





A Local HERO'S ★ HILL

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What skiing does for wounded warriors

★ Corporal Chris Fesmire was barely emerging from a post-surgical stupor when medical technicians plopped his legless body into a wheelchair and rolled him down a hallway at Walter Reed Army Medical Center in Washington, D.C. It was early November 2004, and the 26-year-old Fesmire couldn't remember anything since October 10, a few moments after he'd finished a shift guarding an Iraqi communications facility about 20 clicks east of the Syrian border. He and three other Marines (1st Battalion, 7th Marines) were on their way back to base when their Humvee triggered an anti-tank mine. "I was sitting in the front passenger seat, and the mines were right under my legs when they went off," he recalls. "I didn't know if I was going to live. But I knew that if I made it, I definitely wasn't going to have any legs."

Ten minutes later Fesmire was airlifted to Iraq's Balad air base where doctors performed a double above-the-knee amputation before sending him to a military hospital in Germany, then to another in Bethesda, Maryland, and finally to Walter Reed for several weeks of recovery and rehab. He hadn't even made it to his sleeping quarters when a strange woman introduced herself. "Corporal Fesmire," she said. "How would you like to come to Colorado and go skiing?"

The woman extending the invitation was Cheryl Jensen, then 43, of Vail, Colorado. On that day at Walter Reed, Jensen was roughly one year into her unexpected career as executive director of the Vail Veterans Program, a forerunner among organizations whose goal is to help severely wounded veterans reintegrate into the civilian world by way of snow sports. "During the first year of the Iraq war [2003], I wanted to help wounded veterans in some way, and skiing made perfect sense," she says. "I thought it would be a one-time thing. But when I saw the difference that skiing could make in a person's life, I knew I'd be doing this for a while."

Five years on, Jensen and her program have not suffered from a lack of worthy recruits. Of the 31,000 wounded Iraq and Afghanistan veterans, more than 500 American military men and women have lost at least one limb, and thousands are unable to use their legs due to spinal-cord injury. Saddening to some and maddening to others, the injury statistics are easy to use as political ammunition. The numbers, however, are actually a symbol of progress. Forty years ago, during the Vietnam War, soldiers unfortunate enough to have had their limbs blown off by landmines or their spinal cords severed by bullets and shrapnel were lucky to make it out of the rice paddies and jungles without bleeding to death. Advances in first aid, armor, freakishly accurate global positioning systems, swift and stealthy Black Hawk helicopters, and state-of-the-art on-base operating rooms are just a few of the reasons why

by Mike Kessler
photographs by Dominique Taylor



Make no mistake, whatever our personal opinion of the wars we're fighting, it's our collective duty to tend to the wounded.

U.S. servicemen and -women make it Stateside, limbless or otherwise.

But getting home alive—however miraculously—is just the beginning. Like the fictional, morphine-addicted Vietnam veteran who dies of an overdose in John Prine's 1971 song "Sam Stone," veterans of the Iraq and Afghanistan wars face unrelenting psychological challenges. According to a Defense Department study, one out of six Iraq War veterans suffer symptoms of PTSD. According to the website military.com, no fewer than 3,000 Iraq veterans suffer, or have suffered from, addiction and substance abuse (one of the VA's top-three diagnoses). Army suicide rates have been making headlines for the last two years. And while Vietnam vets make up 47 percent of our nation's 130,000 homeless veterans, the V.A. is bracing itself for a Vietnam-caliber epidemic of homelessness amongst our newest generation of veterans. Despite the gains we've made in honoring our returning troops with words, we're still a long way off from honoring them with adequate resources. Which is why Prine's song is as appropriate today as it was 36 years ago:

*But life had lost its fun
And there was nothing to be done
But trade his house that he bought on the G.I. Bill
For a flag-draped casket on a local hero's hill.*

So what's the good news? Thanks to the Cheryl Jensens of the world (and the ability of the Internet to reach people), non-governmental veterans programs are a fact of life. The Vail Veterans Program alone has hosted 250 wounded servicemen and -women since 2004. There are 20 similar programs nationwide, notably at Winter Park, Colorado, home to the National Sports Center of the Disabled, and at Aspen/Snowmass, Colorado, where the adaptive skiing clinic, Challenge Aspen, dates back 30 years. The value of such programs is not lost on Fesmire, who after learning to ski with VVP took up arm-powered mountain biking and adventure racing. "My first experience was magical," he says. "These people were showing me all of the things I could do, even without legs. Being able to float through powder or crank up a 13,000-foot mountain has given me a great boost of confidence. Without it I'd be in a world of hurt. I'd definitely have been hitting the bottle."

