

CORDWORD Monthly News Magazine of the New England Chapter, Paralyzed Veterans of America

New England Chapter



INSIDE THIS EDITION



NEPVA ROLLERS



A great bowling season for the NEPVA Rollers Bowling League.

Before I begin, I want to give a shout-out to the West Gate Lanes in Brockton, MA. Even though they were sold to new owners several years ago, the current owners have always been decent to us. It is one of the few bowling lanes in the state that are accessible. There is a small lip to get onto the lanes but there are mini ramps that the Lanes provide for wheelchair users and bowling ramps for those who need them. continued on page 14.

VA SEEKING CANDIDATES



VA is seeking candidates for the Veterans and Community Oversight and Engagement Board.

What is this and why is it important?

In March 1888, the United States was endowed with land now comprising the Greater Los Angeles (GLA) campus from John P. Jones, Arcadia B. DeBaker and John Wolfskills, with the understanding and intent for the site to be used to create a Pacific Branch of the National Home for Disabled Volunteer Soldiers. continued on page 13.

Turn Your Used Vehicle Into Support for Paralyzed Veterans of America

Paralyzed Veterans of America

We'll use the proceeds from the sale of your car, truck, RV or boat to change lives and build brighter futures for our seriously injured heroes.

Vehicle Donation Program



Donating your car is easy, and your gift is tax-deductible

Vehicle donations to PVA are tax-deductible! Most vehicles are sold through local used-car markets. Our vehicle donation program works to get the highest return per vehicle and handles all the paperwork, too! Whether your vehicle sells for \$500 or less, more than \$500, or more than \$5000, you will be provided with the proper donation tax receipt(s).



Call 877-900-VETS or donate online at pva.careasy.org

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PROGRAM DIRECTORS

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ON THE COVER: 76th Annual PVA Convention in Atlanta, GA.

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.

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Out Front

Michael G. Negrete, Chapter President

I attended the 76th Annual PVA convention in Atlanta Georgia in late May. Much like last year's Convention in Las Vegas, this year's Convention was held in-person, but with the addition of some limited Chapter leadership invited to attend. Reflecting on the passage of time since then, in one hand, it seems like the past year went by so quickly, yet in the other hand it feels like was an eternity. In either case, another year is behind us with a fresh new one in front of us.

A significant and important resolution that passed by the National Board was Resolution 22–M–5 Revising PVA Membership Eligibility to include Any Honorably Discharged Veteran Diagnosed with Any Form of MS. This opens membership eligibility to any honorably discharged veteran with a Multiple Sclerosis (MS) diagnosis. Previously, PVA membership had been limited to veterans with detectable spinal cord lesions, regardless of any visible brain lesions. This opens up PVA membership to nearly 60,000 veterans with MS. Our Chapter has already seen a small number of new members with MS join. I'm sure as the eligibility news continues to spreads we'll see an increasing rise in members with MS. For New England members looking for MS information, resources and peer support, please connect with **Chapter MS Liaison Chuck Houle**

via email at chuck@newenglandpva.org.

On the governance side of PVA, the National Board of Directors decided Executive Committee members can not hold dual roles as a Committee members and Chapter President. With my subsequent re-election as National Vice President, I'm forced to relinquish my role as your Chapter President.

This is a very bitter sweet moment, as I invested so much of myself in the success of our local Chapter, but will now continue my focus on making difference on a broader scale nationally for PVA. That said, I'm very proud of what was accomplished during my 5-year Chapter Presidency. To highlight a few of these accomplishments:

- Successfully overcame a \$250,000 deficit from the loss of the telemarketing program.
- Relocated the Chapter office to within rolling distance of our New England SCI hub at the West Roxbury VAMC at half the lease rate of previous office space.
- Chapter received PVA's "John M. Price Most Improved Chapter" by efficiently increasing our program expense ratio from 35% to 87.5%.
- Chapter received the "Richard Fuller Outstanding Achievement in Government Relations" for
 rebuilding our Gov't Relations program into a well recognized and credible resource which has effectively cultivated relationships with all our
 Congressional delegates from each New England state. Key to this rebuild was my hiring of an extremely skilled, experienced and passionate
 Director of Government Relations Kristen McCone Gordon. Kristen has gone on to be recognized nationally by PVA for her continued Government
 Relations work.
- Chapter received the "Bob Webb Excellence in Newsletter" award for the new format and design of the Cord Word, which also added electronic distribution via an e-mail newsletter.
- Chapter received the "Excellence in Chapter Website" award for it's complete website redesign which incorporated a variety of forward thinking technology such as accepting online donations, multi-platform viewing capabilities, event calendering and registration and so much more.
- During the height of COVID secured nearly \$60,000 in grant funding to sustain our member support efforts, including \$12,000 in cash grants paid directly to our members in need.
- Increased the Chapter's investment portfolio to over \$1 Million dollars and cash operating funds to over \$250,000.
- Involved and added new members to the our Board of Directors and Program Directors.

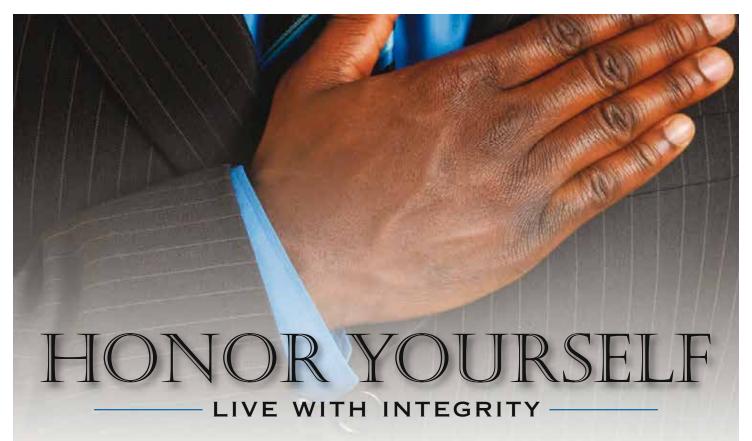
Although my leadership style may be different, I can firmly look upon these accomplishments knowing they've put the Chapter securely in a better place organizationally, physically, and financially to continue serving its members throughout New England for years to come. With everything said here though, I think it poignant to end with this final quote:

"For time and the world do not stand still. Change is the law of life. And those who look only to the past or the present are certain to miss the future." - President John F. Kennedy

Michael G. Negrete

New England Chapter President and Paralyzed Veteran





People with integrity share 12 characteristics. They should be treated as guideposts in your journey through life.

VALUE INTEGRITY.

Recognize who you are and the values that you aspire to. Be prepared to compromise your viewpoint, but never your principles.

BE TRUE TO YOURSELF.

Trust your instincts rather than seeking validation from others. You have to live with yourself for the rest of your life.

KEEP GOOD COMPANY.

Surround yourself with honorable people. Allow them to serve as role models and sounding boards that inspire you to become a better you.

BE CONFIDENT.

Don't let your behavior be influenced by others who do not share your values; hold yourself to a much higher standard — your conscience.

DO WHAT'S RIGHT.

Make good choices. Follow the spirit as well as the letter of the law.

BE HONEST AND TRANSPARENT.

When you stand for honesty, everything you say carries the voice of credibility. But when you're dishonest, your soiled reputation will do the speaking for you.

HONOR YOUR WORD.

Every time you make a promise, you put your honor and integrity on the line.

BE LOYAL.

When you live with honor, people know your behavior is reliable, your heart is in the right place, and your word is as good as gold.

ACCEPT PERSONAL RESPONSIBILITY.

Accept the consequences of your actions. Knowing what's right isn't as important as doing what's right.

BE RESILIENT.

Hard work and sacrifice build character, contribute to success, and promote happiness.

MAKE A DIFFERENCE.

Make people feel special; bring out the best in them; help them without expecting something in return; be genuinely happy for their achievements.

LIVE FOR A CAUSE GREATER THAN YOURSELF.

Find your life's purpose. It will inspire you, keep you grounded, and provide stability regardless of the turbulence in your life.

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FROM HILL

Kristen McCone Gordon, Chapter Government Relations Director

I had the opportunity to join Chapter President Michael Negrete and Chapter National Director Brad Carlson at PVA's 76th Annual Convention in Atlanta, Georgia. PVA's national leadership shared updates on the comprehensive ways that the organization serves our members. Among other issues, I

learned of the impressive amount of funding that is being dedicated to SCI research & development, the opportunities and challenges of the many adaptive sports programs, and how PVA is growing and adapting to maximize their support to veterans.

It was an honor to accept the 2022 PVA Richard Fuller Outstanding Achievement in Government Relations Award. As I told PVA's national directors and Executive Directors throughout the country, it's a privilege to be a part of this organization and an honor to advocate for the men and women who have given so much to our nation.

I believe very strongly in PVA's legislative priorities.

- I believe that veterans deserve the right to fly comfortably across
 the country they served to protect without fearing injury from seat
 transfers with untrained airline staff, or dehydrating themselves
 because airplane bathrooms aren't accessible.
- I believe that veterans with spinal cord injury and disease deserve adequate funding to purchase adapted vehicles so that they can continue to live their lives as independently as possible.
- And I believe very strongly that veterans with service-connected infertility deserve and have earned fertility benefits from the VA.

I'm proud of the work we've done to help advance these, and the other legislative issues that we have spearheaded, but our work is really just getting started. With the leadership of our Chapter President, New England Board of Directors, and the active engagement of our members through our VoterVoice email system to legislators, I feel very confident and excited by what we will collectively accomplish for New England PVA members in the years to come.

As always, please reach out directly to me at kristen@newenglandpva. org if you would like to join our growing advocacy team.

Respectfully,

Kristen McCone Gordon

Beach Accessibility issues in New England

As we unofficially enter the summer season, we are interested in learning more about how accessible public beaches are for our members in New England.

As you are most likely aware, beach access usually falls under ADA compliance as a public accommodation Title III or part Title II public

services as administered by city or county with jurisdiction. The Access Board also released <u>guidelines</u> under outdoor recreation, however some jurisdictions file for an exemption due to the terrain. To ensure compliance with the ADA, individuals must file a complaint to the Department of Justice at: File a Complaint | Beta.ADA.gov and describe the lack of access/discrimination - from the parking lot, walking path, to the direct path onto the beach.

As a Chapter, we would like to know what your experiences have been in accessing public beaches and -to the extent possible - how we can best assist you in overcoming these challenges. Please reach out to me at kristen@newenglandpva.org if you would be willing to discuss your experiences with me.

House and Senate approve critical piece of legislation for women veterans

We are thrilled to relay that on March 23rd, the United States Senate unanimously passed the Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act (S. 2533). On May 18th, the House of Representatives followed their lead and also passed the bill. This legislation directs the VA to develop a strategic plan to improve access and technology for mammography services throughout the Department. It also will create a tele-mammography pilot program for rural veterans and for medical centers that do not offer in-house mammography services.

This legislation was among our Chapter's top legislative priorities and we discussed it at length in our Congressional briefings with the New England Delegation. We emphasized that no veteran should be denied access to critical, lifesaving care because of mobility limitations. We also advocated that Congress must increase access to screening services for paralyzed veterans and veterans living with SCI/D.

PVA will continue to monitor this Act's progress because women Veterans shouldn't encounter barriers when accessing the medical services they have earned with their service. For more information on how PVA supports #WomenVeterans: pva.org/get-involved/women-veterans-empowerment-retreat/.

Disability Rights Maine to host Disability Pride Day

Disability Rights Maine is thrilled to announce the return of Disability Pride Day! After a 3-year break, we are excited to once against celebrate with our friends and allies.

- When: Friday, July 8th from 11am-3pm
- · Where: The Pavilion at Mill Park, Water Street, Augusta
- What: Lawn games, music, performances, pizza, and information tables from partners across Maine.

People are encouraged to carpool if possible, as parking is limited. In addition to Mill Park, parking is available on Canal Street (near the dog park) and Commercial Street (near Downtown).

Keep up with the latest Disability Pride news by following our <u>Facebook event page</u> or by visiting Disability Rights Maine's <u>website</u>.

The Prosthetics Shop

VA Provided Vehicle Modifications for Non-Service Connected Veterans

VA Rehabilitation and Prosthetic Services

VA prosthetic and sensory aids service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world. VA provides all clinically appropriate and commercially available, state-of-the-art prosthetic equipment, sensory aids and devices to veterans that cross the full range of patient care.

