I have Russ Sherwood from the Capital area chapter. Next to him is Glenn Mayer from Chicago; and Howard Bennett, secretary-treasurer, from Virginia.

Mr. HALEY. Thank you very much, Mr. President. We are glad to have you gentlemen.

Mr. President, if you will proceed with your statement and read that in the mike, we will be able to hear you a little better.

Mr. CAPSON. Mr. Chairman, and members of the committee, we welcome this opportunity to appear before you to outline our assessment of serious problems and needs of the paralyzed veterans of this nation. We also wish to express our deep gratitude to you and your committee for the vital veteran legislation presented to the 90th Congress for enactment. But though much important legislation was enacted by the 90th Congress, many serious needs of the severely disabled veteran remain unmet. Foremost among the concerns of our organization and its membership is the quality of care and treatment received in Veterans' Administration hospitals by veterans with spinal cord injuries. Following World War II, with the leadership of this committee and under the Veterans' Administration, there was established an outstanding program for the care and treatment of the spinal cord injured patient. This program has served as a model for many countries in establishing their own programs of care for the spinal cord injured. It is indeed a sad state of affairs, with the great beginning and fine example set in those early years, that our program of care and treatment for the spinal cord injured veteran has fallen far below many of the countries we originally taught.

There are many highly competent men and women in the Veterans' Administration hospital system who have dedicated their lives and their specialized skills to the care and treatment of spinal cord injured patients. As a consequence of budgetary confinements and red tape, these exemplary people have not been allowed to maintain a high quality of care and treatment program for their patients. As leaders of our Nation's most severely disabled veterans, we have presented our criticisms for many years to little avail. These criticisms were not unjust. They were not unreasonable. Yet they have been turned aside until the quality of care and treatment of spinal cord injured patients has reached a stage of deterioration that is more than acute today. It is a sad commentary that the young Vietnam paraplegic must become heir to the declining level of care and treatment that pervades our spinal cord injury services today.

Since 1966, approximately 1,000 Vietnam veterans with spinal cord injuries have been referred to the Veterans' Administration spinal cord injury services from military hospitals. This influx of new patients has created a situation akin to chaos on these special services. With 1,000 beds set aside for acute care, normally operating at 90 percent occupancy, you can see that some drastic displacement was necessary. As a result, many patients had to be discharged to nursing homes or other hospitals with inadequate care. In other areas, admissions had to be curtailed. Foresight in providing a high-quality care and treatment program and an adequate number of beds would surely have greatly lessened this problem. In view of the extreme seriousness of the problem of the declining care and treatment of the spinal cord injured veteran, and further considering the seeming inability of