That the grant for specially adapted wheelchair housing be increased from the $10,000 maximum authorized in 1948 to $15,000. This will only partially offset the construction costs of private one-family housing which have risen substantially since the amount was originally set.

That the amount provided for the purchase of a specially adapted automobile, including hand controls and other prosthetic equipment necessary for its operation, be increased from $1,600 to $3,500. Further, that the provisions of such grant be made available to all veterans who shall have lost or lost the use of two or more limbs during a period of active duty, or as a result of diseases covered by presumptive periods.

That wartime rates of compensation be made payable to veterans who suffer total and permanently disabling spinal cord injury as a result of their active duty, whether that duty was performed in peace or in war. That in order to assure the continued maintenance of qualified aides needed for the home care of the paralyzed veteran, regulations governing the aid and attendance award be amended to provide that no reduction shall be made until the first day of the seventh calendar month after the date of admission to any Veterans' Administration hospital.

That death occurring to a veteran with service-connected spinal cord injury 20 or more years after the onset of said injury be automatically considered death by service-connected causes.

That recognizing the depth and extent of his disability, the unemployability aspects, and the reluctance of private carriers to insure him, the paralyzed veteran is prevented from making adequate fiscal provisions for his family after his death, and noting the immense financial loss to the family upon his death, the payment of a $25,000 death benefit to the designated beneficiary be made. Further, that the dependency and indemnity compensation be increased to the flat sum of $300 per month, regardless of rank held in service.

That the rehabilitation and educational allowances be increased to equal the benefits given under the poverty program.

Moving to the many serious problems of the non-service-connected veteran with spinal cord injury, we regretfully must recognize the seeming reluctance on the part of the Veterans' Administration to accept its responsibility for the total rehabilitation of the spinal cord injured patient. Assuredly, the Veterans' Administration blueprint for such care is a model of excellence and comprehensiveness. In practice, it is something else. Had the blueprint for total rehabilitation been adhered to these many years, there would be less need today to apply subtle pressure and outright force to discharge needy non-service-connected patients or transfer them to nursing homes. Proper rehabilitation techniques would have instilled more confidence in these patients of their ability to survive outside the hospital environment. Proper educational and vocational counseling and training would have helped them become more employable and more independent. Without this confidence and training, many remain expensive chronic wards of the system. For those with the courage to escape the system, there is the impossible problem of reasonable independent existence in an affluent society. Adequate income, special housing, accessible transportation and available employment are mandatory essentials. Without these, the spinal cord injured veteran must remain dependent on the system. Therefore, the Paralyzed Veterans of America recommends your favorable consideration of the following: