PVA Awareness Month recognizes Veterans living with Spinal Cord Injury and Disorders.

WASHINGTON, DC (March 28, 2019)—In April, during PVA Awareness Month, Paralyzed Veterans of America will celebrate the strength and perseverance of its members—veterans living with spinal cord injury and disorders (SCI/D), as well as MS or ALS — by sharing their inspirational stories. The organization will also highlight its efforts to ensure that veterans ...continued on page 4.

VA Selects Manchester, NH VAMC as 1 of 18 Medical Facilities to Start “High Reliability” Journey

WASHINGTON — On March 7, the U.S. Department of Veterans Affairs (VA) announced the selection of the Manchester VAMC as one of the 18 medical centers nation-wide that will lead the way in the department’s efforts to transform the nation’s largest integrated health care system into a high reliability organization (HRO). ...continued on page 5.
March was a critical month in the Chapter’s advocacy efforts, as myself and a Chapter delegation attended PVA’s Annual Advocacy and Legislative seminar in Washington D.C. We learned of the current challenges facing PVA’s members for 2019 as a whole, then took those challenges directly to our Legislators on Capitol Hill. We were very successful, having met face-to-face with 21 of New England’s Legislators. Although the Advocacy week consists of some very long days and quite bit of rolling around Capitol Hill, it is one of the things I enjoy most about representing the Chapter and you, our members.

As many of you know, April is PVA awareness month And so I encourage you to get involved either through attending one of our many events or activities, or volunteering with the Chapter itself. For a list of upcoming events and activities, please look at the last two pages, as well as, the back cover.

Finally, as our new fiscal year winds down this means it is election time. Please look at the nomination form on page 21 and note the changes in those positions up for election, as the Chapter bylaws last year implemented a staggered election cycle. This is so there is never an entire turnover of the Chapter’s leadership.

Michael G. Negrete
President and Paralyzed Veteran

Our first major trip of 2019 is over. I’m referring to the PVA Annual Advocacy & Legislative Seminar, which by the way, was my 15th year, hard to imagine! I was there along with Chapter President Michael Negrete, Board Member Mark Sanders and Chapter Volunteers Terry Negrete and Denise Pease. A quick thank you to all who gave up a week of their lives to support and promote PVA’s agenda (more on that in my article on page ??)

April is PVA Awareness Month. And we do have some things to promote this month. Of course, the Chapter Board meeting will be April 3rd. The bi-monthly pizza party between Brockton and West Roxbury will be at West Roxbury on April 17th. And finally, the long awaited Airgun/Air pistol and Boccia event will be held on April 26-28. This event is originally slated for 3 days. However, if there are not enough participants, we will end this event on Saturday.

As we roll into Spring and the weather get better with the days getting longer, I want to ensure everyone remembers an extra layer of caution when driving. There will be more folks out on bikes, walking, those battery-operated foot scooters and of course wheelchairs, not to mention handcycles and recumbent bicycles. Be watchful, and be safe out there.

Debra A. Freed
Executive Director
CordWord is the New England Chapter, Paralyzed Veterans of America’s (New England PVA) monthly magazine that covers news, health, research, lifestyle and issues of interest and concern to Veterans and others with spinal cord injury and disease. Anyone interested in submitting an article to CordWord should email media@newenglandpva.org. The assertions and opinions expressed in articles and announcements in CordWord reflect the views of the author(s) and do not necessarily reflect the views of the New England PVA. New England PVA can in no way whatsoever be held responsible for the content of such views nor can it be held liable for any direct or indirect damage that may arise from such views.

Products and services advertised in the CordWord are for general informational purposes only and does not constitute an endorsement, recommendation, or guarantee of any kind by New England PVA.
On March 7th, PVA National President David Zurfluh testified before a joint session of the Senate and House Veterans’ Affairs Committees regarding PVA’s public policy priorities. President Zurfluh’s oral testimony focused solely on the implementation of the VA MISSION Act. Specifically, he focused on the need for Congress to ensure VA has the required resources needed to successfully implement the new community care and expanded caregiver programs. President Zurfluh also let the committees know that we expect VA and Congress to continue to address staffing and other concerns in VA’s direct care system to ensure that PVA members continue to receive specialty care through VA’s Spinal Cord Injury and Disorders System of Care.

PVA Awareness Month recognizes Veterans living with Spinal Cord Injury and Disorders

WASHINGTON, DC (March 28, 2019)—In April, during PVA Awareness Month, Paralyzed Veterans of America will celebrate the strength and perseverance of its members—veterans living with spinal cord injury and disorders (SCI/D), as well as MS or ALS — by sharing their inspirational stories. The organization will also highlight its efforts to ensure that veterans with SCI/D, MS or ALS are able to live full and productive lives through its programs in research, accessible design, employment, and veterans’ benefits.

“While Paralyzed Veterans of America celebrates the inspiring stories of our members every day, April is a time for us to really share these stories with the public to help build our community of support for veterans living with spinal cord injury or disorders,” said David Zurfluh, a disabled Air Force veteran who serves as national president of Paralyzed Veterans of America. “The great thing about PVA Awareness Month is that you have 30 days to do something—get involved in one of our local Chapter events, learn more about our members, programs and services—and share these resources with veterans you know. We encourage you to participate and be part of our community of support for these heroes.”

Since the inception of its Research Foundation, PVA has invested nearly $50 million in grants to help cure spinal cord injury and improve the lives of people living with SCI/D. The organization’s employment program, PAVE (Paving Access for Veterans Employment), has helped more than 4,300 veterans, military spouses and caregivers find meaningful employment. PVA also continues to assist veterans and their families obtain the benefits they’ve earned through their military service, securing over $289 million in annual and retroactive benefits for our clients last year. Additionally, Paralyzed Veterans of America remains the only veterans’ service organization with on-staff architects that provide free design assistance and develop building codes and standards for the entire nation to follow.