Eligibility for vehicle modifications:

- Veterans who are enrolled in VHA's healthcare system (Note: Vehicle modifications can be provided as medical services).
- Veterans with a non-service connected disability and not eligible for the AAE program.

Eligibility for VA driver's training program

VA has 48 facilities that offer this programming. These programs have over 100 specially adapted vehicles (cars, mini-vans and full sized vans) available to train Veterans / Service members with various disabilities (e.g., Spinal Cord Injury, Amputation, Brain Injury, Stroke, Orthopedic conditions).

- Veterans / Service members may be provided a clinical program of primary services that include:
- Pre-Driving Assessment; Behind-the Wheel Assessment; and equipment evaluation.

What does vehicle modifications include?

• Non-operational equipment (e.g., wheelchair tie downs; vehicle lifts; items to assist with entering / exiting the vehicle.

• Modifications on the drivers or passenger side.

What does vehicle modifications exclude?

- Operational equipment (e.g., low effort power brakes; low effort power steering column; hand controls).
- Benefits greater than those eligible for VBA's AAE program. (Note: No 2 vehicles modified in a 4 year period).

Is pre-authorization required?

Yes. Before any vehicle modifications or equipment for the vehicle is installed, repaired, or replaced, authorization by the VA is required.

Veterans / Service members should consult with VHA when making decisions regarding vehicle selection, modifications, or adaptations specifically required to meet individual needs. Evaluation for proper driving equipment is critical BEFORE purchasing a new vehicle in order to avoid unnecessary personal costs.

To apply for vehicle modifications, please contact your local Prosthetic Service at the nearest VA medical center or visit www.prosthetics.va.gov for more information about Prosthetics.

Frequently asked questions about vehicle modifications and driver training can be found online at: www.prosthetics.va.gov/psas/FAQ-AAE.asp

Vehicle Modification Maintenance After Veteran Privately Purchased

Contributed by Dave Qualey, Mobility Consultant - Mobility Works of Londonderry, NH

You might not be aware of this, but even if you privately purchased your vehicle conversion, the VA may be able to assist with its continued maintenance and repairs. Here's a brief overview of what the process involves.

Once determined that the equipment and/or modification that a you purchased is medically necessary and appropriate, you can ask your VA healthcare Provider to have it added to your VA Form 10-2319 (ADP) - Record of Prosthetic Service under Automobile Adaptive Equipment. The VA can then assume the responsibilities for maintaining and repairing it.

To define "Appropriate", means that the equipment is medically necessary AND it's something the VA would have prescribed for you. An example of

inappropriate might be a Veteran who buys a wheelchair that is too small or too large. Yes, it's medically necessary, but not appropriate. At that point the VA should offer an appropriate alternative. Another example may be if a Veteran who can ambulate buys a lowered floor wheelchair accessible van. If a non-service connected Veteran has the ability to transfer or ambulate the VA will typically NOT pay for an accessible van conversion. In the past they would, but now it's typically only when a Veteran cannot safely transfer and needs to stay in his/her wheelchair for transport.

So again, once determined that the van conversion is appropriate and medically necessary your VA healthcare Provider should be able to add it to your prosthetics record and assume responsibility for it.



We Came, We Bowled, We Conquered!

By Debra A. Freed, New England PVA Chapter Member

Eight years in the making, I was told it took eight years for the International Bowling Federation (IBF), and The International Paralympic Committee (IPC) to finally decide that Para-Bowling can and will be a Paralympic sport.

Well, where do we start? It just so happens that the World Championships were going to

be held in Dubai, United Arab Emirates (U.A.E.) between November 5th through November 26th, 2021. So, how to find para-bowlers in the U.S.? In the U.S., there is a nation-wide program called the U.S. Bowling Congress. It is responsible in providing athletes for Team U.S.A., Para Athletes? In the U.S. the American Wheelchair Bowling Association is a good resource. USBC worked with the IPC, they developed a plan and hence contacted the AWBA to recruit 2 men and 2 women wheelchair bowlers. Mind you, for this inaugural event, the policy was Wheelchair 1 bowlers. What does that mean? It means anyone who uses a wheelchair but has good upper body strength and enough mobility to use their hands and arms to bowl. This group includes amputees, complete and incomplete paraplegics, folks with MS that, as stated, can bowl without assistive devices.

