

current procedures to solve this problem, the Paralyzed Veterans of America recommends the following:

That a special committee, consisting of parties not directly allied with the Veterans' Administration, be established to conduct a comprehensive and objective study of the program of medical care and treatment as administered by the Veterans' Administration for veterans with spinal cord injuries.

Essential to the proper care and treatment of the spinal cord injured patient is the availability of realistic budgetary allowances. Because of intensive and specialized care required by the spinal cord injured, the quality of professional medical personnel must be of the highest caliber. Also, because of the greater workload, the number of nursing personnel assigned to a spinal cord injury ward must be higher than the norm. Furthermore, length of hospital stay, patient turnover, and other factors do not follow normal hospital patterns. We strongly believe that it is essential to isolate spinal cord injury budgets from the general budget of a hospital facility. Therefore, the Paralyzed Veterans of America recommends:

That a separate funding system be established for the management and operation of spinal cord injury services in the same manner as in funding for emphysema, intensive care, and psychiatric care.

In the area of intermediate care, the Veterans' Administration has long recognized the need for providing domiciliary care for the socially withdrawn and aged of the veteran population who have the physical capability of self-care and some forms of employment. However, recognition of the need for providing similar domiciliary care for the severely injured, who do not have the physical capability of self-care or employment, has never been given. Because these veterans do not have self-care capability, they are denied the use of domiciliary care facilities as they now exist. These young, adult paralyzed veterans are, instead, forced and/or, in some cases, coerced into private nursing homes to be housed with the senile who are, for the most part, "waiting to die," and where the staff is unskilled in the specialized care required by the spinal cord injured. The Paralyzed Veterans of America therefore recommends:

That the Veterans' Administration establish its intermediate care facilities in conjunction with all spinal cord injury services; further, that these intermediate care facilities have 24 hour nursing care with a spinal cord injury preoriented and trained nursing staff, allied P.M. & R. personnel, allied professional personnel and educational therapy, and recreational services. (It should be noted that the absence of highly specialized medical staff, surgical facility and GU department renders the intermediate care facility far from the concept of existing spinal cord injury services, both in care and cost.)

Turning to the recently disabled, it is our belief, Mr. Chairman, that certain new guidelines must be developed and applied to a new and younger segment of our disabled veterans population. I am referring to approximately 1,000 spinal cord injured Vietnam veterans who have been admitted to the Veterans' Administration spinal cord injury services since 1966. We are assuming from previous experience that this figure represents about half of the total number of spinal cord injured caused by the war during that same period. To provide them with benefits which would at least equal those of their World War II and Korea counterparts, we urge the following: