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

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.
In my 40 years as a quad, I have been in and out of hospitals much more often than I would like to admit. The thing that has always made those “visits” tolerable were the NURSES. They and the first responders, are the true heroes and will be again during this war against the coronavirus. We are now in a crisis, where an unprecedented amount of people will be hospitalized, and in my opinion, they will be the ones that make the difference as to who will survive and who does not.

That being said, I would like to introduce Dorothea Lynde Dix (April 4, 1802 – July 17, 1887). She initially was an American advocate on behalf of the indigent mentally ill who, through a vigorous and sustained program of lobbying state legislatures and the United States Congress, created the first generation of American mental asylums.

During the American Civil War, Dix, on June 10, 1861 was appointed Superintendent of Army Nurses by the Union Army, beating out Dr. Elizabeth Blackwell. Dix set guidelines for nurse candidates. Setting the stage for nurses in the future, in her own odd style. Volunteers were to be aged to 50 and plain-looking. They were required to wear unhooped black or brown dresses, with no jewelry or cosmetics. Dix wanted to avoid sending vulnerable, attractive young women into the hospitals, where she feared they would be exploited by the men (doctors as well as patients). Dix often fired volunteer nurses she hadn’t personally trained or hired (earning the ire of supporting groups like the United States Sanitary Commission).

At odds with Army doctors, Dix feuded with them over control of medical facilities and the hiring and firing of nurses. Many doctors and surgeons did not want any female nurses in their hospitals. To solve the impasse, the War Department introduced Order No. 1 in October 1863. It granted both the Surgeon General (Joseph K. Barnes) and the Superintendent of Army Nurses (Dix) the power to appoint female nurses. However, it gave doctors the power of assigning employees and volunteers to hospitals. This relieved Dix of direct operational responsibility. As superintendent, Dix implemented the Federal army nursing program, in which over 3,000 women would eventually serve. Meanwhile, her influence was being eclipsed by other prominent women such as Dr. Mary Edwards Walker and Clara Barton. She resigned in August 1865 and later considered this “episode” in her career a failure. Although hundreds of Catholic nuns successfully served as nurses, Dix distrusted them; her anti-Catholicism undermined her ability to work with Catholics nurses, lay or religious.

But her even-handed caring for Union and Confederate wounded alike, assured her memory in the South. Her nurses provided what was often the only care available in the field to Confederate wounded. Georgeanna Woolsey, a Dix nurse, said, “The surgeon in charge of our camp...looked after all their wounds, which were often in a most shocking state, particularly among the rebels. Every evening and morning they were dressed.” Another Dix nurse, Julia Susan Wheelock, said, “Many of these were Rebels. I could not pass them by neglected. Though enemies, they were nevertheless helpless, suffering human beings.”

When Confederate forces retreated from Gettysburg, they left behind 5,000 wounded soldiers. These were treated by many of Dix’s nurses. Union nurse Cornelia Hancock wrote about the experience: “There are no words in the English language to express the suffering I witnessed today...” She was well respected for her work throughout the war because of her dedication. This stemmed from her putting aside her previous work to focus completely on the war at hand. With the conclusion of the war her service was recognized formally. She was awarded with two national flags, these flags being for “the Care, Succor, and Relief of the Sick and wounded Soldiers of the United States on the Battle-Field, in Camps and Hospitals during the recent war.”

At the end of the war, Dix helped raise funds for the national monument to deceased soldiers at Fortress Monroe. Following the war, she resumed her crusade to improve the care of prisoners, the disabled, and the mentally ill. Our first advocate. So, you need to keep in mind, the majority of nurses and first responders, are there for the job, not the money. Thank them.
Reform or Revolution

April 2020 is going to be like none other, in our time, here on this earth. With a deadly virus running rampant throughout the country, things are changing quickly. Our members are particularly vulnerable. We have closed our office and canceled our events, sports, and recreation activities in an effort to keep everyone as safe as possible. Here in the office, Joanne and I are staggering our work hours so that we can get the things we need to get done and still follow the directive of our government and the Center for Disease Control to practice “social distancing”. These are difficult times for everyone and yet we believe that eventually things will get back to normal. In the meantime, it is important that the decisions we make at the Chapter are what is best for every member and our staff. That said; let us look at where we are as a nation and how that applies to our membership. We are in an election year and different candidates have different views on the direction we should go as a nation. Some are suggesting the need for reform and others are suggesting a revolution and others are suggesting we “stay the course”. I suggest both reform and revolution when it comes to our membership and did so in early March while I was in Washington DC talking to our representatives in the Congress and the Senate.

This country needs reform to the way congress approaches the needs of catastrophically disabled veterans when it comes to their healthcare, their transportation needs, compensation and housing needs. This country needs revolution when it comes to air travel for the disabled community, veteran women’s healthcare and veteran dependent’s compensation.

