Pasco County Outpatient Clinic and bring additional services such as dental care to Ninth District veterans.

I am very appreciative of the fact that we have a world-class medical and poly-trauma center in the nearby James A. Haley VA Medical Center. The dedicated medical staff at Haley is second to none. However, it is always important that we strive to enhance the care and services provided to our brave veteran patients. And, today, I anticipate learning from those of us gathered here about the important topic of recreation therapy.

Recreation therapy is a therapeutic endeavor that improves an injured veteran's physical, mental, emotional, and spiritual health through activities aimed at increasing independence and quality of life.

It doesn't surprise me that Florida is a national leader in recreation therapy. And, I look forward to taking the ideas we discuss today back to Washington to improve the lives of veterans not only in our State, but in every VA facility throughout the Nation.

In closing, I would like us to take a moment to recognize and honor those veterans in the room. As always, I am humbled by your bravery and your dedication to a cause bigger than yourselves. Because of your efforts, we are able to gather this morning freely, safely, and democratically. On behalf of a grateful Nation, I thank you for your service. I yield back my time.

Prepared Statement of Hon. Jeff Miller

Thank you and good morning.

It is a pleasure for me to join my colleagues, Corrine Brown and Gus Bilirakis, in this historic city of New Port Richey to participate in this important hearing. Having worked together for several years on the Veterans' Affairs Committee, we have made great strides toward better serving those who served our country.

I am honored to represent the Western Panhandle of our great State and to stand for our servicemembers, veterans and all Floridians with my two distinguished colleagues and friends.

I want to welcome our witnesses and thank all of you for taking the time to be here today and to share your story, wisdom and expertise with all of us.

For those veterans on our witness panels and in the audience, I salute you for your service to this great Nation. You exemplify the bravery and goodness inherent in our beloved State and all of Florida should be proud to call you their own. Your sacrifices will not be forgotten.

A sergeant once said that "morale is what makes your feet do what your head knows just ain't possible." I am sure this sentiment resonates with all servicemembers and veterans who are accustomed to performing seemingly impossible tasks with courage, integrity, and ease.

That is also the attitude that lays the groundwork to understanding the significance of our discussion today about the role of recreation therapy in the healing process. Maintaining a sense of self sufficiency and a high quality of life is vital as our wounded warriors move through the process of rehabilitation and reintegration. It is important for VA to provide guidance and support the allocation of funds for recreation therapy because recreation therapy supports wellness and provides the first opportunity to engage veterans in sports as a part of their rehabilitation.

I very much look forward to our discussion about recreation therapy services in the VA and exploring how we can better design, expand, and maximize these programs to meet the individual needs and support the recovery and enrich the lives of every veteran patient.

Again, I thank you all for being here and yield back.

Prepared Statement of Mary Ann Keckler, Spring Hill, FL (Veteran)

I am a veteran enrolled in the James A. Haley Medical Center since 1992. I have been both an inpatient and outpatient.

I am also the VAVS representative for the DAV at this facility, as well as I have a son who is also enrolled in this facility as a spinal cord patient, 100 percent total permanent injured on active duty.

As an inpatient for 3 weeks in September 1996, in the pain management program, I have had the opportunity afforded me to deal with many aspects of therapy to help with my pain problem. The one that stood out the most, and the one that worked

on the mental release of my pain was recreation therapy. All other therapies, i.e., physical, mental, all just enhanced the pain, as your mind on these two is constantly on the issues of the body. Not that they were not helpful, they were. But, recreational therapy kept my mind off the problems I was dealing with.

When I went into the pain program, I was in a great deal of depression. Getting up every day was a major chore for me. I was encountering muscle spasms and living on Flexeril to counteract them. This put me in an extreme lethargic state.

While in the pain program, I was interacting with others with similar problems. Recreation therapy kept my mind off my problems. I was able to show my creative side and also had socialization with others. We not only worked with our hands, but we went out on outings as a group. I then forgot I was suffering from chronic pain (mind over matter).

Suicide is a definite relation to depression. Pills that mask the pain (Flexeril, Valium, Morphine, Halcion, Demerol) can cause major depression leading to suicide, which from these I am a survivor and I could feel myself going down that path again. I then took measures to correct this effort. I am pill-free since 1996, and deal with my pain in other ways.

While in the hospital I had the opportunity to clearly take hold of my problems. Recreational therapy played a major role in this. Not only did I have an hour a day with the therapist, I also took projects back to my room to work on later on. If I had a problem at any time working on a project, a therapist was always available.

The present Chief of Recreation Therapy, Cathy Williams, was one of my therapists. She always was willing to work with me on projects. This eliminated any thoughts of my physical aspects of pain. Again, mind over matter. It beats all pain medications and helps with any thoughts of depression or suicide. This is the best medicine yet.

Not only have I been successful with it, as a volunteer I have seen this work on many occasions. By the way, this is why I became a volunteer, to make a difference and help other veterans.

Here is the story of another veteran. This young man has been in the hospital in the spinal cord injury center for several years. He is now in the long-term care facility in spinal cord. When I first met him, he would not speak hardly to anyone. As an amputee, he also was on pain meds. Depression had set in on him, and he was feeling sorry for himself. He was pretty well bedridden. The DAV had sponsored a pitcher from the Detroit Tigers through recreation therapy. This veteran loved baseball, this was the highlight of his stay. I would then visit him on a regular basis and also spoke to recreation therapy about programs to the bedside. This was done, a smile appeared. He is now in his wheelchair all over the hospital, and he looks forward to the outings that recreation therapy sponsors. He is the first one outside waiting to be loaded into the bus.

I am again working with another spinal cord veteran that indeed tried to commit suicide lately. He and I have had some discussions on this matter. He also is now in recreation therapy daily and has a smile on his face, as he also goes on the outings. And this makes his day. Happiness goes a long way.

The present Chief of Recreation Therapy has worked very hard on programs that make a difference for our veterans, both in and out. Winter sports clinic, wheelchair games, golden age games, disability golf, horseback riding, sports venues. There is no time to feel sorry for yourself.

This has all been put together in the last few years. Three years ago I went to the past chief to put together the winter sports clinic program, which is sponsored by the DAV. The answer was this is Florida, people do not ski or participate in cold weather activities. My answer was that we are all mostly transients from other areas of the country and have at some time or another experienced winter sports. Under the new chief, this is a reality and many are participating.

My son, a spinal cord patient, when he is hospitalized, his forte is computers. Recreation therapy helps set up a computer for them to use or hooks up the one they bring in. Again, the outside world is available to them.

Bedside programs are available, football pools, and they all look forward to pizza parties sponsored by organizations and run by recreation therapy, dinners sponsored by organizations through recreation therapy. Someone from that department needs to be on board when these are taking place and, believe me, we have many. Ice cream socials. The list goes on and on. Without the recreation therapy department, this would not be possible. I, as a volunteer, have the opportunity to work with recreation therapy in many aspects and areas of the hospital.

They do make a major difference.

My life has taken a turn because of their efforts. As a volunteer, I also have the opportunity to go on the outings and help them. When on outings, they also have

to act as a therapist and nurse's assistant. Their training goes beyond just fun and games.

If it was not for recreation therapy and the staff that we have now, we (veterans) would not be able to participate in as many functions as made possible for the amount of veterans and active duty, both inpatients and outpatients, that we presently serve.

In summary, with regard to the above, recreation therapy is a must along with health care, to address the medical needs of our patients on both a mental and physical aspect.

They are trained professionals in this respect and deserve to be noted as such. Respectfully submitted.

**Prepared Statement of Davis Celestine, Vice President,
Paralyzed Veterans of America, Florida Gulf Coast Chapter, Tampa, FL**

My name is Davis Celestine and I was injured in 2001 in a training accident going over to Afghanistan for our yearly detachment. After my accident, I woke up in a hospital bed with several doctors around me. At first I thought it was a dream until I came to the reality that I was not in a dream.

One of the doctors turned and said to me, "You might never walk again, but miracles happen every day." So with that said to me, I decided to do whatever it takes to stay active in my daily life. However, I was shipped off to the James A. Haley Hospital for Rehab and that was when I was introduced to Cathy Williams and Jennifer Day. From there they got me started with simple stuff such as playing the game "TROUBLE" and card games. They paired me up with a paraplegic named "Max" and he told me if your fingers are not working as well, use your mouth to make a pair of moccasins for your wife. So with that type of motivation in their clinic, it was an inspiration to be in there. Now, their program has grown so well, they have pushed me into the Paralympic world to compete in handcycling and swimming.

Also, having good family support really helps. My wife, Deborah, and my twins keep me going and to be the best that I can be. In my spare time, I volunteer at the local chapter, where I'm the Vice President and fundraising chairman. I give back to my local hospital by trying to get the newly injured involved in the great sports program.

**Prepared Statement of Lee Nelson,
Land O'Lakes, FL (Veteran)**

My name is Lee Nelson. I am a Chaplain in the U.S. Army. I received a spinal cord injury in a traffic accident in Italy while traveling to work on the morning of 11 August 1990. I got in a traffic accident with a Semi-tractor trailer. After receiving back surgery in Italy, I was transferred to the Tampa VA hospital in September 1990 from the Walter Reed Hospital in Washington, DC. While in the hospital in Tampa, I participated in different therapies such as physical therapy, occupational therapy, speech therapy, and recreational therapy. In recreational therapy, I participated in field events, basketball, and horseback riding. These different activities were designed to increase my strength, stability and coordination. The horseback riding took place at the Quantum Leap Stables in Odessa, FL. We would go to the stables on Tuesday morning and ride for about an hour each day.

When the recreation therapist asked me about horseback riding, I thought that I would not be able to ride because when I rode in years past I would stay on the horse by wrapping my legs around the horse and holding on with my legs. Now that I am a paraplegic, that is impossible. But she encouraged me to try and there would be a person walking on either side of me and one leading the horse by the reins. I understood that this was an ongoing program that the hospital had and other paraplegics had participated so it must not be as impossible as it sounded to me.

Upon arriving at the stables I took my wheelchair up a ramp, which the horse stood beside, and they had an apparatus that hung from the ceiling and went under my arms and held my legs up and carried me from my wheelchair to the saddle on the horse. I held on tightly to the saddle horn and relied on my "side-walkers" to catch me. As the horse began to walk, I held on to the saddle horn with a death grip and managed to balance myself on the horse, despite the movement. After about 15 minutes of walking around, my arms were exhausted from holding on with such a tight grip. So I loosened my grip and relaxed and relied on my balance to keep from falling off the horse. I have kept going to the stables each Tuesday for

the past 5 months. We have ridden around the fields in the area and I have guided the horse around obstacles. After several weeks of riding, one day the horse tried to kick a fly off his backside while I was trying to guide her to the left. I was already leaning to the left so when she kicked the momentum threw me in the direction that I was leaning and I fell over to the left side of the horse. Because of the increased stability in my trunk muscles from all the weeks of riding, I was able to stay on the horse and hang onto her neck and my "side-walker" managed to straighten me back up in the saddle and I could continue the ride.

While my physical therapist works on my core muscles as part of my therapy, riding on the back of a horse has improved my core stability more than all my physical therapy combined. I am now able to sit straighter in my wheelchair and I am able to transfer from my wheelchair to other devices easier, such as my bed, my car, a couch or a La-Z-Boy chair as well as my stand-up machine that allows me to stand up and put my full weight on my legs, which strengthens the density of the bone mass in my legs. Because my core muscles are stronger I am able to stay in my wheelchair for longer periods of time. Now I can stay up in my chair all day rather than just a few hours at a time that I was doing last fall.

**Prepared Statement of Edie E. Dopking, Ph.D.,
President and Founder, Quantum Leap Farm, Inc., Odessa, FL**

Good morning, I'm Dr. Edie Dopking, President and Founder of Quantum Leap Farm, a 10-year-old non-profit veterans' service organization located here in Tampa, Florida. Please accept my sincerest thanks for the opportunity to present my testimony today. Quantum Leap Farm serves current and former military servicemembers and their families from the current conflicts all the way back to WWII. We provide exercise therapy, cognitive/behavioral counseling, family reintegration days, and personal and professional growth workshops for military servicemembers, families and groups. We use horses as a therapeutic tool and catalyst for positive change.

