All-In Construction is a locally owned and operated General Contractor that specializes in residential remodeling. We are focused on our veteran and disabled communities to help renovate their homes in a way that works best to suit their needs.

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Paralyzed Veterans of America Central Florida Chapter
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Mission Statement
Paralyzed Veterans of America Central Florida, is a congressionally chartered veteran’s service organization that provides a platform of advocacy, education and research, communication, adaptive sports and recreation for veterans paralyzed as a result of spinal cord injury or dysfunction, in an effort to afford them with the highest quality of healthcare and life experiences.
Paralyzed Veterans of America Central Florida
6th Annual
Jerry Dugan Memorial Charity Golf Tournament
Saturday April 25, 2020
MetroWest Golf Club Orlando

Registration 8:00 AM  Shot Gun Start 9:00 AM
Registration: $125.00 per golfer (Veterans $100)
Foursomes: $440
Cart & Green Fee, Range Balls, unlimited drinks during play (beer, soda & water)
Goody Bag and Special Gift for each player
Hole in One Prizes on all par 3s
Prizes for 1st, 2nd and 3rd place teams, closest to the pin, raffle/silent auction
Send check to: PVACF 2711 South Design Court Sanford, FL 32773 or register online at pvacf.org
For more information call 407-328-7041 or email joannep@pvacf.org

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for its climactic stagecoach chase and the hair-raising horse.

It remains one of the preparation for making Citizen Kane

Stagecoach

Reputedly Orson Welles watched Stagecoach in which his characters were framed against a vast, harsh, and

directed more than 140 films (although most of his silent films are now

lost) and he is widely regarded as one of the most important

and influential filmmakers of his generation. Ford's work was

held in high regard by his colleagues, with Orson Welles and

Ingmar Bergman among those who have named him one of

the greatest directors of all time.

Ford made frequent use of location shooting and long shots,

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The story of B-17 “All American”

A mid-air collision on February 1, 1943, between a B-17 and a German fighter over the Tunis dock area, became the subject of one of the most famous photographs of WWII. An enemy fighter attacking a 97th Bomb Group formation went out of control, probably with a wounded pilot then continued its crashing descent into the rear of the fuselage of a Flying Fortress named “All American”, piloted by Lt. Kendrick R. Bragg, of the 414th Bomb Squadron. When it struck, the fighter broke apart, but left some pieces in the B-17. The left horizontal stabilizer of the Fortress and left elevator were completely torn away. The two right engines were out and one on the left had a serious oil pump leak. The vertical fin and the rudder had been damaged, the fuselage had been cut almost completely through, connected only at two small parts of the frame and the radios, electrical and oxygen systems were damaged. There was also a hole in the top that was over 16 feet long and 4 feet wide at its widest and the split in the fuselage went all the way to the top gunner’s turret.

Although the tail actually bounced and swayed in the wind and twisted when the plane turned and all the control cables were severed, except one single elevator cable still worked, and the aircraft still miraculously flew! The tail gunner was trapped because there was no floor connecting the tail to the rest of the plane. The waist and tail gunners used parts of the German fighter and their own parachute harnesses in an attempt to keep the tail from ripping off and the two sides of the fuselage from splitting apart. While the crew was trying to keep the bomber from coming apart, the pilot continued on his bomb run and released his bombs over the target.

When the bomb bay doors were opened, the wind turbulence was so great that it blew one of the waist gunners into the broken tail section. It took several minutes and four crew members to pass him ropes from parachutes and haul him back into the forward part of the plane. When they tried to do the same for the tail gunner, the tail began flapping so hard that it began to break off. The weight of the gunner was adding some stability to the tail section, so he went back to his position.

The turn back toward England had to be very slow to keep the tail from twisting off. They actually covered almost 70 miles to make the turn home. The bomber was so badly damaged that it was losing altitude and speed and was soon alone in the sky. For a brief time, two more Me-109 German fighters attacked the All American. Despite the extensive damage, all of the machine gunners were able to respond to these attacks and soon drove off the fighters. The two waist gunners stood up with their heads sticking out through the hole in the top of the fuselage to aim and fire their machine guns. The tail gunner had to shoot in short bursts because the recoil was actually causing the plane to turn.
On December 3, Senior Associate Advocacy Director, Lee Page, attended the International Air Transport Association’s (IATA) workshop on wheelchair and disability assistance at JFK International Airport. The workshop was supported by the Port Authority of New York and New Jersey and the JFK Terminal 4 Airlines Consortium. Attendees included representatives from the U.S. Department of Transportation, airlines, airports, travel agents, and disability organizations.

The Air Carrier Access Act of 1986 requires airlines to support disabled passengers in navigating the airport experience. No description or documentation of the disability being accommodated is required. According to the airlines, a significant percentage of persons requesting wheelchair support are not technically disabled. Rather many people are asking for wheelchair support in order to avoid walking long distances, to get through security lines faster, or for help in finding their gate or baggage claim area.

Wheelchair assistance represents a significant and growing cost to airlines. At JFK alone, it is estimated that airlines provide more than 1.4 million wheelchair pushes each year (out of a total of approximately 65 million passengers), with an average cost of $35 per push ($70 round trip). Other major U.S. airports are seeing a similar volume of requests.

A 2018 IATA survey found that the number of wheelchair assistance requests increased by 30 percent globally between 2016 and 2017. The survey found that the reasons for request were age (elderly passengers), distance (unable to walk), language challenges, temporary disabilities (medical conditions), and wayfinding (worried about being lost in the airport).