NEW ENGLAND PVA NEEDS YOUR HELP!

Volunteers do invaluable work that makes a real difference to Veterans, their communities and the Chapter. Volunteering can change your life, too! Your talents and time are always welcome.

We are looking for Volunteers to help out in the office, attend local awareness events, and assist with event planning. Everyone can help somehow and in some way, at any place and during any time. If you might be too busy or can’t get out, think about a financial donation. Even if its only $5 or $10, every little bit helps. To learn more about Volunteer opportunities and how you can help please contact the Chapter office at 800-660-1181 or email info@newenglandpva.org.
VA Selects Manchester, NH VAMC as 1 of 18 Medical Facilities to Start “High Reliability” Journey

WASHINGTON — On March 7, the U.S. Department of Veterans Affairs (VA) announced the selection of the Manchester VAMC as one of the 18 medical centers nation-wide that will lead the way in the department’s efforts to transform the nation’s largest integrated health care system into a high reliability organization (HRO).

Pioneered in highly complex environments, such as aviation and nuclear energy, HROs put procedures and protocols in place that maximize safety and minimize harm, which in the medical industry assures every patient receives excellent care, every time.

“VA has been a leader in patient safety for years,” said VA Secretary Robert Wilkie. “Adopting high reliability principles more formally represents the next step for delivering the best health care to Veterans. “These principles align with our greater vision of transforming business operations and delivering exceptional customer service to Veterans,” Wilkie said. “Our culture is changing and pursuing HRO principles nationwide is our pledge to empower staff and keep Veterans the safest they can be on our watch.”

Research shows high reliability organizations experience fewer accidents despite being high-risk environments where small errors can produce catastrophic results. A February Leadership Summit kicked off the HRO journey and introduced high reliability concepts and practices to the 18 sites. Lessons learned from these 18 sites will guide a more impactful rollout across every Veterans Health Administration (VHA) medical facility in 2020.

The VHA journey to become an HRO is consistent with national safety goals set forth by the Joint Commission, an independent, nonprofit organization that accredits and certifies approximately 21,000 health care organizations and programs in the U.S.

In addition to a safer environment focused on reducing errors and preventing patient harm, HRO principles and values call for deference to expertise; oftentimes, the patient’s family caregiver is that expert. HRO will empower Veterans and their family caregivers, along with employees who work hands-on with Veterans, to make decisions and impact improvements that aim for excellent care for every patient, every time.

PVA’s Members and Leadership take Their Message to the Hill

PVA Washington Update, Volume 25. Number 3

On March 4-7, approximately 100 PVA chapter and national leaders gathered in Washington, DC for the annual Advocacy and Legislation Seminar. Each year, Seminar brings these PVA advocates to the nation’s capital for four days of briefings on critical issues important to PVA members, visits with congressional representatives, and the annual testimony of PVA’s National President to a joint session of the House and Senate VA Committees.

Seminar sessions highlighted two PVA priority areas: expanding the VA Comprehensive Family Caregiver Program to assist family members of veterans with service-connected illnesses and making further improvements to the Air Carrier Access Act to build on the successful legislation that passed in 2018. Seminar workshops also focused on implementation of the VA MISSION Act and appeals reform, improving ancillary VA benefits for automobile adaptations and specially adapted housing, and the impact of disaster response and recovery systems on people with disabilities.

A panel focused on improving access for veterans with disabilities to long-term services and supports. Laurel Rodewald, with the Elizabeth Dole Foundation, described that organization’s efforts to draw attention to the needs of veteran caregivers and the creation of the Military and Veterans Caregiver Experience Map. The conference keynote speaker was House Veterans Affairs’ Committee Chairman Mark Takano (D-CA) who outlined the Committee’s plans for the 116th Congress.
Recently the Ride-Away team joined forces with MobilityWorks so that we could provide our veterans with the largest selection of mobility solutions that best fit their physical capabilities and lifestyle. 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. Collectively, Ride-Away and MobilityWorks will continue to build on our mission to help veterans connect with who and what matters most.

MobilityWorks has more than 50 locations across the country with the largest selection of accessible vehicles and adaptive solutions:
- Minivans, full-size vans and trucks
- The latest in adaptive technology
- Complete maintenance and service
- Rental vans — veterans receive a 10% discount

MobilityWorks is committed to serving you. Contact us today so we can evaluate your needs and find a solution that best fits your lifestyle.

We are a full service dealership providing quality repairs and installations. As well as minivans, cars, and full size vehicles we also provide installation and maintenance for products such as:
- Hand controls
- Automatic wheelchair securement
- Secondary controls
- Transfer seats
- Much more!!

New England’s largest indoor showroom!

Feel free to reach out to Jack, a mobility specialist on our sales team. Pictured above, Jack has overcome many obstacles after a spinal cord injury 5 years ago. He now advocates for those with disabilities looking for mobility vehicles and equipment.
The Department of Transportation (DOT) has posted its first report on the number of wheelchairs and scooters enplaned and subsequently damaged by large U.S. airlines. The data is based on flights that occurred December 4-31, 2018.

Twelve airlines, including a few regional carriers, were required to report their data. Of the four largest domestic airlines, Delta had the highest number of wheelchairs and scooters enplaned and the lowest mishandled rate (.89 percent). United was second with a rate of 1.09 percent. Southwest Airlines and American Airlines showed some of the highest mishandled rates (6.46 percent and 7.22 percent respectively). However, Southwest and American did not fully capture the number of wheelchairs and scooters enplaned, which helped to drive up their percentages. According to DOT, airlines have definitive plans to improve their reporting.

Based on initial feedback from the airlines, we believe that the requirement to disclose the information is causing them to place more attention on the safe transport of wheelchairs. It is important, however, that passengers with disabilities file formal complaints with the airlines when their wheelchairs and scooters are damaged or delayed. It appears that without such records, the true number of mishandled wheelchairs and scooters may be obscured.

On March 6th, Senator Tammy Baldwin (D-WI) and Representative Jim Langevin (D-RI) introduced the Air Carrier Access Amendments Act of 2019 (S. 669 / H.R. 1549). This legislation continues their commitment to ensure that passengers with disabilities are treated with dignity and provided equal access to air travel. S. 669 has seven cosponsors and is referred to the Senate Committee on Commerce Science and Transportation. Meanwhile H.R. 1549 has eight cosponsors and is referred to the Subcommittee on Aviation, House Committee on Transportation and Infrastructure.

Specifically, the Air Carrier Access Amendments Act will:

- Strengthen Air Carrier Access Act enforcement by requiring referral of certain passenger-filed complaints to the Department of Justice and establishment of a private right of action;
- Ensure 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;
- Require 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; and
- Improve the overall safety of air travel for passengers with disabilities.
Before I get into our recent Advocacy & Legislative Seminar, I want to reiterate something I wrote about last year. For many of us, we require hand controls to drive. This retains a part of our independence allowing family members to do what they need to do and lets us get out of the house. Recently, I learned that a Chapter member was stripped of their license and registration because of an issue while driving. This Chapter member was caught crossing a double-yellow lines. This Chapter member was cited for the illegal move but allowed to go on.

However, this Chapter member was followed by the police officer who cited him, about 5 miles, and required to tell of his disability. Yes, this driver has M.S. However, having a disability does not automatically deny anyone from driving if certain controls have been put in place. Some folks in Massachusetts may remember an incident that happened 3 years ago March. A driver with M.S. (non-veteran/member) claimed to have had an episode while driving. Unfortunately, this driver drove through the front of a pizza shop, which injured seven patrons and killed two more. The driver in question was offered a plea deal that would prohibit him from ever driving again. He chose to fight it in court and lost. He was sentenced earlier this year for 4 years in jail.

Please, I cannot reiterate it enough. If you are required to repeat driver training whether through the VA or through your local motor vehicle office, or whatever, just do it. Yes, it is inconvenient. Yes, it adds some expense. Yes, it requires family assistance. However, if you pass, you remain independent. But if you fail, while I know myself I would be the first to cry, I would never ever want to be in the driver with M.S.’s shoes.

Our recent trip to Washington D.C. The New England Chapter is very grateful to our Senators and Representatives for providing parking passes allowing the Chapter delegation to park on the Hill. It helps free up the vans PVA hires and keeps me from getting lost on the Metro!!!!!!

What did we discuss? The VA Mission Act/Caregiver Program was top priority. There were two of us who do not yet qualify for the Caregiver Program either though we are 100% service connected. We will have to wait until after 2021 and that is only if Congress continues to fund the current program because now veterans from Vietnam and prior qualify over the next two years. Another issue concerning this matter is to enhance the qualifications of the bill to include illnesses as well as injury.

The next priority was Air Access. Everyone knows I love to travel, more by car than by plane. However, driving is not always an option. I didn’t realize that my soon to be 5 year old chair was actually bent from one of my air travel trips. I also didn’t realize that I could actually displace another traveler by requesting that my chair be allowed a “seat” in the cabin of the plane versus in the cargo hold. While the new laws require all airlines to give details of damages, these chairs, even manual ones are not cheap.

One of the Seminar sessions about Air Access involved two folks from two different airlines, Southwest, and Frontier. They both reiterated the call to do better concerning folks with disabilities. Frontier Airlines has gone the furthest in having a rest room with removable doors in order to allow an aisle chair in. While I am no fan of sitting in the rear of the plane because these restrooms are in the rear, if needed, I would be grateful to have access to a restroom.

There were several other issues that we discussed. One requesting Congress make the status of Invitro Fertilization (IVF) permanent and ensure that access is equal to both men and women. The DOD has a great policy but when a military person becomes a veteran, the policy is different. We asked Congress to require DOD & VA work together on this matter. We also asked Congress to ensure that within 5 years DOD & VA develop a child care program as part of this process.

One of the issues we discussed was the Specially Adaptive Housing (SAH) Grant. This has multiple parts. First and foremost are the restrictions for non-service connected veterans. Their grant is less than 10% of the current grant. When the grant was first introduced 70 years ago, one could actually build an accessible house. Today, one might be able to build a one room house. Speaking for myself, I am extremely grateful in getting any assistance but I have heard numerous stories where family members would prefer not to take on additional debt to keep their loved one at home. My plan to retire in a couple of years will now have to wait because we now have to work to pay off the additional debt we are incurring for the renovations that are needed.

Finally, we learned about a great new app for both android and Apple. The Congress App. It is free and actually pretty good. I downloaded it and now have all 21 Representatives and 12 Senators, their committee assignments, and what they are working on from New England. I can access any other Representative or Senator, but my focus is New England. If you have an interest in keeping up with legislation committee assignments. This really is a great tool at your fingertips.
Veterans with visible and invisible wounds and one companion are invited to come enjoy the beauty of Cape Cod and experience adaptive sports and recreation at its finest free of charge!

**Activities offered:**
- Cycling
- Kayaking
- Paddle Boarding
- Hiking
- Fishing
- Yoga
- Basketball
- Archery
- Tennis
- Golf
- Drum Circles

Accommodations: Accessible Cabins at Camp Wingate Kirkland in Yarmouthport, MA.

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Register at:
[sasc.spauldingrehab.org](http://sasc.spauldingrehab.org)
or Call:
877.976.7272

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A COLLABORATIVE EVENT:
March 2019

Veteran Community Care–General Information
VA MISSION Act of 2018

Overview

Under the VA MISSION Act, Veterans can expect a variety of improvements to community care. Eligibility criteria will be different, a new urgent care benefit will be provided, and customer service will be better.

The process for receiving community care will be improved, including the following steps:

1. VA confirms Veteran’s eligibility for community care under the new criteria.
2. A VA staff member assists the Veteran with scheduling the appointment or the Veteran schedules the appointment with their preferred community provider within the VA network.
3. Veteran receives care from a community provider in the VA network.
4. Community provider sends a claim to a Third Party Administrator or VA for payment.

Improvements

In addition to new eligibility criteria, there are a variety of improvements under the VA MISSION Act that will make community care work better for Veterans:

- **Single community care program.** Existing programs will be combined into one single community care program. The Veterans Choice Program is coming to an end but some of its elements are being adopted into the new program. With one program and a single set of rules and processes, there is less complexity and likelihood of errors and problems.

- **Better customer service.** VA is implementing redesigned, streamlined internal processes, with improved education and communications resources for Veterans, our Veterans Service Organization (VSO) partners, and VA employees involved in community care operations. This will make administering community care easier and support excellent customer service for Veterans.

- **New urgent care benefit.** A new benefit will provide eligible Veterans with access to non-emergency care for certain conditions in the VA network of community providers. Veterans can go to any urgent care or walk-in care provider in VA’s network without prior authorization from VA. There may be copayments associated with this benefit depending on a Veteran’s assigned priority group and the number...
of times the benefit is used. Important: Details about the new urgent care benefit are not yet final.

- **New Community Care Network.** VA is establishing a new Community Care Network (CCN) of community providers that will be set up and administered through Third Party Administrators (TPAs). Once CCN is implemented, VA will directly coordinate with Veterans to schedule community care appointments (and in some instances continue to be able to schedule their own appointments) and support care coordination. VA’s TPAs will also be required to make timely payments to community providers.

- **Modern IT systems.** VA is modernizing its information technology (IT) systems to replace a patchwork of old technology and manual processes that slowed down the administration and delivery of community care. Once in place, the new IT systems will speed up all aspects of community care—eligibility, authorizations, appointments, care coordination, claims, payments—while improving overall communication between Veterans, community providers, and VA staff members.

**Timing**

The new community care program will start when VA publishes final, effective regulations, expected June 6, 2019. At that time, VA’s traditional community care program and the Veterans Choice Program will end, the new program will start, and the new eligibility criteria will go into effect. The urgent care benefit is also expected to be available starting June 2019.

A complete rollout of all six regions of the Community Care Network (CCN) is expected by 2020. Upgraded IT systems are also being implemented, with some expected to be completed in 2019 and others in 2020.

**Frequently Asked Questions**

**Eligibility**

1. **Will I be eligible for community care under the new criteria?** Under the proposed Federal regulation, a Veteran could be eligible for community care based on the six eligibility criteria below:

   1. Veteran needs a service that is not available at VA (e.g., maternity care, IVF).
   3. Veteran was eligible under the distance criteria under the Veterans Choice Program on the day before the VA MISSION Act was enacted into law (June 6, 2018), lives in one of the five states with the lowest population (ND, SD, MT, AK, WY) or continues to meet the distance criteria, received care between June 6, 2017, and June 6, 2018, and requires care before June 6, 2020.
   4. Veteran meets specific access standards for average drive time or appointment wait-times (Important: Access standards are not yet final).
Average drive time to a specific VA medical facility:
- 30-minute average drive time for primary care, mental health, and non-institutional extended care services (including adult day health care).
- 60-minute average drive time for specialty care.

Appointment wait time at a specific VA medical facility:
- 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider.
- 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with their VA health care provider.

5. Veteran and their referring clinician agree that it is in the Veteran’s best medical interest to be referred to a community provider.

6. Veteran needs care from a VA medical service line that VA determines is not providing care that complies with VA’s quality standards.

2. **When do the new eligibility criteria go into effect?** The new eligibility criteria for community care will go into effect when the regulations are published and effective, expected June 6, 2019.

3. **How will VA determine if I am eligible for community care based on the new criteria?** The Veteran’s VA provider and VA medical facility staff members will work with the Veteran to determine if they are eligible under the new criteria.

**Appointments**

4. **Will VA still need to officially authorize the care I receive through a community provider?** Community care generally must be authorized in advance by VA before a Veteran can receive care from a community provider. VA has proposed an exception to this when a Veteran receives emergency care from an in-network entity or provider and VA is notified within 72 hours, if certain additional conditions are met. The requirement for care to be authorized in advance by VA does not apply to the urgent care/walk-in care benefit that VA is establishing.

5. **What is changing with community care appointments?** Community care appointments will be scheduled directly by VA staff as VA implements its new Community Care Network (CCN) or, in some instances, Veterans will continue to be able to schedule their own appointments.

**Getting Care**

6. **Will I be able to go to any community provider I want?** If a Veteran is eligible for community care, they will be able to receive care from a community provider who is part of the VA network that is accessible to them.

7. **Will the process for getting prescription medication change?** There are no changes to how prescriptions are processed for Veterans receiving community care. As part of an authorized visit with a community provider, Veterans will be able to get a short-term, urgent prescription medication in their community, while long-term prescription medications will be filled by VA.
Billing

8. **Will I have to pay a copayment for community care?** Copayment charges are the same for community care as care at a VA medical facility. Usually, this means Veterans who are required to pay copayments will be charged a copayment for treatment of their nonservice-connected conditions. Copayment bills are sent by VA, not the community provider. For the new urgent care benefit, Veterans may owe a copayment that would be different from their usual VA copayment, depending on their assigned Veteran priority group and the number of urgent care visits per calendar year.

9. **Will VA pay beneficiary travel expenses if I am referred to a community provider?** If a Veteran is eligible for beneficiary travel, their eligibility will not change. Beneficiary travel is paid the same way whether the care is provided at a VA medical facility or through a community provider.

10. **What rate does VA pay when a Veteran is referred to a community provider for care?** Generally, VA will pay Medicare rates, but there are several proposed exceptions to this rate that may apply, to be established through a contract or agreement.

Other

11. **What is the difference between the Veterans Choice Program and the VA MISSION Act?** The Veterans Choice Program is the name of a Federal program started in 2014 to quickly expand access to care for Veterans. The VA MISSION Act is the name of a Federal law that establishes a new, single community care program, among other provisions. Some of these other provisions affect other types of VA benefits for Veterans beyond community care.

Do the changes to community care under the VA MISSION Act mean that VA is being privatized, or that funds meant for VA medical facilities will be rerouted to the private sector? The Administration is making no efforts to privatize VA or shift resources away from VA medical facilities. Improvements to community care under the VA MISSION Act are part of a larger effort to modernize the VA health care system and give Veterans greater choice over their health care.

12. **What is the Community Care Network (CCN)?** CCN will serve as a high-performing network of community providers. VA is currently working to award contracts with Third Party Administrators to establish CCN nationwide.

13. **What key information do community providers need to know about community care in the future?** To partner with VA to care for Veterans, most community providers will need to join VA’s new Community Care Network. In addition, community providers will generally be required to submit claims using electronic data interchange (EDI), and providers must submit claims within 180 days of providing care. Important: Details about claim filing requirements are not yet final.
Did you know that the Department of Veterans Affairs has updated its national policy to expand access to ReWalk exoskeletons through a VA SCI Hub and Spoke or the VA Choice Program?

What is ReWalk?
ReWalk is a robotic exoskeleton that enables individuals with Spinal Cord Injuries to stand and walk, and is cleared by the FDA for home and community use.

How Do I Know If I Am a Candidate for a ReWalk?

Contact ReWalk for a Free Screening
www.rewalk.com/contact or 508.251.1154 Option 2

“Using ReWalk, I have more energy and less pain.”
Ret. Army Specialist Gene L.
Nutrition for Spinal Cord Injuries

Contributed by Chester Purvis, IV, National Service Officer II

After a Spinal Cord Injury (SCI), there are various measures that can be taken in order for a person to ensure that he/she stays healthy. Unknown to many, good nutrition is an important part of staying healthy after an SCI (Khalil, Gorgey, Janisko, Dolbow, Moore, and Gater, 2013). Specifically, the reason why that is the case is because good nutrition offers the energy that is required for day to day activities, ensures that the body is kept strong and healthy, and at the same time minimizes the risk of different medical conditions (Chadda 2015). Therefore, it is paramount that everyone maintain a healthy balanced daily diet.

Good nutrition is beneficial to those with spinal cord injuries in different ways. A study that was carried out by National Institute of Health (2014) found that vitamin folate enhances healing in spinal cord injuries. Moreover, good nutrition helps in ensure weight is managed properly as well. Indeed, studies carried out have shown that the rate at which the body burns calories after SCI is slower that the rate that the body burned the calories before SCI (Crane, Little, and Burns, 2011). Thus, it is once need to closely monitor what is been eaten so that chances of becoming overweight are reduced.

Moreover, those with SCI have been found to be at a greater risk of pressure ulcers. By having nutritious food and in particular foods that are rich in protein, the skin is able to stay healthy and this drastically minimizes the chances of pressure ulcers (Kruger, Pires, Ngann, Sterling, and Rubayi 2013). Apart from that, good nutrition will also play a key role in averting other problems like lack of calcium in the bones, constipation, and even diarrhea among others (US Departments of Veteran Affairs, 2018).

A Good Nutrition Plan That Is Going To Work For You

A SCI results to the body changing in different ways. Among others, these includes how the body makes use of the food that you intake. Even though there is no need for having a special diet, it is paramount that you eat the right type of foods and in the right portions. Your nutrition plan should be developed when taking into consideration the following points:

- Eat variety of foods - the more variety of foods you eat, the higher the chances of getting most nutrients that you required in order for you to stay healthy. Grains, vegetables, fruits, and protein rich foods should always be considered (Racine, n.d.).
- Avoid foods that are high in sugar and fat - These are the foods that will lead to weight gain and since you are not in need of gaining weight, avoid or take small amounts of foods rich in sugar or fat (Veteran Health Library, 2018).
- Eat foods that are rich in fiber - By eating food rich in fiber, you will be adding bulk to stool and this will make it easier to pass it. As a result, chances of bowel complications are significantly reduced.
- Take small amounts of salt - Research has shown that taking a lot of salt can result to high blood pressure and at the same time making you retain a lot of water. This could lead to bloating and swelling and in order to avoid this, ensure you take small amounts of salt.
- Ensure you are drinking a lot of fluids - Taking a lot of fluids ensures to support the body system working perfect. Moreover, it also helps to avert constipation as well as urinary tract infections.

By choosing the right diet, you will be able manage your SCI better and have a better life. Since inception in the year 1946, Paralyzed Veterans of America has purposed to change lives and build brighter futures for our seriously injured heroes. The mission of the organization has been to empower the brave men and women to regain what they fought for (freedom and independence).