We've worked closely with the therapists at James A. Haley VA Hospital's recreation therapy department for just over 10 years now. Through word-of-mouth referrals from our friends in rec. therapy, we also receive referrals from a list of other departments at James A. Haley VA: mental health intensive case management, social rehabilitation, polytrauma, and spinal cord injury as well as others. In addition, we receive referrals from Bay Pines Medical Center and from family services centers located on MacDill Air Force Base: Airmen and Families Services Center, CENTCOM Family Services Center, SOCOM Family Services Center, and from various other local veterans' service organizations. This fiscal year alone (July 1, 2009—June 30, 2010) we will provide services to over 850 military servicemembers and their families, at a cost of over \$469,000.00 to our organization (please see Attachment A).

Up until 2 years ago, our friends in recreation therapy were judicious with their referrals as they understood we did not have funding to do this work and were donating our services entirely. In fact, we have never charged veterans of any conflict for any of the services we offer here at the Farm. During our 10 years of working together, only two small recreation therapy grants became available through the general post fund. Our friends in rec. therapy applied for and received small amounts of funding for us (approximately \$2,500 in 2005, and \$2,900 in 2008) to help cover the costs of services we were providing their patients. On several occasions rec. therapists have made personal donations to the Farm to help cover the costs of their referrals. Recently, though, we were awarded a one-time-only privately funded grant provided by the Florida BrAlve Fund and administrated by The Gulf Coast Community Foundation of Venice. BrAlve Fund monies are earmarked per the original donor for services supporting OEF/OIF servicemembers and their families. This grant of \$618,566.80 enabled us to expand the types of services we offer, the amount of services we provide, and the number of military servicemembers we provide services to by 1,200 percent in barely 2 years: from 32 unique servicemembers in 2008, to 850 in 2010. Unfortunately, our BrAlve grant funding expires September 30, 2010. We are currently seeking alternative sources of funding, both private and governmental, and are exploring the possibility of establishing a contractual fee-for-service relationship with the VA and/or the DoD.

This increase in military referrals we've experienced reflects a great and increasing need on the part of military servicemembers and their families. Likewise, it also reflects the great and increasing degree to which VA hospitals are depending upon civilian organizations like ours to assist in healing visible and invisible wounds of

war that our veterans and their families are so bravely enduring. The current conflicts in Iraq and Afghanistan are generating more catastrophically injured combat survivors than any other conflict to date thanks to great improvements in field medicine. The ramifications are good and bad, big and small, focal and widespread. VA health care workers are handling rapidly expanding caseloads of seriously injured patients—both the number and medical complexity of these cases exceed caseloads VA medical professionals have managed before. In fact, our friends at James Haley Recreation Therapy tell us that each of their therapists are serving over 130 beds, many of their occupants with traumatic brain injuries (TBI), amputations, spinal cord injuries and burns. And those are merely the physical injuries. Many of them also suffer depression, post-traumatic stress disorder (PTSD) and have emotional and family issues to manage as well. Young families are facing a lifetime of caregiving for seriously injured family members as they struggle to raise children, work, maintain households and marriages. Not surprisingly, divorce and suicide rates are high in this population. Recreation therapists are instrumental in assisting injured servicemembers and families to successfully navigate the numerous and significant challenges they face post-injury. Rec. therapists help injured veterans and families discover the new “normal”: helping injured veterans reintegrate into civilian life; reacquainting family members with each other after extended separations and functional changes; helping families learn to recreate together focusing on strengths, abilities and resources; and promoting healthy relationships and engaged, active lifestyles. Likewise, civilian veterans’ service organizations, like Quantum Leap Farm, are instrumental in helping recreation therapists do their jobs: helping a large and diverse population of injured servicemembers and their families rebuild and recover from war-related trauma.

Recently our attendance at the Conference on Iraq and Afghanistan Veterans (CIAV) in Washington, DC, was sponsored by our military grantor, The Gulf Coast Community Foundation of Venice. Presenters included Brigadier General Loree Sutton, MD, Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), and panels of veterans, caregivers, and service providers—some of the Nation’s most intelligent and well-informed experts on veterans’ issues. We participated in numerous workshops, attended informative lectures, spoke with legislators, met with various department heads within the VA, and networked with other service providers sharing our experiences working with injured veterans. Most relevant among several over-arching conclusions of the CIAV Conference: Although there is much great legislation currently being passed to help our Nation’s wounded warriors recover physically, emotionally, socially and financially, it seems very little funding is trickling down to the community level where it will do the most good. If we are willing to award multi-million dollar contracts to defense and other government contractors, why are we not willing to award similar contracts to organizations that help fulfill our Nation’s promise of caring for those willing to lay down their very lives for our freedom?

As a Nation, we are in uncharted territory. The number of profoundly disabled veterans needing long-term care and services is rising rapidly and won’t peak for years to come. The effects on our health care system, our economy and our American culture remain to be seen. However, one thing is certain—we, all of us, owe these veterans and their families our unfailing support and gratitude for their inestimable sacrifices.

It is my pleasure and an honor to submit this testimony to you today. Thank you again for your time and consideration.

Military Statistics—May 2009 Through May 2010

	Bay Pines VA Hospital Recreational Therapy Department	James A. Haley VA Hospital Recreational Therapy Department	James A. Haley VA Hospital MICHAM Department	Total of Military Individuals who came for service NOT Referred by a VA Hospital	TOTALS
Number of Individuals Served	51	297	24	477	849
Number of Sessions Provided	224	1,725	516	2,474	4,939
Dollar Amount of Sessions Provided	\$21,284.48	\$163,909.50	\$49,030.32	\$235,079.48	\$469,303.78

**Prepared Statement of Melinda Wheatley, Senior Recreation Therapist,
Hillsborough County, FL, Parks, Recreation and Conservation Department,
and Paralympic Sport Tampa Bay, Tampa Bay, FL**

**Overview of Paralympic Sport Tampa Bay and
Hillsborough County Parks, Recreation and Conservation Department's
Therapeutic Recreation Services**







The mission of Paralympic Sport Tampa Bay is to promote health, independence, and personal growth for people with physical disabilities through sports.

Paralympic Sport Tampa Bay (PSTB) is one of over 100 community based programs established by the Paralympic Division of the United States Olympic Committee.

As a signature program of the Hillsborough County Parks, Recreation, and Conservation Department, PSTB provides year-round sports and recreation programs that promote physical activity, healthy lifestyles, and recreational and competitive sports opportunities for area children and adults with physical disabilities.

