



Paralyzed Veterans
of America

Central Florida Chapter

WHEELS IN MOTION

March 2021

HAPPY ST. PATRICK'S DAY

**Paralyzed Veterans of America
Central Florida Chapter
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March Board Meeting on **zoom** is March 11th 10:30 AM.

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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.

PVACF's Annual Report for 2019/2020 has been emailed to all PVACF members we currently have email addresses for. If you did not receive one it is because we do not have your current email address. If you would like one, please email Executive Director John DeMauro at johnnd@pvacf.org and one will be emailed to you. Our Annual Report can also be found on our website at www.pvacf.org. We will no longer be mailing the Annual Report to our membership.

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Paralyzed Veterans of America Central Florida

7th Annual

Jerry Dugan Memorial Charity Golf Tournament

Saturday May 15, 2021

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

President



I was in the hospital and this is my caregiver's perspective.

I've been in the medical field for over 16 years, From EMS/fire to private care. If there's one thing that gets under my skin the most is when someone tells me how to do my job. It's not training or learning that gets under my skin it's the backseat drivers! Over these last two years, I have become a backseat driver, not because I wanted to, but because I have needed to.

The man I take care of is a quadriplegic with some use of his arms and hands.

Every day we learn something new, because every day is different. He requires 24 seven care especially for his daily living activities.

On February 24, he was rushed to the hospital for shortness of breath. Normally when he has an illness i.e. UTI or pneumonia there are some signs of infection, however this time it snuck up on us. Maybe it's because of his plant-based diet or maybe it's because the last time he had pneumonia his pulmonary doctor put him on a new medication regiment that has been working for the past two years.

Due to COVID-19, I couldn't ride with him in the ambulance and upon arrival at the hospital; the ambulance crew would not allow me to walk in with him. OK fine I get it, we're living in the time of COVID-19. Everybody has to be screened before entering any type of medical facility. I enter into the emergency room go through my screening, and inform them that I am with a man that was just brought in by ambulance. I also informed them that he is a quadriplegic, so he needs to have somebody by his side at all times. The receptionist called back to the nurse's desk, no answer. I was told to wait and she would try again shortly. After trying a couple more times, I am becoming frustrated. An hour goes by and finally I am told that he is on isolation and being tested for COVID-19. OK fine, 30 more minutes go by and I get frustrated again. Listening to the advice from one of the attendants to call and they will transfer me back to the nurse's station. I call and reach the charge nurse. I explained that I was a caregiver for the man in the room and he's a quadriplegic. She states that he is on isolation and that he's not allowed to have anybody. I explain to her that I understand their situation however; he is a quadriplegic in there for shortness of breath. There is nobody in his room and he is unable to hit the call button. He cannot call for help so at this point he is being restrained.

There's silence on the line when the nurse realizes what I just said and asks me to repeat the entire situation because she doesn't understand or even know what's going on. I calmly repeat to her that I am the caregiver for the patient in a room; he is a quadriplegic that is in the emergency room for shortness of breath. He cannot call for help, nor can he press the call button, there is nobody by his side. She asked me if I was going to be the only person in the room with him, I agreed that I would be the only person in the room with him until he is admitted to the hospital. After that, I would trade out with his niece, while I go home to take care of my four-year-old.

My client was negative for COVID-19. The x-rays showed that he had fluid on his lungs showing he had pneumonia and a UTI. This was not our first go around for a hospital stay with these two diagnosis. I learned quickly the first time

with him, that I should be prepared. I needed to make sure, that he would be taken care of, no matter if I were there or not.

After our first day in the hospital two years ago, I made him a packet. This packet contains a picture of him to date a photocopy of his ID and insurance card, his medication list, his doctors, His POA and health care surrogate and his next of kin.

When I first saw one of the admitting doctors, I explained to the history we have experienced and what has worked in the past for him as treatment. I explained to the doctor his medication, the medication that he is on at home, and the medication as it should be while he's in the hospital.

I also explained about his pulmonary vest that is used and that it will be used during the stay at the hospital. I told him that he would need a percussion bed during his stay. The doctor acknowledged and I felt I was heard. Later respiratory came in and started his scheduled treatments for his pneumonia. Which also reassured me that I was heard. At least that's what I thought.

Entering his room, we got a beautiful VIP suite possibly because they knew that he needed 24-hour care or because they didn't have a room. Unfortunately, this story is only one sided and I am not able to have the hospital's staffs perspective. The night nurse that we meet is very nice and very sweet and seems to be very understanding. Speaking to her, I tell her my concerns. He is here for respiratory on oxygen, but has no pulse oximeter. There's no way to monitor other than the heart monitor, which gives no inclination on how he's doing with oxygen. She recognizes my concerns and says she will do what she can. That night his niece is staying with him. And I'm going to take the morning shift so I leave for the night after he is settled in.

After being called early in the morning, because he was having an anxiety attack, since he could not breathe. This is common for him. When he starts having muscle spasms, they prevent him from having a relaxed breathing. This of course makes it harder to breathe and since he has pneumonia and it's already difficult to breathe. It just sent him into a panic.

Knowing how to deal with this and have dealt with this before, I was called. Unfortunately or fortunately, take it however you will, I am not easily excited due to my history. I gently tell him to calm down and explained that he is in the hospital and that there is nothing that I could do differently that he couldn't receive while being in the care of the doctors and nurses. I quickly take care of my responsibilities making sure my son eats and I take him to school. Then going to my client. By this time, he is calm.

Due to the fact that he is not receiving, his anti-spasm medication on time are part of the reasons why he is having the spasms. The other is just from lying in the bed. We are rotating him every 2 to 4 hours from side to side and the only time he is on his back and sitting is when he is doing his breathing treatments with his pulmonary vest.

I did not mention that they did not place an order in for his using pulmonary vest. It's left for us to do the treatments while he receives his duo nebs and the Mucomyst. It is also up to us to help him cough. When he needs to cough, I came up with a very unconventional way of helping him cough; it works very well for him. I climb in the bed facing him sitting at his feet with my knees bent and I pull him into a sitting position allowing him to lock his arms around my legs and pull as he coughs. This successfully allows him to expel any

mucus that is in his airway. Nurses in respiratory of course look at us confused but then come to realize that sometimes the unconventional ways can work the best. In healthcare especially emergency healthcare or even in the military if you don't have the equipment you make do with what you have. What I have is the ability to help this man clear his lungs allowing him to feel like he can breathe again.

The reason I packed his folder full of his medications is to not only inform the hospital on the type of medications that he's on, but it's also to show his routine so he can get his medication on time. Not to my surprise, the hospital can't seem to pick up on this hint. They schedule his medicine whenever they feel like. Now, it is quickly becoming an issue. I made sure to bring his medication from home so I can provide him with the necessary doses. We are fortunate enough that we can deny the doses that the hospital provides being sure that he is not being over medicated.

Every person I come in contact with I explain our situation. At this point, we have been in the hospital three days. I had spoken with the charge nurses, care managers, nurses and even the doctors. They were so busy at this hospital and understaffed that mostly everybody was burnt out. They acted as if they could understand the situation and wanted to do something about it, but then nothing would happen. Maybe because another patient needed something else, maybe because they were overwhelmed, or maybe because they just didn't care. Although almost everyone we came in contact with was very caring and understanding there was a few that don't deserve to be in the positions that they are in, and I mean that wholeheartedly! They were very cold and had no bedside manner. The doctor had been in many times not even bothering to check to see how his lungs were doing or if they were doing any better. They said he had low potassium gave him a pill and then never bothered to recheck to see if his potassium was at the level that it was supposed to be. Again, I throw this in the doctor's face. Another fact, my client is receiving fluids after fluids and antibiotic after antibiotic no one is measuring his output or his input. We do not have the percussion bed, his medication is still not right. When I share this with one of the care managers immediately some things start to move. However, they quickly come to a halt.

With a spinal cord, injury comes Autonomic Dysreflexia and after being a quadriplegic for 40 years, his body has adapted. That being said, when he lays down his blood pressure is higher than what it is when he sitting. Due to the fact that he has pneumonia and a UTI his body is responding appropriately, however the hospital staff cannot see to pass the textbook.

They keep expressing concern about his blood pressure rightfully so in a normal case. However, I keep telling them that it is normal and it is a part of his spinal cord injury. Finally realizing that nobody is listening to me, I allow them to experience it for themselves knowing that if there are consequences they will have to deal with them. Praying all along that he will be okay when they are done. They give him one blood pressure medication, which does nothing. They decide to do a critical care blood pressure medication. This is how we got to meet Jimmy, a nurse with 35 years of experience.

Unbeknownst to us this man apparently is the right man to voice your concerns. Ha-ha, I honestly wasn't trying to complain I was just talking peer to peer explaining everything that I had stated before. My client still didn't have his bed, which would mean he could end up with bedsores. Plus take longer to heal. Again, I had no idea who this man was. I

expressed to him that I am increasingly becoming concerned and angered to the point where I look up the advocate hotline and was planning to call them. After receiving the blood pressure medication and being monitored for 20 minutes nothing happened, surprise surprise.

After chatting, Jimmy left. Shortly the nurse came and stuff started happening. His medication was being changed to be on time they updated his bed request. The doctor came in. We had no idea what happened, come to find out Jimmy was an educator he just happened to be the right person to talk to and whoever he talked to made sure that our needs were met and heard. I am forever grateful for this man. Don't get me wrong I am forever grateful for all the doctors and nurses that took care of my client because they all contributed to his health. But the fact that he was being taken care of in a manner that I knew would lead to his healing just took a huge weight off my shoulders.

It's now the third day in the hospital and to my surprise we still don't have a bed. Come to find out later that night the bed was delivered to another hospital but the same room. The day goes by and the bed is delivered around midnight. Everyone is still too busy an hour goes by and I finally decide to put him in the bed by myself. I roll the bed into the room, and I get him into the other bed by myself. I did it all from putting sheets on the new bed, to imputing the pulmonary settings to the new bed. Nobody even seemed to notice that the beds were even exchanged. Nobody came in to offer help nobody did anything. But it's "whatever" at this point he's in the bed. His meds are finally starting to be on schedule and he's getting the care that he needs in order to get well.

Morning of day four, the doctor comes in and it's a different doctor this time. It's a doctor from infectious diseases. The doctor said that he has been on the wrong antibiotic this entire time, and it has done nothing but aggravate the bacteria that is causing the UTI. Which in turn is going up and giving him the pneumonia. The doctor switches his medication. A little while later, another doctor comes in and he asked why we were still here? We were wondering the same question. At this point, he had been given Lasix at my request in order to get the extra fluid off his tissues. I also requested another blood draw to recheck his potassium and another x-ray to check how his lungs have improved.

The doctor had all the results and everything had greatly improved allowing us to be discharged. The doctor couldn't understand why we were on Lasix and I explained to him that he is a quadriplegic that does not move and the fluid was not going out as fast as it was going in. So, I requested the Lasix to remove the fluid after the doctor understood he agreed to let us go. I also gave the terms that we would immediately make a phone call to his pulmonologist and set up a follow up appointment with her in his primary care physician which I did.

This only safe treatment works for my client. Without us sitting by his side 24 seven and me being a backseat driver, determined for him to have the right care this never would've happened. He would've been another unfortunate statistic succumbed to the neglect of the hospital staff. If anything should be learned from this story is to always be an advocate for yourself and if you can't make sure that you have somebody that's willing to put the fight in for you. Never just, except okay as an answer, and never settle until you get what you need in order to save your client's life.

Steve Kirk



On National Nonprofit Day, fight for those that fought for you. Our members receive the benefits and services they need when you donate your gently used clothes and household goods. To donate, visit: https://secure.pva.org/default.aspx?tsid=9491&donationAmount=other&mSource=WEQYYDFW2GPG&_ga=2.1705649.1607860698.1552920854-258990882.1542139382

Be kind to humankind! You can #GIVE back to PVA members by donating your gently used clothes and household goods. Your donation can help a paralyzed #veteran today. To learn more and donate: https://secure.pva.org/default.aspx?tsid=9491&donationAmount=other&mSource=WEQYYDFW2GPG&_ga=2.1705649.1607860698.1552920854-258990882.1542139382



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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.

Adversity is Inevitable ***** Stress is OPTIONAL.

Anything that your mind can DREAM and you BELIEVE, you can ACHIEVE.
 GOD created you to be SUCCESSFUL and HAPPY.

REGRET looks back, FEAR looks around... FAITH looks UP.

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WE KNOW WHAT IT'S LIKE FOR YOU TO TRAVEL — AND WE SAY
WELCOME TO YOUR HOME AWAY FROM HOME.



One year ago in the first week of March I was making my way through the halls of Congress meeting with and speaking to the Representatives in Congress from Central Florida to talk to them about issues that directly affected our Chapter members. Things are very different this year. Rather than travel to Washington DC, Board Member Tim Wolfe and I will be sitting in my office talking to our Representatives and or their staff via teleconference calls or video conference calls. Here

are the issues, important to SCI veterans, that will be discussed this year;

Increase Compliance with the Americans with Disabilities Act

- Although the Americans with Disabilities Act (ADA) became law in 1990, barriers still remain, especially in public accommodations (ADA Title III).
- When barriers are encountered, people with disabilities can file a complaint with the Department of Justice (DOJ) or file a lawsuit using the ADA's private right of action. Unfortunately, complaints filed with DOJ are routinely dismissed without any action due to the number received. Few complaints are sent to mediation. Lawyers are often hard to secure as there are no damages under Title III.
- To make matters worse, some small businesses, and their allies in Congress, feel they should be notified that they are out of compliance before an individual can file a lawsuit in order to allow them to "cure" the violation. Such changes, however, would remove any real incentive for these public accommodations to proactively comply with the law.
- To improve compliance with the ADA, Congress must pass legislation that would:
 - Increase the tax incentives that help businesses with ADA compliance to remove barriers and increase funding for the DOJ ADA mediation program.
 - Expand tax credits and deductions that are available for employers who hire and retain employees with disabilities and to make their places of business more accessible, including their internet or telecommunications services.



Strengthen the Air Carrier Access Act

- This year marks the 35th anniversary of the Air Carrier Access Act (ACAA), which is the law that governs accessibility in air travel for people with disabilities.
- In many instances, airlines fail to provide safe access due to poorly trained assistance providers, badly maintained boarding and deplaning equipment, and physical barriers within the aircraft that result in harm to passengers with mobility impairments.
- Many of the difficulties that travelers with disabilities encounter in air travel are not sufficiently addressed by the ACAA and its implementing regulations.
- Unlike most other civil rights laws, the ACAA lacks a guaranteed private right of action, which means people with disabilities receive limited redress of their grievances.
- To improve access to air travel, Congress must pass legislation that would address these problems by:
 - Strengthening ACAA administrative enforcement and establishing a private right of action.
 - Ensuring new airplanes are designed to accommodate the needs of people with disabilities by requiring airlines to meet defined accessibility standards. These standards will address safe and effective boarding and deplaning, visually accessible announcements, seating accommodations, lavatories, and better stowage options for assistive devices.
 - Requiring removal of access barriers on existing airplanes to the extent that it is readily achievable – easily accomplishable and may be done without much difficulty or expense.

Preserve and Strengthen Social Security

- More than nine million veterans and their families receive retirement, disability, or survivor benefits from Social Security and, together, they comprise approximately 35 percent of the Social Security beneficiary population.
- Due to the recession caused by COVID-19, the Social Security trust funds will face a shortfall and be unable to pay full benefits a year earlier than previously anticipated, in 2034.
- If action is taken now, the current modest shortfall in long-term system funding can be addressed without damaging cuts to beneficiaries. This

should be done through prudent, phased-in changes to the system's financing along with benefit enhancements that will respond to the nation's growing retirement crisis.