Agent Orange Exposure in Vietnam Waters (Blue Navy Veterans)

Contributed by Joseph Weeks, National Service Officer

The fight over extending benefits for “Blue Water” Navy Veterans who served on ships off the coast of Vietnam could finally be over. An important court ruling was recently announced that could have a significant impact on the disability eligibility of “Blue Water” Navy Veterans. These Veterans are those that were stationed in the territorial seas in and around Vietnam.

An appeal brought forth to the U.S. Court of Appeals for the Federal Circuit by Alfred Procopio Jr., who served on the USS Intrepid, an aircraft carrier deployed off the coast of Vietnam was ruled on in late January 2019. Mr. Procopio was denied benefits for his diabetes and prostate cancer which are both linked to exposure to Agent Orange. He was found ineligible because he was not involved in military activities that were considered by the Veterans Affairs to be in contact with Agent Orange. Veterans that were considered were those that served on the inland waters or “brown waters” or those that actually stepped foot on land in Vietnam. In a 9-2 decision, the court reversed a decade old ruling by the court that applies to an estimated 90,000 Veterans nationwide. A court majority stated that Congress clearly intended to extend benefits to Veterans who were stationed in the territorial seas and not just those of the inland waterways.

With this ruling, Blue Water Navy Veterans can now file a claim connecting certain health problems to Agent Orange exposure. However, it is unclear as of now how these claims will be processed and adjudicated as the court ruling may be challenged with an appeal from VA within 90 days from the court’s decision. The VA website page on Blue Water Navy Veterans and Agent Orange exposure has not been changed and still says that, in order to make a claim, Blue Water Navy veterans must prove that they served onboard a ship the VA has already approved for possible Agent Orange exposure, and must provide evidence that shows they were exposed to herbicides while serving. Stay tuned!!
Connect With What Matters

Being there makes a difference

Recently the Ride-Away team joined forces with MobilityWorks so that we could provide our veterans with the largest selection of mobility solutions that best fit their physical capabilities and lifestyle. Veterans have unique needs so we treat each of them as individuals. First of all, we listen. Then, we work together find the best solution. Collectively, Ride-Away and MobilityWorks will continue to build on our mission to help veterans connect with who and what matters most.

MobilityWorks has more than 50 locations across the country with the largest selection of accessible vehicles and adaptive solutions:

- Minivans, full-size vans and trucks
- The latest in adaptive technology
- Complete maintenance and service
- Rental vans — veterans receive a 10% discount

MobilityWorks is committed to serving you. Contact us today so we can evaluate your needs and find a solution that best fits your lifestyle.

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<th>Gray</th>
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<tr>
<td>32 Lewiston Road, Unit 2B</td>
<td>54 Wentworth Avenue Londonderry, NH 03053</td>
<td>333 Boston Providence Turnpike Norwood, MA 02062</td>
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<tr>
<td>Gray, ME 04039</td>
<td>603-210-4610</td>
<td>781-222-3622</td>
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<td>207-747-2064</td>
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<td>Essex Junction</td>
<td>North Attleboro</td>
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<td>5C David Drive Essex Junction, VT 05452</td>
<td>57 George Leven Drive North Attleboro MA 02760</td>
<td>104 Pitkin Street East Hartford, CT 06108</td>
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<td>802-222-0265</td>
<td>508-859-0940</td>
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USA’s largest accessible van dealer!

www.mobilityworks.com
Enjoy driving with both hands!

DARIOs is VA accepted.
KEMPF features nationwide free at-home pick-up and delivery
All KEMPF products have a lifetime warranty.
Visit: www.kempf-usa.com or call: 1-888-4-KEMPF-US (453-6738)
Indego Exoskeleton Available for Veterans
Thanks to New VA Policy

Powering Veterans Forward

“I most enjoy using Indego in my neighborhood, walking around, going outside, talking to my neighbors.”
- Jim Dahlin, US Army Veteran, first veteran to receive Indego through VA policy

- Injury Level T3 and below
- Lightweight (26 lbs) with modular design that breaks into 5 components for easy transportation
- Slim design can be worn in most wheelchairs
- Ability to transfer in/out of car while wearing Indego
- Rapid self set up (average 5 minutes)
- Extended battery life (4 hours continuous walking)
- Wireless control via iPod allowing for real time software adjustments
- Designed and assembled in the USA

Contact National Sales Manager, Brian Schultz, for more information or to try Indego at a screening day near you.

1.217.343.7506
brian.schultz@parker.com
www.indeo.com

Indego® is a registered trademark of Parker Hannifin Corporation.

www.newenglandpva.org
Member Individual Allotment Program

The Individual Allotment (IA) Program’s purpose is to improve the quality of life of New England PVA’s members by assisting in the expansion of both the quality and quantity of opportunities in sports, recreation, events and entertainment, especially those activities which enhance lifetime health and fitness, both physical and mental.

IA Funding Availability

The Chapter annually budgets for IA requests based on its fiscal funds available. The amount budgeted may vary from year-to-year based on these funds and its availability is not guaranteed. The budgeted amount is drawn down against on a first-come-first-served basis by BOD approved Individual Funding Requests. Once these funds have been depleted, no more Individual Funding Requests will be accepted for the current Fiscal year.

IA Funding Amount(s)

The maximum total amount allowable per individual per fiscal year is $500. This amount may be drawn against cumulatively, as separate funding requests submitted throughout the year, or entirely through a single funding request. An individual may not request funding above the maximum amount allowable for the fiscal year.

IA Program Minimum Eligibility Participation Requirements

1. Must be a New England Chapter member in Good Standing;
2. Must receive Annual SCI/D physical at the West Roxbury, MA, VAMC SCI Center in accordance with VHA Handbook 1176.01.
3. Must not have any outstanding receipts, funds, materials or equipment due to the Chapter at the time of request.