Program Highlights:

- Over 200 athletes participate in at least one PSTB program or event each year;
- PSTB offers ongoing programs for athletes at all levels from recreational to competitive elite in multiple sports such as wheelchair basketball, track and field, adaptive tennis, swimming, archery, and wheelchair team handball;
- PSTB offers periodic clinics in additional sports such as archery, adaptive golf, handcycling and water skiing;
- PSTB has strong relationships with other community agencies such as Shriners' Hospital for Children, James A. Haley VA Hospital, and the Tampa Bay Sports Commission.

For additional information:

Contact **Andy Chasanoff**, Sports Coordinator
 Paralympic Sport Tampa Bay, 6105 E. Sligh Ave., Tampa, FL 33617,
 (813) 744-5307, Fax (813) 744-5309, or dsportshcprd@aol.com.



All People's Life Center

The showcase facility and home base for the therapeutics program is the All People's Life Center (APLC), which opened in 2007. The 45,000 sq. ft. center has won awards for its design and accessibility. APLC was recognized in 2008 by the National Association of County Parks and Recreation Officials (NACPRO) winning the Barrier Free Initiative Award. The facility was also recognized by the Hillsborough County Alliance for Citizens with Disabilities winning the Karen Jacobs Accessibility for All Award. The APLC not only serves as the home for the department's therapeutic programs for people with special needs, it is also open to all persons with typical abilities. Every detail of the building exceeds ADA standards for accessibility, eliminating all barriers to participation for people with disabilities. The facility features a two-court full gymnasium, which can be divided by means of a curtain, two multi-purpose rooms, two classrooms, fully accessible playground, a dance room, a fitness center, a food-service grade kitchen, a paved walking trail, an outside basketball court and a multi-use field. The facility offers dance classes, martial arts, basketball leagues for residents at all levels of ability, plus community events and tournaments such as townhall meetings, wheelchair rugby and team handball.

Prepared Statement of Sandy Ackley, Programming and Events Coordinator, Sailability Greater Tampa Bay, Inc., Clearwater, FL

Sailability Greater Tampa Bay, Inc., is a 501(c)3 operating out of Pinellas County, whose services are provided to the Greater Tampa Bay area. We pride ourselves on our mission, which is *to provide affordable, accessible sailing activities and education to children and adults of all ages and abilities, focusing on community integration to improve the quality of life for all involved.*

The concept of our program was born in March of 2001. It was at that time that a small group of people envisioned and implemented an opportunity within their community. The challenged individuals, that we take sailing, quickly realized that the only limitations they faced were those of the mind, and that whatever one might set their mind to do can be accomplished; this I know because my husband is a veteran who is disabled and recreational therapy is what kept my family strong.

Sailability is 9 years old now and has built a fleet of 13 *Access Dinghy* boats, 3 catamarans and a motor boat. A grant, fundraising and local supporters made it possible for us to purchase our first 303 servo assist boat which has adaptive equipment which includes a "sip and puff," chin control, electronic joysticks and adaptive seating, which a ventilator dependent quadriplegic would be able to sail independently. In fact, after training provided by Sailability Greater Tampa Bay, Inc., Lynn Moers, a ventilator dependent quadriplegic from James A. Haley Hospital, set a record here in Clearwater to be the first ventilator dependent quad to sail independently in the United States on an *Access Dinghy*. Lynn and other veterans come to our community sails, which are held four times a year, and lead the way demonstrating the opportunities our waters could provide to veterans while he navigates the Clearwater Intercoastal Waterway. Wheelchair-bound vets from our community,

recreational rehab and spinal cord programs, various veteran support groups, as well as the Paralyzed Veterans, James A. Haley, Bay Pines Hospital and returning Iraqi veterans accompanied by their families, friends and therapists, watch in awe from atop “*The Miss Beverly*.” This is when I know that what I do gives our vets a sense of worth, confidence, assurance and belief, while building on self-esteem reaching their goals and drives as I watch their arms in the air screaming out words of joy and triumph, and happy tears running down their faces. I know this because Sailability is what empowers people and kept my family strong.

The Miss Beverly is a 24-foot wheelchair accessible pontoon boat that resides at MacDill. *The Miss Beverly* is borrowed to take Bay Pines, James A. Haley veterans and community veterans out fishing or used as a spectator boat for the more “I have to challenge Sandy” veteran while others sail the bay. I get them all in a boat sooner or later. They learn to trust and believe in themselves again, this I know with certainty.

We serve over 500 people per year on an all volunteer staff. Since we are driven to get as many veterans out on the water as possible, we also strive to support those who would like to facilitate programs such as ours locally, regionally, and nationally. Not only does this enhance awareness of all individuals, it facilitates the need to keep our waterways and environment, not only eco-friendly and pristine, but accessible to all.

We are proud of the fact that since our inception, we have been able to have a positive impact on many individuals. Our program has graduated a multitude of sailors; many of which were either mentally or physically challenged, as well as able-bodied children, adults, and seniors. Some of those physically challenged individuals include, but are not limited to, paraplegics, quadriplegics, amputees, stroke survivors, and those with neurological impairments such as cerebral palsy, multiple sclerosis and head trauma injuries. Moreover, we have been able to introduce the experience of sailing and touch the lives of more than 500 individuals, along with their family members and caregivers. This I know because I get the tears of joy, the “thank you for giving me my life back” cards, the gratitude from recreation therapists, the appreciation from family and friends. These sailboat rides are more rewarding to me than I can describe. Men that have the wind taken out of their sails, from them I get my strength to make others strong.

Sailability GTB also has the ability to travel to outside counties and support other groups. Our presence at these travel events raise the awareness in our community for the need to maintain community inclusion and accessibility for all, while giving our veterans what they need and deserve. We are obligated to do this for people who gave their souls in belief that we will stand by them. We feel that our presence and support within our community will fuel the acceleration of programs like ours, and this I know because my son is a 3rd generation Marine who volunteered since he was 10 years old putting veterans out on the water. These proud veterans taught my son loyalty, trust, and gave him confidence and strength.

We pride ourselves on the fact that all these accomplishments have been made through an EXTREMELY dedicated volunteer staff. And, as we move into this next decade, we anticipate growing our program and touching many more lives as we live through war.