The main objectives of the workshop were to: 1) assess the magnitude of the wheelchair assistance problem; 2) find ways to reduce the rate of wheelchair assistance by advocating for alternative service to those passengers who are not disabled but need assistance to navigate the airport; 3) promote dialogue between disability associations, policy makers, and industry for a regulatory framework that eliminates operational complexity and increases access to air transport for persons with disabilities; and 4) analyze the results of the workshop and provide recommendations for the ways to address this challenge.

Update on Caregiver Expansion

Under the VA MISSION Act, veterans who sustained a serious military-related injury before May 7, 1975, were supposed to be able to enroll in VA’s Program of Comprehensive Assistance for Family Caregivers (PCAFC) starting this fall. But, as we have previously reported, VA was unable to launch its new management system for the program so veterans will have to wait until at least June 2020 for entry. The timeline shift also pushes back eligibility for families of veterans who served from 1975 to 2001, from fall 2021 to fall 2022 at the earliest.

Meanwhile, VA is current working on new guidance for the program that could constrain eligibility for the VA’s comprehensive caregiver program. Additionally, the current moratorium on discharges from the program and decreases in assistance will eventually be lifted. Thus, Congress needs to take steps now to ensure veterans applying for this program are evaluated through a process that is systematic and fair.

S.2216, the Transparency and Effective Accountability Measures for Veteran Caregivers Act, would require VA to allow veterans to identify more than one caregiver in their health record and to notify veterans’ caregivers of clinical determinations made concerning the veteran’s eligibility for the caregiver program. Any notification must be by letter and include the following information:

- A summary of the issues adjudicated;
- A summary of the evidence considered by VA;
- A summary of the applicable laws and regulations;
- Identification of findings favorable to the claimant;
- In the case of a denial, identification of elements not satisfied leading to the denial;
- An explanation of how to obtain or access evidence used in making the decision; and
- If applicable, identification of the criteria that must be satisfied to grant service connection or the next higher level of compensation.
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MARK 9:23 – “IF THOU CANST BELIEVE, ALL THINGS ARE POSSIBLE TO HIM WHO BELIEVETH!”

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GOD, Grant me the serenity to accept the things I can not change.
Courage to change the things I can and the WISDOM to know the difference.

HAPPINESS is thinking of others first, yourself last and GOD always.
All a person is remembered for is what they did for others.

As mankind thinketh in their minds... so they are.
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As I opened my eyes, I began to remember where I was. It was a cold, sterile room with nurses asking “Are you with us Sean?”. Not only was I with them, I was instantly driven to want to know how it went. The doctor soon came into the room to explain what happened. He began to show me and my wife pictures of my torn rotator cuff. In the pictures, there was a shiny metal drill-looking object poking through a hole as the doctor explained, “And this is the hole in the rotator. It was created by this bone spur. So we ground down the bone spur, sewed up the hole, and voila, you are all better”. I found it hard to believe that I’ve been dealing with pain in my shoulder for 4-5 years now, and it was all from a stupid bone spur. Then it hit me like a ton of bricks… If it was because of a bone spur, then it wasn’t from over-training in my handcyle.

So, let me take you back to how it all began. About 5 years ago, I began to train in my handcyle very intensely. I wanted to prove to my family and friends that I could make “Military Standard” in handcycling. I wanted to prove that I was worthy of getting paid to handcyle. But, I was training without a plan or a coach. So I began to over-train. I wasn’t giving my body time to rest and recover. So about 3 years ago, my right shoulder began to hurt. I asked the V A to do an MRI on my shoulder to make sure I didn’t damage it. I was told shortly after the MRI that I had a small tear in my rotator and I needed to rest my shoulder. Soon after that, I hired a very talented coach to help me progress in a healthy way.

Fast forward to July, I started having pain in my right shoulder again. So I asked the VA to do another MRI. Soon after, they said the rotator tear from 3 years ago had grown by 50%. So it was time to get it surgically repaired. I had over-trained again and was most likely finished handcycling.

I spent the whole month before the surgery preparing for the worst. I studied all the best doctors in Orlando. I practiced how to transfer with one hand. I even studied how to manage bowel care with, not only one hand, but with my non-dominant left hand. PVACF was generous enough to let me borrow a power wheelchair. I even set up my first two weeks of recovery at the Tampa VA SCI unit. I was as prepared as I could possibly be.

After I woke up in the recovery area at my surgery center, my wife drove me straight to Tampa where I planned to spend the next two weeks learning a new definition of pain and immobility. Fortunately for me, my surgery went better that I could have imagined. The pain was excruciating the first two nights, but then gradually decreased to “manageable”. And my immobility became second-nature. After six days in Tampa, I returned home where my wife was able to help with transfers. Recovery went so well, I never used the Hoyer Lift the VA got me and never returned the call for the Home Health nurse to come help with ADL’s.

I’m not fully recovered yet. I still have a lot of physical Therapy and Occupational Training in my future. If you were to ask me on my first or second night post-surgery if I’d do it again, I’d say “HELL NO, NOTHING is worth that kind of pain”. But now that I’ve made it through the first 2 weeks, I would advise any of my friends who have rotator cuff tears to be bold and get it repaired while you are young. It is a terrible process, but well worth it in the long run.

UPDATE: The above article was written 2 weeks after my surgery. It has now been 14 months since my surgery and here’s how recovery has been. I am back to handcycling at a competitive level. I still have minor soreness when I do long rides, but I am faster and healthier than I’ve been in many years. One thing that I came to realize now that I’m healthy is that the pain from my shoulder before the surgery was causing secondary problems. I was having trouble sleeping and the constant tiredness and pain made me grumpy all the time. So, I re-confirm my opinion about shoulder surgery. If you have a torn rotator, get surgery as soon as you can. In the short-term, it is a horrible experience. But long-term, it saved me a lot of pain and probably saved my marriage.