There are three divisions for wheelchair bowling: W1, W2, and W3. W1 is stated above, W2 is quadriplegics that require an assistive device such as a stick that looks like a plunger or something that surrounds the bowling ball so it can be pushed. W3 are persons who require a ramp to bowl with, most are high level quadriplegics. The bowling ball is placed on the top of the ramp where the bowler has to push it themselves down the ramp.

Again, as this event was the first ever international para-bowling event, only W1s were invited. And only two women and two men would be funded by the USBC to participate. The other catch for this event was all bowlers would be "scratch" bowlers. Okay, what does that mean? It means a bowler can bowl 200 to 220 or better. I am not at that level so how did I get chosen to go? An email came to be from Ms. K. Barton. Ms. Barton is the High Performance Coordinator & Membership Services Specialist.

I won't lie, I thought it was a joke when I read the email. My name came to her from someone in our bowling circles. Would I be interested in participating in the first ever World Para Bowling Tournament in Dubai, UAE? Okay, I'll bite, so I said yes. I even filled out the forms and knew after reading the forms, that whoever put my name in was not aware of the requirements of National and International Bowling events. My only National event was in 2010. And of course, there were never any international wheelchair bowling tournaments until now. I didn't hear anything for a couple of weeks, no biggie, I truly didn't expect anything more to come of the original email.

I get a message to please call Gary Ryan, Secretary of the AWBA. He knew I put my name in and wanted to know if I was serious about going to Dubai. Seriously? You want me, a non-scratch bowler to go? Yes! It was not about whether one was a scratch bowler. It was whether one could truly commit to going, go bowl, and hopefully earn medals. Okay! I won't say I can earn medals, but this had several opportunities rolled

into 1 event. As stated, there would only be two women and two men. The other woman was Ms. Emma (Toody) Perry. We knew each other through previous AWBA tournaments but never really chatted. Would I go, if she went, would she go if I went? Yes, and Yes! The two fellows, Eddy Hutchens and Shawn Beam are both considered scratch bowlers and were chosen based on their bowling history, their long history with AWBA and their knowledge of wheelchair bowling. The USBC would pay 100% for athletes to participate but the athlete would have to pay for anyone coming with them. And athletes were limited to one person, a caregiver, friend, family member but only one.

Unfortunately, my partner could not go. Would I still go? Oh yeah! Why? How could anyone truly pass up the opportunity to represent the U.S. in the first ever international wheelchair bowling tournament. We all have bucket lists of sorts: where we want to go, what we would like to do, etc, etc. In my wildest dreams, while I had thought of going to the Middle East, it really wasn't on my bucket list for several reasons; a primary reason is how women are treated in the Middle East.



Dubai, UAE, it has been said is the Vegas of the Middle East. Yes and No! While it is very 21st century, women do have less restrictions like requiring a male to accompanying them outside the home. Gambling, alcoholic drinking, and drugs are still a huge No-No! They do sell alcohol at the airport, and anyone can purchase it but do not drink alcohol in public. Also, as a competitive athlete, alcohol is not permitted anyway. The primary issue was wearing masks. It was required but there was little or no issues concerning masks. We were not required to wear them while bowling. The owner of the bowling alley, Ahmed, was extremely attentive in ensuring that we got to and from the bowling alley from our hotel, to and from the Expo, which is also being hosted by UAE in Dubai, and even on our day off, providing transportation to the World's Tallest Building and the World's largest mall.

I was, am, and will forever be grateful for the opportunity this event offered, the renewed friendships we all made, the new friends and coaches at USBC, the lessons the USBC offered from their home base in Arlington, Texas. By the way, this facility is amazing. It has its own 14 lane alley. The USBC Center is the premier training facility for Team USA.

Will I be going again? I don't know? I know that I will have to work hard to up my game. However, what I do know is there are a lot of wheelchair women bowlers out there. Please, check out the AWBA and the USBC. The time is now to look forward to earning a spot on Team USA!





Career Support for ALL Veterans

With Paralyzed Veterans of America's Veterans Career Program,

You Will:

- Receive carefully tailored one-on-one support from a career expert team member.
- Set goals to achieve your career objective.
- Learn how to craft an effective resume and cover letter specific to your career interests.
- Develop effective interview and communication skills so you are confident in interviews.
- Craft job search strategies to meet your employment goals.
- Create an effective LinkedIn profile.
- Identify and engage in networking opportunities.
- Build confidence in your career pursuits.
- · And much more!