**Prepared Statement of David B. Windsor, Principal Instructor,
Professional Golfers’ Association of America, Adaptive Golf Academy, Inc.**

Experience has shown that early intervention with active sports results in successful rehabilitation. Individuals in the recovery process, whether it’s brain or spine injury, speech or limb loss, poor awareness, impulsive behaviors, judgment or balance issues, are frequently detached or disconnected from their communities, and worse, their own families. This isolation only tallies up more problems resulting from their injuries. It’s a fact that a disability injury puts you in a lonely place mentally, socially. Introducing and involving patients into a “fail-proof” activity within a positive environment takes their minds off “therapy” and allows their recovery process to be self-initiated. The fact of getting outside, on the golf course, to network with their peers facing similar issues, provides our veterans and service men and women the consistent platform essential for their level of connection, hence, improved family and community relationships.

The James A. Haley VA Adaptive Golf program was introduced on Friday, September 28, 2007 and has continued every Friday since (approaching 3 years). The program consists of JAH inpatients brought by therapists to Terrace Hill GC, a nearby course, where they are greeted by a PGA professional, Ken Juhn, and mem-

bers of AVAST, Amputee VA Support Team (a group of area outpatients and volunteers). The Friday JAH Adaptive Golf program has been more than just a weekly “golf outing” but rather a vital part of their rehabilitation process and community reintegration practice.

For the record, this is not the first program of its kind. This is an extension of a weekly program that developed in 1998 in Sarasota, FL with the involvement of myself as the PGA professional and therapists and clients from the community. As a club professional at the time, I first saw the program as just helping folks get better at hitting the golf ball. I soon realized there was more to it, much more to why folks were coming out week after week with their therapists and caregivers. Everyone participating experienced first-hand how the restorative properties of the game of golf positively enhanced their lives. Just on the practice tee, inherently positive essential life skills are applied and evaluated such as range of motion, balance, hand-eye coordination, depth perception and an array of fine motor skills. During the “on-course” portion of each weekly session, students learn about USGA rules, proper etiquette, team-oriented playing formats, making proper club selection and mapping their course strategies. These lessons require participants to use life skills such as judgment for decisionmaking, courtesy for others, honesty for scorekeeping, building a more confident individual through perseverance. These physical and cognitive skills are more often taken to new heights where experiences can go far beyond words for these veterans and staff.

While many recreational therapy programs offer themselves as rehabilitation or performance enhancements, adaptive golf sets itself apart, offering many unique potentials for both clients and therapists. First, the golf swing is one of the most complicated movements in all sports. It requires stability in some joints and flexibility in others, creating multiple avenues for a therapist’s assessment of the client. A common testimony from therapists observing patients on the course: Apparent improvement in clients range of motion in trunk and/or shoulder rotations once they were handed a golf club and a ball was placed on a tee! Why? A thought re-direction, the mind shifts from, say, an injured hip (their primary concern) to another focal point, triggering an integration of other able functions/flexors such as feet, knees and opposite hip for overall increased rotation.

Program participants who never thought golf was a viable recreational opportunity now have discovered its inherent values, both spiritual and physical. Even those suffering from severe Post-Traumatic Stress Disorder (PTSD) depart a Friday session with an entirely different outlook. “They come back to the hospital talking golf,” said Jim Switzer, the amputee case manager for James Haley Hospital. “Many can’t wait to get back out again.”

“At the *James A. Haley Veterans Hospital in Tampa, FL*, our active duty soldiers and veterans who face physical challenges or complicated barriers with their PTSD, depression, and/or traumatic brain injuries, are encouraged to reach functional independence so they can get back to their lives ... of all recreational activities, we favor the adaptive golf experience the most as it introduces the concept to help our patients maximize their new potentials ... with adaptive golf, this process of recovery is self initiated.”

Kathryn Bryant, CTRS

Real Stories:

Capt. Mark—survived Blackhawk helicopter crash in N. Italy during training exercise in November 2007. One of five survivors of a crew of eleven. Grew up playing ice hockey near Cleveland and during his first visit to the golf course he stated to me from his wheelchair, “I can’t wait to ice skate again someday!” Comparison of the video clips of his swing on his first visit to those 3 months later was remarkable, would astound you. After just a little time around Mark, it was apparent that helping him hit better drives down the fairways was motivating his drive life!

Gunner Jim—survived Humvee roadside blast. His first time out, he didn’t even think about swinging a club. “I was happy to just get out of the hospital for a little while,” he said. Then he was introduced to the SoloRider golf car, a golf car designed for wheelchair players to become more upright to swing the club better and complete access to the golf course. “You know, we have classes with therapists and they’re great, but we’re inside. For me, being outdoors and having people like this to help crack a few balls ... this is my best day of therapy!”

To sum it up, the JA Haley Adaptive Golf program has become a driving force in the rehabilitation process for which veterans, active military personnel with disabilities can relearn and develop skills which they thought were beyond their capabilities. Physically, adaptive golf improves individuals’ balance, coordination, endurance and functional ability to perform daily activities, decreasing risks of falls and

injuries and increasing overall quality of life. Mentally, it helps train individuals to focus on more positives and develop better everyday life and judgmental skills, self-esteem, confidence, independence and feeling of dignity, giving new hope to expand their horizons as they transition back into civilian life.

The next opportunity you have on a Friday morning to come visit the JA Haley Adaptive Golf program, I encourage you to do so and see for yourself why every Friday is Veterans Day at Terrace Hill Golf Club.







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**Prepared Statement of Cathy Chiovitti Williams, CTRS Supervisor,
Recreation Therapy Section, James A. Haley Veterans' Hospital, Tampa, FL,
Veterans Health Administration, U.S. Department of Veterans Affairs**

Good morning, Congresswoman Brown, Congressman Bilirakis, and Congressman Miller. Thank you for inviting us here to discuss the James A. Haley Veterans' Hospital Recreational Therapy program.

The James A. Haley Veterans' Hospital provides recreation therapy to veterans and servicemembers within Veterans Integrated Service Network (VISN) 8. The Physical Medicine and Rehabilitation Service's Recreational Therapy Section currently has 21 full-time employees. Seventeen (17) of the employees are recreational therapists who possess specialized training and a Bachelor of Science or a Master of Science degree in therapeutic recreation. Most of our staff is certified by the National Council for Therapeutic Recreation. All Tampa recreational therapists are certified brain injury specialists.