IA Request Submission Procedure

All (IA) requests shall be submitted in writing a minimum of 30 days prior to the event, function or trip requested for use. The Request should be as detailed as possible, with regard to the activity and intended use of the requested funds. Requests may be either a written letter of request mailed to the Chapter office at 1208 VFW Parkway, Suite 301, West Roxbury, MA 02132, Attention: Individual Allotment Request or email to info@newenglandpva.org, with “Individual Allotment Request” in the subject line.

IA requests received after the event, function or trip has occurred will not be accepted or considered for reimbursement.

IA Eligibility Review

Requests will be reviewed by Chapter administration to determine if the applicant is eligible for IA and what level of funding is available to the applicant at the time of request. Those applicants meeting the IA eligibility requirements, with funds available, will have their IA request forwarded to the BOD for review.

IA Funding Approval Process

All IA requests received by the BOD will be individually reviewed and discussed by the BOD for approval consideration. The BOD has sole discretion and authority to approve, deny or modify any IA request, in whole or in part, for any reason they determine to do so.

Receipt of IA Funding

IA Funding is based on the reimbursement of an individual’s expenses as detailed in their IA Funding Request. Actual reimbursement(s) will only be provided for expenses submitted with a corresponding receipt. Reimbursement(s) will not exceed the amount initially requested in the Funding Request or the amount approved by the BOD, if the BOD approved an amount less than the initial amount requested.

Under no circumstance will any IA funds be distributed or release to an individual in advance of receiving the required expense receipts or required Newsletter article.

Required Newsletter Article

In addition to submitting the required receipts for reimbursement, the IA recipient is also required to compose and submit a minimum 500 word article, with pictures, about the event or activity the IA funding was use for. This article will be provided to the CordWord Editor for publishing consideration.

IA funding will not be approved for disbursement prior to receiving this required article.

IA Program’s usage for Sports Clinics - As long as funding is available, the Chapter will continue to cover the expense of one half the room rate for members participating in the New England Winter Sports Clinic, New England Summer Sports Clinic, and the National Veterans Wheelchair Games. Since the Chapter is covering the participant’s portion of the room cost, participants may not request IA funding for the purpose of applying it to the other half of the room cost.
If colorectal cancer is caught early, it can usually be cured.

Denise put off a screening colonoscopy for two years. When she finally did, she was diagnosed with rectal cancer.

"I was fortunate. My cancer was in the early stages and surgery offered me a cure. The prep was not that bad. The sedation made me wonder, ‘Is that all there is to it?’ The moral of my story is if I had waited until I had symptoms, it would have been too late.”

Colorectal cancer is the third most common cancer in the U.S. It is also the second leading cause of cancer deaths, behind lung cancer. The yearly death toll from colorectal cancer in America exceeds the total number of American combat deaths during the entire Vietnam War.

The Veterans Health Administration recommends screening for colorectal cancer in adults age 50 through 75.

The decision to screen for colorectal cancer in adults age 76 through 85 should be an individual one, taking into account the patient’s overall health and prior screening history.

**Six out ten deaths could be prevented.**

In the past decade, colorectal cancer has emerged as one of the most preventable common cancers. If all men and women age 50 and older were screened regularly, six out of ten deaths from colorectal cancer could be prevented. Screening is typically recommended for all between the ages of 50 and 75 years. VA diagnoses some 4,000 new cases of the disease each year in Veterans.

Colorectal cancer is cancer of the colon or rectum. It’s as common in women as it is in men. Most colorectal cancers start as a growth called a polyp. If polyps are found and removed before they turn into cancer, many colorectal cancers can be prevented.

March is Colorectal Cancer Awareness Month: A perfect time for Veterans to get screened.
2019-2020 NEPVA Official Chapter Nomination Form

This is an official Nomination Form as approved by the Executive Board of the Paralyzed Veterans of America, New England Chapter. Your Nominees must be Life Members of New England PVA and eligible for Certification by PVA.

INSTRUCTIONS: Fill in the names of your nominees. Return this form to the New England PVA office (address below). To be valid, this form must be signed by member making the nomination and filed with the Chapter Secretary before 4:30 pm Tuesday, April 30, 2019.

Nominees for Executive Committee
The following Executive Committee positions are open for nominations for the 2020-2022 Term.

Secretary: ___________________________  Treasurer: ___________________________

Nominees for Board of Directors
There are 3 Director positions open for nomination for the 2020-2022 Term.

1. ___________________________  3. ___________________________
2. ___________________________

The following Directors DO NOT require nominations, as their terms do not end until 2021:
Mike Moran, Mark Sanders

This Official Nomination Form must be signed by the member making the nomination(s) in order to be valid. A letter will be sent to all valid nominees to sign, acknowledging acceptance, and are due back by 4:30 pm Friday, May 17, 2019.

Ballots will be mailed out during the first week of June and must be returned by 4:30 pm Friday, June 21, 2019.

_________________________________________  NEPVA Member’s Signature

Print NEPVA Member’s Name

Mail Form to: New England PVA, 1208 VFW Parkway, Suite 301, West Roxbury, MA 02132
For more information on PVA Adaptive Sports programs, please contact 202-416-7752 or maryh@pva.org.
ANNUAL AIR RIFLE & AIR PISTOL PROGRAM

Camp Pendleton
Air Gun Tournament
December 4-5, 2018
Oceanside, CA

Cal-Diego Air Rifle and Pistol Tournament
January 28-29, 2019
San Diego, CA

Mid-Atlantic Air Rifle and Pistol Tournament
March 6-7, 2019
Richmond, VA

Wisconsin Air Rifle and Pistol Tournament
March 30-31, 2019
Milwaukee, WI

New England Combined Air Rifle and Boccia Tournament*
April 26-27, 2019
Geneva, OH