We Will:

- Provide one-on-one guidance to help you find meaningful employment, education and volunteer opportunities.
- Assess your current abilities, training, and experience and help you identify career goals.
- Guide you through development and enhancement of your resume and cover letter.
- Teach you how to build an effective LinkedIn profile page.
- Practice mock interviews to hone your skills before you interact with employers.
- Regularly communicate with you to track progress and identify other resources to assist in the job search process.
- Be a **Partner for Life** to assist you for the duration of your career.

PVA.org/VeteransCareerProgram • VeteransCareerProgram@PVA.org • 1 ParalyzedVeterans • 2 PVA1946

PVA WASHINGTON UPDATE HIGHLIGHTS

PVA Washington Update Volume 30 Issue 11

PACT Act Passes the Senate

On June 16, the Senate voted 84-14 to pass the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022. Now that the Senate has approved the legislation, it will go back to the House where an earlier version passed 256-174 in March. As a reminder, the PACT Act is a comprehensive legislative package that will deliver all generations of toxic-exposed veterans their long-overdue VA

health care and benefits. Some of its provisions would expand VA health care eligibility, improve VA's presumptive process, bolster VA's toxic exposure resources, and strengthen toxic exposure research. Others lay the groundwork for future success by boosting VA claims processing capacity, strengthening VA's workforce, and investing in VA health care facilities. The House is expected to pass the legislation next week.

Senate Panel Examines VA's FY23 Budget Proposal

On June 14, the Independent Budget (IB) veterans service organizations—DAV, PVA, and VFW—participated in a Senate Veterans' Affairs Committee (SVAC) hearing looking at VA's proposed budget request for Fiscal Year (FY) 2023. The goal of the hearing was to ascertain how the agency's budget aims to better serve veterans and their families through increased benefits, care, and services.

VA Secretary Denis McDonough was the department's only witness. He fielded questions from SVAC members on a wide variety of subjects ranging from funding for the department's community care programs to the pending Asset and Infrastructure Review (AIR) Commission.

During its portion of the hearing, the IB noted that while our recommendations and the Administration's recommendations for FY 2023 are much closer than they have been in recent years, we continue to differ on the appropriate amount of funding for VA health care. The IB testified about the need for additional projected medical program funding of over \$2.7 billion. These additional funds include the cost to

expand and improve services for women veterans, to implement the phase two expansion of VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), to address the Beaudette v. McDonough court ruling regarding the appeal of PCAFC decisions, and the cost to fill at least 33 percent of the Veterans Health Administration's vacant positions.

The IB also stressed that to overcome VA's infrastructure challenges, Congress must not only provide significantly increased funding to address long-standing issues but also enact comprehensive planning, budgeting, management, and oversight reforms to ensure effective use of those funds. The IB recommended that VA's construction budget be at least three percent of the department's budget to keep up with the backlog of construction projects and even more if it intends for the department to get ahead on infrastructure. A recording of the hearing, which featured testimony from Associate Legislative Director Roscoe Butler, and the IB's written statement can be found here.

U.S. Access Board Webinar: Accessible Residential Facilities

Residential dwelling units are addressed by accessibility guidelines and standards issued under the Architectural Barriers Act (ABA), the Americans with Disabilities Act (ADA), the Fair Housing Act, and Section 504 of the Rehabilitation Act. These laws, guidelines, and standards can be difficult to understand and lead to confusion for many design professionals, lawyers, and citizens. The next webinar in the Board's free monthly series will take place July 7 from 2:30 p.m. – 4:00 p.m. ET and will clarify these laws and their application in the ABA and ADA Accessibility Guidelines for residential facilities.

Presenters from the Board and the U.S. Department of Housing and Urban Development (HUD) will review differences between Title II and III of the ABA and the ADA, as well as overlaps with HUD's 504 Rehabilitation Act regulations. Additionally, presenters will highlight accessible design and construction requirements under the Fair Housing Act that apply broadly to most multifamily housing. The session will also cover scoping and technical requirements in the ADA and ABA Accessibility Guidelines for work surfaces, turning space, accessible routes, reach ranges, and windows in residential dwelling units.