Our goal is to maximize each patient's rehabilitation potential through active recreation, leisure and sport pursuits, which are designed to improve or maintain physical, emotional, social, and cognitive functioning for a better quality of life and increased independence. Recreation activities enhance physical health, psychosocial and cognitive status, and improve functional independence in the community. Recreation therapy provides resources and opportunities to improve overall health and well-being. It improves physical health by increasing mobility, range of motion, strength, motor skills coordination, vestibular balance, agility, and athletic skills. Recreational therapy also improves psychosocial communication, trust, and cooperation skills while enhancing morale, life satisfaction, self-esteem, socialization and camaraderie. In addition, the program addresses cognitive deficiencies through enhanced attention, memory and perception; increased alertness and awareness of surroundings; and reduced confusion and disorientation.

VA clinical staff conducts a thorough assessment to ensure we develop a treatment plan that best meets the needs of the individual patient. We work with the patient and his or her family to develop this plan. Activities and programs are tailored to be appropriate for the individual patient to facilitate the best possible outcome. In sum, we adopt a "whole person" view that considers the individual's activity interests and patterns before their injury, illness or disability and we focus on

returning the patient as much as possible to his or her previous functionality, ability and activity levels to promote active community participation.

The therapeutic recreation staff conducts leisure education counseling to provide a baseline of information for patients. This counseling enables patients to broaden their perspective of what activities are available to them. Patients are offered as many opportunities as possible to participate in community recreation resources and to improve their overall well-being through leisure participation. In Tampa, our recreation therapy programs include activities such as archery, animal-assisted activities, bowling, fishing, horseback riding, air gun and trap shooting, basketball, cycling, golf, power soccer, rowing, sled hockey, tennis, water skiing, sailing, track and field, arts and crafts, among others.

The James A. Haley Veterans' Hospital Therapeutic Recreation program benefits considerably from its multiple community, governmental and university partnerships. We collaborate closely with external parties to provide recreational special events for inpatients such as trips to Kennedy Space Center shuttle launches, cultural and community events, and local sporting events, such as baseball games, NASCAR events, and the Super Bowl. Veterans receiving treatment at our facility also participate in VA sponsored events like the National Veterans Summer Sports Clinic, the National Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games, the National Veterans Training, Exposure and Experience (TEE) Tournament, and the National Creative Arts Festival. We have had patients also participate in other national events not sponsored by VA, including Challenge Aspen, Lima Foxtrot, Endeavor Games, and the Paralympics Military Sports Camps.

Our program in Tampa continuously provides patient-centered recreation therapy services. This enhances current abilities and helps veterans develop new skills through recreation therapy activities for daily living, community functioning, and quality of life. Thank you again for the opportunity to appear before you today. My colleagues and I are prepared to answer any questions you may have.

**Prepared Statement of Steven G. Scott, D.O.,
Chief, Physical Medicine and Rehabilitation Service,
James A. Haley Veterans' Hospital, Tampa, FL,
Veterans Health Administration, U.S. Department of Veterans Affairs**

Congresswoman Brown, Congressman Bilirakis, and Congressman Miller, thank you for the opportunity to discuss the James A. Haley Veterans' Hospital Therapeutic Recreation Therapy program and its role in the rehabilitation of those who serve our country.

In my role, I have always emphasized the importance of recreation and sport activities in personal development and rehabilitation. My colleague, Cathy Williams, has presented an overview of the James A. Haley Recreation Therapy program and its benefits as a patient-centered service. I would like to focus and discuss the importance of recreation therapy to veterans from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF).

We are in a new era of rehabilitation and recreation therapy. Our society values sports, recreation and leisure. Sports and recreation activities have been an important part of the lives of our newest veterans, and their identities have frequently been linked to these activities, so injuries that limit their ability to participate may have significant impacts on their sense of self. Changes in warfare and battlefield medicine have led to new injuries and new challenges in rehabilitation. Some of our newest veterans come to the Department of Veterans Affairs (VA) with brain injuries, ranging from minimal to profound; post-traumatic stress disorder (PTSD) and other mental health problems; and multiple injuries that often need prolonged rehabilitation.

In this new era of rehabilitation, recreation therapy success is possible through specific inclusion in a multidisciplinary rehabilitation team that includes physical, occupational and speech therapies. Recreation therapy provides an environment of adventure and discovery within which veterans can practice and integrate the skills learned from the other therapy team members. For our newest veterans, recreation therapy provides new hope and opportunity to discover new goals and dreams for the future; it is integral to the rehabilitation of our new veterans providing opportunities to relearn skills, develop relationships and find meaning and purpose.

In addition to this new approach to care, technological advances have opened up new opportunities for veterans to participate in recreation activities and sports. New prosthetics for amputees allow veterans the opportunity to participate in competitive sport activities or in community events. Wheelchair technology has allowed

family members to transport severely injured veterans, allowing them to participate in a range of public activities. The Internet and video games have opened new possibilities for connecting through social networking. And recreational activities such as hunting and sailing, that were once not possible, are now available.

The newest veterans have greater interest in extreme sport and recreation activities, adventure and competition. A wider variety of activities are available now than ever before. Horseback riding, adaptive golf, hot air balloon flying, kayaking, water-skiing, sled hockey and scuba diving are just a few of the possibilities. We have observed seriously injured veterans run a marathon, compete in a 20-mile bike ride, and catch a 100-pound fish. We also had a seriously injured, burned, and blinded servicemember record a song that he composed in his room on his tape-recorder. The joy and achievement of these experiences is beyond words.

Recreation therapy gives new freedom to those who fought for our freedom: freedom to run when they could not stand, freedom to think when they could not remember their name, freedom to be successful when they felt lost, and a feeling of hope for a new meaningful life at home.

Thank you again for the opportunity to appear before you today. My colleagues and I are prepared to answer any questions you may have.