- Failure to act will mean that, once the trust funds are depleted, there will only be enough incoming revenue from payroll contributions to pay roughly 80 percent of all retirement, disability, and survivor benefits.
- As a result, PVA supports legislation that would:
 - Set a more realistic cost-of-living-adjustment (COLA) reflecting expenses frequently incurred by retirees and people with disabilities; reduce the tax burden on beneficiaries; ensure no one retires into poverty by improving minimum benefits; and make long overdue adjustments in the financing mechanisms for the system.
 - Gradually eliminate the earnings cliff in Social Security Disability Insurance (SSDI) and make other improvements to the Social Security Ticket to Work Program to remove barriers to work for disability beneficiaries.
 - Eliminate the five-month waiting period for SSDI and the two-year waiting period for Medicare to provide immediate help to those who often have no alternative economic supports and access to health care in the face of catastrophic, disabling conditions.
 - Remove barriers to work for disability beneficiaries, stabilize the Social Security trust funds by restoring the monies lost to the system during COVID-19, and protect workers who could face permanently lowered benefits resulting from catastrophic economic downturns such as that precipitated by the pandemic.

Prioritize Employment Opportunities for People with Disabilities

- Despite employment protections provided under the ADA and other disability employment rights laws, the labor force participation rate among people with significant disabilities remains at roughly 30 percent, while that for people without disabilities is approximately 70 percent.
- COVID-19 has been a double-edged sword with regard to disability employment – calling for steps, such as mandatory mask wearing, that may impose particular burdens on those with disabilities while highlighting accommodations such as telework that have proven especially useful to workers with disabilities.



- Veterans with disabilities rely on many of the same employment programs and systems available to non-veterans with disabilities and will face many of the same employment challenges in the years ahead as the country emerges from the pandemic.
- Congress must pass legislation that would protect and strengthen disability employment rights; increase tax incentives for employers to hire and retain persons with disabilities; enhance entrepreneurship opportunities for people with disabilities; and improve federal hiring and promotions under Schedule A, veterans preference, and other authorities targeting those with significant disabilities.

Preserve Access to VA's Specialized Services

- PVA firmly believes the Department of Veterans Affairs (VA) is the best health care provider for veterans with spinal cord injuries and disorders (SCI/D).
- VA's specialized systems of care follow higher clinical standards than those required in the private sector. Preserving and strengthening VA's specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, and polytrauma care—remains the highest priority for PVA. This includes access to high-quality prosthetics through VA's Prosthetics and Sensory Aids Service.
- If VA continues to shift care to the private sector and woefully understaff its facilities, the Department's capacity to treat veterans will be diminished, and could lead to the closure of facilities and reductions in services offered to catastrophically disabled veterans.
- Congress must preserve access to VA's specialized services and provide needed funding for them.
- Congress must ensure proper staffing of VA's specialized services by ensuring the Department has the authority to provide additional pay, compensation, and retention incentives to make VA service more competitive with the private sector.

Increase Access to Long-Term Care for Veterans with SCI/D

- The lack of adequate long-term care (LTC) options presents an enormous problem for people with catastrophic disabilities who, as a result of medical advancements, are now living longer.
- There are few LTC facilities that are capable of appropriately serving SCI/D veterans. VA operates six such facilities; only one of which lies west of the Mississippi River. Many aging veterans with SCI/D need VA LTC services but VA only has the

capacity to provide this kind of care for about 200 patients.

- Since VA SCI/D LTCs are exceptionally limited, veterans with SCI/D are being treated in community institutions, by providers not trained in SCI/D. This often results in compromised quality of care and poor outcomes. In some areas, it is nearly impossible to even find community placements for veterans who are ventilator dependent and those with bowel and bladder care needs.
- VA has identified the need to provide additional SCI/D LTC facilities and has included these additional centers in ongoing facility renovations, but such plans have been languishing for years.
- Congress must ensure that VA designs an SCI/D LTC strategic plan that addresses the need for increased LTC beds in VA SCI/D centers.
- Congress must provide increased funding directed at the completion of the remaining SCI/D-related construction projects.

Ensure Proper Implementation of VA's Comprehensive Caregiver Program Expansion

- The VA MISSION Act directed that VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) be expanded to severely injured veterans of all eras through a phased approach beginning October 1, 2019.
- Phase I, which began on October 1, 2020, includes veterans who were severely injured in the line of duty on or before May 7, 1975, and on or after September 11, 2001.
- Phase II is expected to begin on October 1, 2022, and will include veterans from all remaining eras.
- Prolonged delays are further straining caregivers who desperately need relief now, particularly in light of the impacts of the global pandemic.
- The new rules governing the PCAFC, which were implemented on October 1, 2020, will also impact current program recipients and result in veterans being removed from the program.
- Congress must conduct oversight of VA's implementation of the expanded PCAFC to ensure that eligibility determinations are consistent and the appeals process is fair and just.
- Congress must expedite implementation of Phase II of the caregiver program to October 1, 2021.

Improve Access to Fertility Services Through VA

- Thousands of service members have suffered a genitourinary injury, resulting in the loss of, or

compromised ability, to have a child.

- In September 2016, Congress granted a temporary authorization for VA to provide in-vitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy.
- VA began offering IVF services in January 2017, and in September 2018, they were reauthorized for another two years.
- In drafting the rules for the program, VA anticipated recurring authorization by Congress; so, the Department stipulated IVF may continue to be provided if Congress approves its funding through the annual budget process.
- VA's current temporary authority prohibits the use of gametes that are not a veteran's and his or her spouse's. Because they require donated gametes, they are ineligible for IVF through VA.
- Congress must repeal VA's ban on IVF and make these services a regular part of the medical benefits package available to veterans.
- Congress must also pass legislation to authorize VA to provide assisted reproductive technology, including IVF, surrogacy, and gamete donation at VA for any veterans enrolled in VA health care who are living with infertility, including the authorization of service provision to non-veteran partners.

Improve Services for Women Veterans with SCI/D

- More than half a million women veterans are currently using VA health care, and women veterans with SCI/D are a small, but important subset of these users.
- Women veterans, including those living with SCI/D, need access to comprehensive gender-specific mental and physical health care with high standards of care regarding the quality, privacy, safety, and dignity of that care.
- VA has developed a robust system of care to serve the needs of veterans with SCI/D but there needs to be a stronger focus on the needs of women veterans with SCI/D.
- As Congress develops strategies and policies for VA to follow, additional emphasis is needed to ensure women veterans with SCI/D are incorporated into these plans.

Improve Access to Transportation for the Most Severely Disabled Veterans

- VA Automobile Allowance Grants
 - Access to an adapted vehicle is essential to

the mobility and health of catastrophically disabled veterans who need a reliable means of transportation to get them to and from work, meet family obligations, and attend medical appointments.

- The current, one-time VA Automobile Allowance Grant of roughly \$21,500 covers anywhere from one-half to one-third of the cost to procure a vehicle.
- Because of the high cost to procure replacement vehicles (upwards of \$60,000), veterans often retain vehicles beyond their reliability point.
- Congress must pass legislation that would allow eligible veterans to receive an Automobile Allowance Grant every ten years for the purchase of an adapted vehicle.

□ Automobile Adaptive Equipment

- VA's Automobile Adaptive Equipment (AAE) program helps physically disabled veterans enter, exit, and/or operate a motor vehicle or other conveyance.
- VA provides necessary equipment for veterans with service-connected disabilities such as platform wheelchair lifts, UVLs (under vehicle lifts), power door openers, lowered floors/raised roofs, raised doors, hand controls, left foot gas pedals, reduced effort and zero effort steering and braking, and digital driving systems. The program also provides reimbursements (to service-connected veterans) for standard equipment including, but not limited to, power steering, power brakes, power windows, power seats, and other special equipment necessary for the safe operation of an approved vehicle.
- Support for veterans with non-service-connected disabilities is limited to assistance with ingress/egress only.
- Congress must direct VA to reimburse the cost of items on the Department's current AAE list as well as modern driver assistance technologies to broaden opportunities for veterans with catastrophic disabilities to drive more comfortably and safely.
- Congress must pass legislation that allows veterans who have non-service-connected catastrophic disabilities to receive the same type of adaptive automobile equipment

as veterans whose disabilities are service-connected.