VA Suspends Annual Caregiver Program Reassessments

Recently, the VA <u>announced</u> it was suspending annual reassessments for participants of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) while the department continues its review of the program. The action compliments the department's March 22 decision to temporarily stop dismissing veterans from the PCAFC while officials evaluate the program's eligibility rules and the fairness and effectiveness of its assessment tools. Facility Caregiver Support Program staff will however continue to initiate reassessments for veterans and family

caregivers for certain purposes, such as when a veteran or caregiver requests to be considered for an increase in stipend level or if there is evidence of an increased need for personal care services. The VA will also continue to conduct wellness visits. Appeal and review options for those who disagree with a PCAFC determination remain the same. To learn more about other steps the VA has taken to improve and enhance the program, please <u>click here</u>.

Senate Issues Letter To VA To Fix Website Inaccessibility

Senator Bob Casey (D-PA) led a <u>bipartisan Senate letter</u> to the VA urging the department to improve website accessibility for veterans with disabilities. Website accessibility is required under Section 508 of the Rehabilitation Act. The VA Website Accessibility Act passed in December 2020, requiring VA to identify inaccessible websites, files, and applications and send a report to Congress on VA's plan to make them accessible.

In September 2021, VA submitted its report to Congress. The report found that only eight percent of VA's internet sites were fully compliant

with Section 508. While the Veterans Health Administration provided a detailed remediation timeline, the Veterans Benefits (VBA) and National Cemetery (NCA) Administrations' plans were less than a page long. In the letter, among other things, the lawmakers requested a revised, detailed report from VBA and NCA and for the VA to describe what steps the department is taking or will take to engage groups representing different classes of disabilities. In March 2022, PVA met with Senator Casey's office to discuss website inaccessibility and how it affects PVA members.

Accessible Golf and Miniature Golf Facilities Webinar Now Available

If you missed the U.S. Access Board's webinar on accessible golf and miniature golf facilities earlier this month, you can still access the webinar recording and presentation materials. This webinar reviewed the scoping and technical requirements for accessible golf and miniature

golf courses. Board staff also addressed frequently asked questions and common sources of confusion about accessibility at golf and miniature golf facilities. <u>Archived copies</u> of other Board webinars are also available for viewing.

GAO Says Veterans Federal Contractor Employment Needs Improvement

The U.S. Government Accountability Office (GAO) has issued a report on the performance of the Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) in helping federal contractors comply with affirmative action provisions for veterans protected under the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA). Approximately 123,000 contractors are covered by VEVRAA and some 5.6 million veterans fall into at least one category protected by the law. PVA was among the veterans groups interviewed by GAO for this report and we shared our concerns that veterans with significant disabilities

were being overlooked by government contractors in their recruitment and hiring under VEVRAA as well as Section 503, which applies to contractor employment of people with disabilities. GAO made seven recommendations in its report, including that OFCCP incorporate key practices on employing veterans into its VEVRAA information, clarify hiring benchmarks, and use available data to better approximate the protected veteran population and assess discrimination. The agency had no comments on these recommendations. The GAO report can be found here.

Vietnam Veterans Memorial: Reading of the Names

As part of the 40th anniversary commemoration of the Vietnam Veterans Memorial, each of the 58,281 names on The Wall will be read between November 7-10, 2022, in Washington, D.C. The Vietnam Veterans Memorial Foundation is currently accepting applications from volunteers to

support this event. Reader registration will close on August 1 and reading slots will be confirmed by early September. For more information about the Reading of the Names or to sign up for this in-person event, <u>click here</u>.



Veteran Disability Payments Led to Fewer Hospitalizations

via VAntage Point - Tristan Horrom is a writer-editor in VA Research Communications



Increasing disability payments led to fewer hospitalizations for Vietnam Veterans with diabetes, found a study led by Dr. Amal Trivedi at the Providence VA Medical Center. In 2001, a VA policy change increased disability payments

for Vietnam Veterans with diabetes. The researchers examined 14,000 Vietnam Veterans who qualified for these payments and found they had a 21% reduction in hospitalizations, compared to a control group. However, they did not experience lower death rates as a result of increased compensation. The researchers concluded, "Disability compensation payments may have important health benefits for Veterans."