Statement of Verax Technologies, Inc., Pensacola, FL
MUSIC THERAPY PILOT PROGRAM

1. INTRODUCTION

Today's audio technology derives from the early days of the industry when two channels were all that sound engineers had to work with. However, advances in digital signal processing (including low-cost, high-capacity computing power, distributed network architectures, and component miniaturization), mean that technology no longer has to be a limiting factor in sound reproduction, and in the last decade the number of audio innovations has exploded. Because Verax got there first, the company has been able to develop a rich portfolio of patents relating to audio capture, modeling and reproduction techniques, including sound source separation, 3D sound modeling and reproduction, all of which may be rapidly deployed using off-the-shelf components. By combining these technologies with others such as advanced EEG diagnostics, we can open up a world of new treatment possibilities for music therapists, patients and their families, who will be able to optimize the location, spatial direction, volume, tone and other characteristics of individual sound stimuli for maximum therapeutic effect.

What makes this unprecedented level of control possible? The answer is "Sound Source Separation." This means that individual sounds from an unlimited number of sources can each have their own loudspeaker, which other systems (e.g., surround sound) cannot replicate. Because each sound can be controlled separately without any special technical training, patients and/or family members can make the most imperceptible, yet highly meaningful adjustments to what is heard. This is a fundamentally new approach to sound reproduction, not the typical minor modification to existing sound reproduction techniques that add marginal improvement at significant cost.

The following section provides an overview of how Verax solutions can add measurable value to standard music therapy interventions for PTSD and other disorders.

2. DEFINITION

Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilization, expression, organization and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs. Music therapy aims to develop potentials and/or restore functions of the individual so that he or she can achieve better interpersonal and/or interpersonal integration and, consequently, a better quality of life, through prevention, rehabilitation or treatment. (Source: World Federation of Music Therapy, 1996).

3. THERAPEUTIC INTERVENTIONS

Music therapists use various active and receptive intervention techniques according to the needs and preferences of the individuals with whom they work. Using Verax's audio technologies in combination with medical and other technologies, therapists will be able to administer a range of therapeutic interventions, including but not limited to the following:

Listening. Listening to music has many therapeutic applications. Music reduces stress (Stratton, 1992) and anxiety levels (Mornhinweg, 1992). Music has improved mood according to self-report (Kenealy, 1988), and heart rate and systolic blood pressure have also been shown to improve (Pignatello, Camp, Elder, Thomas, & Rasar, 1989). Music helps to develop cognitive skills such as attention and memory. For example, for those facing surgical procedures, it allows the individual an opportunity to exert a sense of control over their unpredictable environment. In situations where cognitive perceptions are compromised, such as by PTSD, listening can provide a sense of the familiar, and increase orientation to reality. Music listening can facilitate increased openness to discussion by helping patients feel safe and provide motivation for engaging in social activity. Verax's "object oriented" technology (enabling one or more sounds to have its own dedicated speaker) creates unprecedented opportunities to "break the sound barrier"—to go beyond what is ordinarily possible with music. This is because of the unique ability to control not only the placement of individual sounds in 360 degree space (i.e., around the patient), but also their directionality—effects that may be accentuated through the use of speakers designed specifically for a given frequency band. In addition, music (and all sorts of special effects) can be played much louder because amplification is possible without distortion.

Rhythmic based activities. These can be used to facilitate and improve an individual's range of motion, joint mobility/agility/strength, balance, coordination, gait consistency and relaxation. Rhythm and beat are important in "priming" the motor areas of the brain, in regulating autonomic processes such as breathing and heart rate, and maintaining motivation or activity level following the removal of a musical stimulus. The use of rhythmic patterns can likewise assist those with receptive and expressive processing difficulties (i.e., aphasia, tinnitus) to improve their ability to tolerate and successfully process sensory information. Verax's object oriented technology also creates unprecedented therapeutic opportunities using rhythmic based activities. For example, with a bedside user interface, patients and/or therapists can change the location and distribution of sound sources, ranging from a purely binaural (stereo) presentation to a more immersive distribution comprising multiple speakers arranged in 360-degree space.

Singing. Singing is a therapeutic tool that assists in the development of articulation, rhythm, and breath control. Singing in a group setting can improve social skills and foster a greater awareness of others. Singing can encourage reminiscence and discussions of the past, while reducing anxiety and fear. For individuals with compromised breathing, singing can improve oxygen saturation rates. Music may stimulate the language centers in the brain promoting the ability to sing. One advantage of Verax's technology is the ability to reproduce live events that are virtually indistinguishable from the original, allowing the patient to re-experience the event repeatedly on demand.

Playing instruments. This can improve gross and fine motor coordination in individuals with motor impairments, neurological trauma and other conditions. Instrumental ensembles can enhance cooperation, attention, and provide opportunities for practicing various leadership-participant roles. Playing instruments may assist those with prior musical experience to revisit previously learned skills, thereby allowing the individual to experience a renewed sense of pleasure and enjoyment. It can also develop increased wellbeing and self-esteem in those who are learning to play an instrument for the first time. Again, the ability to reproduce live events that are virtually indistinguishable from the original will enable patients to learn at a faster pace.

Improvising. Improvising offers a creative, nonverbal means of expressing thoughts and feelings. Improvisation is non-judgmental, easily approached, and requires no previous musical training. As such, it helps the therapist to establish a three-way relationship between the patient/family, themselves and the music. Where words fail or emotions are too hard to express, music can fill the void. Where trust and interaction with others has been compromised due to trauma, disorder or other causes, improvisation provides a safe opportunity for restoration of meaningful interpersonal contact. Where learning ability is limited, the opportunity to try different instruments, musical sounds, timbres and mediums may provide an opportunity for mastery of a new skill and increase life satisfaction. The flexibility of the Verax solution will make it possible to create customized solutions for each patient, enhancing the therapeutic effect of improvisation.

Composing/Songwriting. This is utilized to facilitate the sharing of feelings, ideas and experiences. For example, with hospitalized veterans, writing songs is a means of expressing and understanding fears. It may also provide an opportunity for creating a legacy or a shared experience with a comrade. Lyric discussion and songwriting can help patients deal with painful memories, trauma, and express feel-

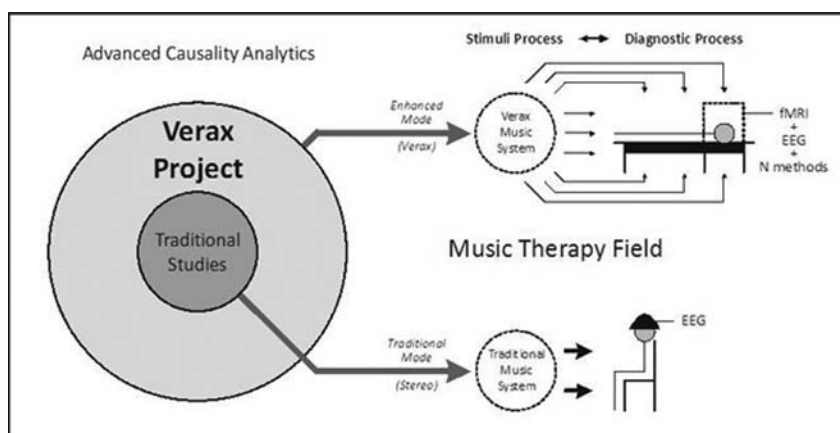
ings and thoughts that are normally socially unacceptable, while fostering a sense of identification with a particular group. Verax's technology provides unprecedented opportunities for musical expression, since the system is customizable to patient needs. (Source: adapted from Canadian Music Therapy Association, 2008).