When it comes to healthcare for our membership: Because of the coronavirus, the country is beginning to experience what our members have been talking about for years concerning VA hospitals, the shortage of available beds and staffing. The VA Spinal Cord Injury and Disorder System of Care is comprised of 25 SCI Centers and 6 Long Term Care facilities. Close to 49,000 VA staffing positions went unfilled last year throughout the VA System. Both Doctor and nurse shortages are severe throughout the country in all of its VA medical facilities. Additionally there have been shortages in custodial employees. Many of these shortages are due to the cumbersome way in which a person has to navigate through the hiring process of the VA. Staffing problems in the VA have a direct impact on the SCI/D system. Understaffed nursing issues lead to limited bed availability. Limited bed availability leads to limited access for care and compromised quality of care and potential loss of life. Sound familiar to what we are hearing about the concerns of what the coronavirus can do to the hospital system in our country?

We need reform when it comes to the transportation needs of our members; currently our chapter membership is made up of 60% of veterans with non-service connected catastrophic disabilities and 40% of veterans with service connected catastrophic disabilities. PVA supports legislation to allow veterans who have non-service connected catastrophic disabilities to receive the same type of adaptive automobile equipment as veterans who are service-connected. We encourage congress to reform the current directive on adapted automobiles and support the Auto for Veterans Act (H.R. 5761) which would allow veterans to use the automobile grant once every ten years for the purchase of an adapted vehicle.

When it comes to compensation, we are asking both the senate and congress to reform the way our service-connected members are compensated. Congressional bills H.R. 333 and H.R. 303 both address the issue of concurrent receipt. HR 333 is intended to amend title 10, United States Code, to permit retired members of the Armed Forces who have a service-connected disability rated less than 50 percent to receive concurrent payment of both retired pay and veterans’ disability compensation and to extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service. Under HR 303 Individuals who were retired or separated from military service due to a service-connected disability shall be eligible for the full concurrent receipt of both veterans’ disability compensation and either military retired pay or combat-related special pay. We obviously need reform in this area of compensation to service-connected disabled veterans.

When it comes to housing there needs to be reform in both the amount of the grant and the number of times a veteran can access the grant. Additionally, we are looking for congress and the senate to pass H.R. 1504 and S.2020, which will allow the VA to prioritize if he or she has been diagnosed with a terminal illness to include ALS. Veteran’s SAH grant. This legislation would also increase the number of times a veteran could use the grant and increase the amount of the grant to better match the cost of construction.

We need reform but we also need a revolution. When it comes to air travel, we need the airline industry to consider the disabled community when designing and constructing new aircraft and to meet defined accessibility standards. These standards address safe and effective boarding and deplaning, seating and accessible lavatories on planes. When it comes to caring for women veterans, we need a revolution. Women make up 16.2 % of today’s active duty military forces and 19% of the National Guard and reservists. Over 500,000 women are currently using the VA health care services and the VA needs to be better prepared to meet the gender-specific health care needs of these women veterans. For service connected women veterans with SCI/D, congress needs to permanently make in-vitro fertilization available. We need a revolution when it comes to Dependency and Indemnity Compensation. Currently this benefit is available to eligible survivors of service-connected veterans who were rated totally disabled for a continuous period of at least eight years immediately preceding death. Because the average life expectancy for a person with ALS is two to five years, many eligible survivors of deceased veterans are not receiving this benefit. We need congress and the senate to pass H.R. 4748 and S.3091 to ensure these benefits are available to these people.

These are peculiar times and all of us are in this together. Our membership knows what it is like to be dependent on others for their survival. The world is getting a small dose of that in their own lives. We can help each other and should. We may be down but we are not out! Stay safe, WASH YOUR HANDS, DON’T TOUCH ANYBODY OR ANYTHING (if you can help it) and DON’T TOUCH YOUR FACE (I’ll bet many of you just did)

John DeMauro

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Board Member Elections

For the upcoming Board member term 2021-2024 years we have two positions open.
If you are interested, or have someone you know that is interested, please send us a name for our nominating committee.

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Advocacy

Connect With What Matters

Being there makes a difference

It could be a simple trip to the mall, a ride to the movies or just a visit to friend’s home. The little things in life can make a big difference. It’s why MobilityWorks® has been helping veterans connect with who and what matters most since 1997. Veterans have unique needs so we treat each of them as individuals. First of all, we listen. Then, we work together to find the best solution.

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MARK 9:23 – “IF THOU CANST BELIEVE, ALL THINGS ARE POSSIBLE TO HIM WHO BELIEVETH”

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Feed the hungry
Clothe and shelter
those in need

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.
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