"On my second day with the program I skied the halfpipe," adds Matt Keil, a 28-year-old Colorado-based former Army staff sergeant who lost the use of his legs and right arm after being shot by a sniper in Ramadi, Iraq, in February 2007. "Being able to do something like that—I just never expected that to happen." Keil learned to carve turns in a monoski while tethered to an instructor at VVP. "It helped me learn that I can do the same things as others, only differently, and to accept that my injury is the new normal for me. I can't wait to help the next guy in line feel the same way."

Medical advancements and the goodwill of others aren't the only factors behind what may one day be known as the Disabled Veterans Ski Boom. As Fesmire says, "Gear is the great equalizer." There are two basic adaptive setups. Single-leg amputees typically use one traditional ski and poles equipped with outriggers—essentially ski tips. Double amputees use a monoski—also known as a sit ski—with outriggers. It looks like a small bucket seat atop a shock absorber that's attached to a single ski. While monoskis are still heavy at 30 to 40 pounds, their suspension systems have been vastly improved.

At least 12 companies or designers make equipment specifically for adaptive skiing. "I think there's a small but viable market for it," says Jordan Grano, founder of Folsom Custom Skis, a Boulder, Colorado-based manufacturer that handcrafts a scant 200 pairs of custom skis per year. Grano, with the help of amputee (car accident) Sam Ferguson, will produce Folsom's first monoski this year. "We want to create a ski that's stronger and a more responsive carver than what currently exists. We want the gear to adapt to the skier." Even the prosthetics are seen as gear. Jarem Frye, a nonveteran amputee who left the Park City, Utah, area for Amity, Oregon, began producing prosthetics complete with functioning knees that allow users to make a bona fide telemark turn. (One of Frye's clients, retired Marine Garrett Jones, went on to do another Iraq tour; another wounded warrior went on to compete as a snowboarder.) At least four companies make prosthetic legs built specifically for athletes. And at this year's Outdoor Retailer trade show, in Salt Lake City, a small prosthetic manufacturer had set up a booth.

Mountain resorts have the technology, the institutional knowledge in adaptive ski instructors, and the willpower—there are hundreds, perhaps thousands, with the untapped altruism of a Cheryl Jensen—to effect real change in the lives of the wounded. And make no mistake, whatever our personal opinion of the wars we're fighting, it's our collective duty to tend to the wounded. Despite success stories like those of Fesmire, Keil, Jones, and so many others, adaptive skiing programs get their funding by soliciting donations—not through federal programs. The Vail operation, which gets equal contributions from individual and corporate donors, spends about \$4,500 per skier, per clinic. Compare that to the \$390,000 price tag of sending a soldier to Iraq, or the \$5,000 that the U.S. spent every second in Iraq in 2008. There is no official governing body for adaptive skiing programs, and barring any small contributions made by municipalities or politicians writing personal checks, the programs receive no government support. While President Obama has made veterans' issues a major talking point, no legislation is pending that would help to fund adaptive skiing programs for wounded veterans. Strangely enough, some Defense Department money makes it to programs like VVP, by way of the United States Olympic Committee. Currently the only government money that a veteran might use to reintegrate via snow sports would come from the Wounded Warrior program, the 2007 legislation championed by Republican Idaho senator Larry Craig.

From the inner-city Murder Ball courts to the ski resorts of North America we've found a few small ways to help today's servicemen and -women avoid the fate of so many of their predecessors. "That doesn't mean that adaptive skiing programs can change the world," says Vail's Cheryl Jensen. "But they can provide hope by showing people what they're capable of doing." Not all participants will go on to compete in adventure races, and some may never return to the mountains after their first clinic. But one weekend or one week or one month on snow just might offset some pittance of injury-fueled hopelessness and make our wounded veterans feel whole enough to face down depression, resist a life of drug and alcohol abuse, join the workforce, and assign a sunnier meaning to the words "local hero's hill." 