*indicates combined events

PARALYZED VETERANS NATIONAL SHOOTING SPORTS CIRCUIT

North Central Trapshoot
September 8-9, 2018
Sioux Falls, SD

Mid-Atlantic Shooting Sports Tournament and Handgun Shoot
November 9-11, 2018
Charles City, VA

Cal-Diego Shooting Sports Tournament & Pistol Tournament
March 29-31, 2019
Redlands, CA

Pistol Shoot - March 29, 2019
Lytle Creek, CA

Wisconsin Shooting Sports Tournament & Pistol Tournament
May 17-19, 2019
Green Bay, WI

Vaughan Shooting Sports Tournament
May 31-June 2, 2019
Elburn, IL

Iowa Shooting Sports Tournament & Pistol Tournament
June 14-16, 2019
Defiance, OH

Pistol Event - June 14, 2019
Cedar Rapids, IA

Lone Star Shooting Sports Tournament
June 21-23, 2019
Waxahachie, TX

PARALYZED VETERANS BOATING/FISHING TOUR

Mid-America Bass Tournament
September 21-23, 2018
Eu adds, OK

Vaughan Bass Tournament
October 5-7, 2018
Whittington, IL

Florida Gulf Coast Bass Tournament
March 29-31, 2019
Tavares, FL

Kentucky-Indiana Bass Tournament
May 3-5, 2019
Kuttawa, KY

Mid-Atlantic Bass Tournament
June 7-9, 2019
Henrico, VA

ANNUAL PVA/NWPA BILLIARDS TOURNAMENT SERIES

Mid-South Billiards Tournament
October 12-13, 2018
Memphis, TN

Mid-Atlantic Billiards Tournament Battle at the Beach
November 16-18, 2018
Virginia Beach, VA

Mid-America Billiards Tournament
April 5-7, 2019
Oklahoma City, OK

Mid-Atlantic Billiards Tournament Chuck Willis Memorial
April 26-28, 2019
Midlothian, VA

Buckeye Billiards Tournament
June 14-15, 2019
Wickliffe, OH

Mountain States Billiards Tournament
June 21-22, 2019
Fountain, CO

BOCCIA

Gateway Boccia Tournament
October 18-20, 2018
St. Louis, MO

Bayou Boccia Tournament
February 1-2, 2019
Gulfport, MS

Cal-Diego Boccia Tournament
February 19-20, 2019
San Diego, CA

New England Combined Air Rifle and Boccia Tournament
April 26-28, 2019
Brockton, MA

Mid-Atlantic Boccia Tournament
May 3-4, 2019
Hampton, VA

ANNUAL PVA/AWBA BOWLING TOURNAMENT SERIES

Great Plains Bowling Tournament
July 12-15, 2018
Council Bluffs, IA

Mountain States Bowling Tournament
August 15-18, 2018
Colorado Springs, CO

Mid-Atlantic Bowling Tournament
September 28-30, 2018
Glen Allen, VA

Nevada Bowling Tournament
November 29-Dec 2, 2018
Las Vegas, NV

Florida Gulf Coast Bowling Tournament
February 21-24, 2019
Tampa, FL

Mid-America Bowling Tournament
April 12-14, 2019
Shawnee, OK

Vaughan Bowling Tournament
May 23-26, 2019
Romeoville, IL

HANDCYCLING RACING

Off-Road Spring Expo
April 19-21, 2019
Chesterfield, VA

PVA Learn to Race Camp
April 23-26, 2019
Gettysburg, PA

Blue and Gray Half Marathon and Criterium
April 27-28, 2019
Gettysburg, PA

Pittsburgh Marathon
May 5, 2019
Pittsburgh, PA

Wichita Omnium
June 14-16, 2019
Wichita, KS

PVA Para-Triathlon Camp
June, 2019
Colorado Springs, CO

PVA Racing Mini-Camp
June 19-26, 2019
Delafield, WI

Tour of America’s Dairylands
June 20-23, 2019
Milwaukee, WI

NATIONAL VETERANS WHEELCHAIR GAMES

For more information, visit:
pva.org/sports
COMING EVENTS AND IMPORTANT DATES

APRIL IS PVA AWARENESS MONTH

Apr 17: West Roxbury Pizza Party A2/Rehab Medicine Only, WX VAMC

Apr 26-27: PVA/NEPVA/VA Boston/Spaulding Rehab Air Gun/Boccia Clinic/Competition. Bldg 8, Brockton VAMC. Register Online.

May 1: Chapter & Membership Board Meeting, Chapter Office
May 11: Boston Marine Corps Honor Run 5K, Quincy MA

May 13-19: PVA 72nd Annual Convention – Aurora, CO
May 22: Community Meeting & Pizza Party, Bldg 8 Brockton VAMC

Jun 1: NEPVA/AEBA Bass Trail, Newton Yacht Club, Newton, MA. Jun 5: Chapter & Membership Board Meeting, Chapter Office
Jun 19: West Roxbury Pizza Party A2/Rehab Medicine Only, WX VAMC

June 22-23: Sail To Prevail – Disabled Veterans Weekend, Newport, Rhode Island

Jun 28: Chapter Banquet – Moseley’s On The Charles, West Roxbury, MA

No Chapter Board meeting in July

Jul 10-17: National Veterans Wheelchair Games: Louisville Kentucky
Jul 26: Worcester Bravehearts Military and Veterans Night, Worcester, MA

Jul 27: Run to Home Base, Fenway Park, Boston, MA

For more information on upcoming sports events please contact the Chapter office at (800) 660-1181.

Mike Guilbault - Sports Director
Mike Moran - Asst. Sports Director

New England PVA’s Official Facebook Page
www.facebook.com/NEPVA1947