4. PERSONALIZED TREATMENT PROTOCOLS

From the data harvested from multiple patients, evidence-based standards may be developed, along with highly calibrated treatment protocols to address disorders like PTSD with much greater efficacy. For example, by combining Verax technology with EEG and other medical imaging technologies, we will be able to analyze brain activity in real time, and through advanced diagnostics determine the optimal therapeutic intervention for each patient. We may then develop a spectrum of optimization templates, each suited for a given patient profile.

The following chart compares the expanded diagnostic and treatment possibilities of the Verax approach to music therapy (outer circle corresponding to upper diagram) with the limited possibilities of the conventional stereophonic approach (inner circle corresponding to lower diagram). Verax's approach may include stereophonic protocols, but then can do so much more since the number of points of intervention is limited only by the imagination of the therapist.

ADVANCED MUSIC THERAPY SYSTEM



APPENDIX A

Music Therapy: The New Frontier

According to a 2008 study of 1.65 million servicemembers by the Rand Corp, 20 percent of Iraq and Afghanistan veterans (over 300,000 individuals) suffer from depression or post-traumatic stress disorder (PTSD). Experts predict that the percentage could grow in coming years, because stress disorders often take months or years to appear, and also because of the upsurge in guerrilla tactics such as roadside bombings. Victims need help dealing with issues (including flashbacks, withdrawal symptoms, and heightened arousal) and resetting their pattern to 'default.' Left untreated, serious conditions such as PTSD can become chronic disabling disorders, so effective diagnosis and treatment must be given at the earliest opportunity. Music therapy first emerged to help victims develop compensatory mechanisms. But new field of Neurologic Music Therapy (NMT) has demonstrated that music can achieve much more by actually restoring neurological function. Verax offers the prospect of raising the bar still further, by enabling music to be calibrated and optimized in ways that are not possible with existing technology.

Neurologic Music Therapy (NMT)

With the rise of psychological ailments among Iraq and Afghanistan war vets, military and VA hospitals have begun to rethink how they deal with this age-old scourge of war. Music therapy in particular has shown great promise as a powerful

non-invasive therapeutic tool. Furthermore, new research findings indicate that music therapy can not only help the patient develop compensatory behaviors, but also restore neurological function.¹ The scientific, evidence-based field of Neurologic Music Therapy has emerged with the goal of treating patients with various neurologic issues (cognitive, speech/language, sensorimotor). NMT is based on the principle of leveraging the physiological mechanisms inherent in music perception and production.

A common task of music therapists is to induce a meditative condition so as to influence brain neurophysiology. In order to accomplish this, it is necessary to discover the most effective rhythmic and tonal parameters for each patient. Individualized music has superior healing properties to regular “relaxation music,” because everybody’s EEG (the pattern of electrical impulses produced by chemical reactions in brain cells) is as unique as their fingerprint. To demonstrate this, one study sponsored by the University of Toronto used computers to transform EEG traces into ‘brain music.’ Sixteen EEG channels were employed, each channel providing a selection from 120 musical instruments. Researchers were able to create changes in tempo, vary the volume of each channel, transpose the music of each channel to different octaves, change musical parameters (e.g., legato or staccato), add major and minor chords, and analyze the note patterns of each channel. Through a process of optimization they were able to entrain and re-balance patients’ brains. However, this level of individualization is beyond the reach of practicing therapists, who have relatively few audio channels to work with, and limited opportunities for output control (master volume, left-right balance, control of frequencies across all channels).

Verax Value Proposition

Today’s audio technology derives from the early days of the industry when two channels were all that sound engineers had to work with. However, advances in digital signal processing (including low-cost, high-capacity computing power, distributed network architectures, and component miniaturization), mean that technology no longer has to be a limiting factor in sound reproduction. Using Verax’s patented audio technologies in conjunction with advanced EEG diagnostics, music therapists will be able to optimize the location, spatial direction, volume, tone and other characteristics of individual sound stimuli for maximum therapeutic effect. From the data harvested, evidence-based standards may be developed, along with highly calibrated treatment protocols to address disorders like PTSD with much greater efficacy.

APPENDIX B

Problem, Hypothesis and Military Relevance

- Psychological health & traumatic brain injury
- Advanced music therapy systems can build upon the proven success of traditional music therapy treatments and protocols
- Next-generation music therapy systems can be deployed throughout the Military Health System (MHS) as a cost effective, non-invasive method to assist in the tasks of:
 - Chronic pain management
 - Diagnosis and treatment of PTSD
 - Diagnosis and treatment of deployment-related psychological health problems
 - Psychological resilience
 - Suicide prevention

Proposed Solution

- Music therapy has shown great promise as a powerful, non-invasive therapeutic tool
- New research findings indicate that music therapy can help patients develop compensatory behaviors and restore neurological function
- Individualized music has superior healing properties to regular relaxation music because EEG patterns are as unique as fingerprints
- Today’s audio technology derives from the early days of the industry when two channels were all that sound engineers had to work with

¹ Baker F., Roth EA. (2004). Neuroplasticity and functional recovery: training models and compensatory strategies in music therapy. *Nordic Journal of Music Therapy*. 13(1): 20–32.

- Verax's patented audio technologies, in conjunction with advanced brain diagnostics, will enable music therapists to optimize sound stimuli for maximum therapeutic effect
- From the data harvested, evidence-based standards may be developed along with highly calibrated treatment protocols to address an array of psychological disorders with much greater efficacy