Increase Grants for Housing Adaptations

- VA's Home Improvements and Structural Alterations (HISA) grant helps veterans and service members make medically necessary improvements and structural alterations to their primary residence.
- The grant has a lifetime limit of \$6800 for those with service-connected disabilities and \$2000 for those with non-service-connected disabilities.
- HISA grants can be used to help make entrances and exits accessible, allow access to the kitchen or bathroom, and improve plumbing or electrical systems for necessary medical equipment.
- While the cost of home modifications and labor have greatly increased in recent years, HISA grant rates have not changed in 11 years.
- With veterans sheltering in place during and following the resolution of the pandemic, ensuring veterans can safely remain in their homes is more essential than ever.
- Congress must raise HISA grant rates to at least \$10,000 for service-connected disabled veterans and \$5,000 for non-service-connected disabled veterans.

Increase Benefits for Surviving Spouses of ALS Veterans

- Eligible survivors can receive an additional \$288.27 per month in Dependency and Indemnity Compensation (DIC) if the veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death.
- This extra payment is commonly referred to as the "DIC kicker." VA regulations recognize amyotrophic lateral sclerosis (ALS) as a presumptive service-connected disease and, due to its aggressive nature, it is automatically rated at 100 percent once service connected.
- Because the average life expectancy for a person with ALS is two to five years, many spouses of deceased veterans with ALS rarely qualify for the additional DIC benefit given the eight-year requirement.
- This policy fails to recognize the significant sacrifices these veterans and their families have made for this country.
- Congress must extend DIC kicker eligibility to the surviving spouses of veterans who died of service-connected ALS prior to the 8-year period.

John DeMauro



To all the PVA Central Florida Members living in the Jacksonville area,

Over the past year, I have listened to many suggestions on how we can make PVACF Sports and Recreation more accessible to more members. What I heard the most was that the members in Jacksonville are being left without Sports opportunities because of the distance from the main office in Sanford. As PVACF's Sports Director it gives me great pleasure to introduce a new partnership with Brooks Adaptive in Jacksonville, Florida. Brooks Adaptive has a very extensive variety of sports and recreation opportunities (Some are Veteran Only events) including:

□ Weekly activities include a variety of year-round sports such as archery, basketball, billiards, bowling, boxing, cycling, power soccer, rugby, rowing, and yoga.

- Monthly special events include recreational (surfing, water skiing, horseback riding), competitive (tournaments) and educational (lectures on disability related topics, sports clinics) offerings.
- All ages and abilities are welcome. No experience is necessary.
- Individuals may choose to participate at a recreational or competitive level.
- All adaptive sport and recreation activities, equipment and expert instruction are provided **at no cost** to the individual.

Note: If you are an active member of PVACF and participate in sports and recreation activities at Brooks Rehab, you will earn points towards financial support to the National Veterans Wheelchair Games.

To participate in future Brooks Rehab events, just go to their website and register. It's that simple.

Brooks Adaptive Sports and Recreation

<https://brooksadaptivesportsandrecreation.com>

3599 University Blvd South

Suite 1103

Jacksonville, FL 32216

brooks.adaptivesports@brooksrehab.org

904-345-7314

Map:

<https://maps.google.com/maps?z=16&q=3599%2Buniversity%2Bblvd%2Bsouth%2Bsuite%2B1103%2Bjacksonville%2C%2Bfl%2B32216%2Bbrooks.adaptivesports%40brooksrehab.org>

If you attend events at Brooks Rehab, please let us know so we can keep track of the progress of this partnership.

Thank you

Sean Gibbs



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