The results <u>appeared</u> on June 13, 2022, in the journal JAMA Internal Medicine.

Lower income linked to poorer health

In 2001, VA made diabetes a presumptive condition for disability compensation. Veterans who served with "boots on the ground" in Vietnam, Cambodia, and Laos during the Vietnam war were eligible. The decision was based on an Institute of Medicine report that found a possible association between exposure to Agent Orange and diabetes.

Past research has shown that people with lower incomes generally have worse health and die sooner than those with higher incomes. While income has been connected to health, less is known about how VA's disability payments directly affect Veterans' health. Most previous studies have focused on disability compensation's effect on things like Veterans' employment decisions, rather than on direct health outcomes.

To fill this knowledge gap, researchers looked at data on more than 70,000 Vietnam-era Veterans with diabetes. Of those, more than 14,000 qualified for compensation for diabetes under the 2001 policy change.

Higher compensation and fewer hospitalizations after policy change

Veterans newly eligible for disability compensation had "marked reductions" in hospitalizations after the policy was enacted, compared with those not eligible, according to the study. In the group receiving compensation for diabetes, hospitalizations declined by 10% shortly after the policy change. That same group had a 21% reduction in hospitalizations by 2018, the end of the period studied.

As a result of the new policy, eligible Veterans received over \$17,000 more in annual disability compensation by 2018, compared with non-eligible Veterans.

These increased payments could improve economic factors that affect Veterans' health, according to Trivedi. "By providing a stable source of income, disability compensation could be the difference between affording stable housing, access to food, or prescribed medications," he said. "These are things that can help keep Veterans out of the hospital."

While policy makers may be concerned about the cost of increased disability compensation, the researchers pointed out that their results suggest the cost of increased disability payments may be offset by reduced hospital visits and their associated costs. Trivedi explains, "As policy makers consider potential changes to Veteran disability compensation programs, we offer evidence that compensation payments substantially lower hospitalizations to Veterans—particularly those financed by Medicare. This means that disability compensation may generate important reductions in public spending for hospital care."

The study also found that the link between disability payments and fewer hospitalizations was not affected by race or ethnicity, socioeconomic status, or other health conditions.

Disability pay not linked to lower death rate

Lower hospitalization rates did not translate to lower death rates for Veterans in the study, said the researchers. Annual mortality rates were similar in the study group regardless of eligibility for the diabetes compensation.

The researchers suggested several possible explanations for why death rates did not decrease along with hospitalizations. It could be due to VA being an equal-access health care system. The connection between low income and worse health and death could be caused by a lack of adequate health insurance, which is less of an issue in the VA system. And, the health benefits of greater income may be less evident in middle-aged or older adults, affecting younger groups more.

While greater disability payments did not lead to a significantly lower mortality rate, mortality rates were similar in both groups of Veterans. This led the researchers to conclude, "The absence of a mortality difference despite large and sustained compensation payments should temper expectations that increasing income among middle-aged or older adults will invariably improve life expectancy."

The researchers went on to note that, while prior evidence suggests that disability compensation was associated with lower Veteran employment rates, the study "should reassure policy makers that Veterans' exit from the labor market was not associated with an increased mortality risk."

More Information

Click here to learn more about VA research.

Veterans and Community Oversight and Engagement Board

via VAntage Point



VA is seeking candidates for the Veterans and Community Oversight and Engagement Board. What is this and why is it important?

In March 1888, the United States

was endowed with land now comprising the Greater Los Angeles (GLA) campus from John P. Jones, Arcadia B. DeBaker and John Wolfskills, with the understanding and intent for the site to be used to create a Pacific Branch of the National Home for Disabled Volunteer Soldiers.

After the Korean War, approximately 5,000 Veterans called this campus home. The Federal government preserved this purpose for the property with fidelity until the 1970's, but over years it emerged into a condensed health care and research campus, leaving the land, housing and amenities unused and in disrepair.

The Draft Master Plan paved the way for VA to increase its engagement and strengthen strategic partnerships with Veterans Service Organizations, Veterans, the local community, charitable and philanthropic entities, the former Plaintiffs in the lawsuit, legislators, Federal, State and local authorities, and many other stakeholders. The Plan obligates VA to create and operate the campus as a safe, welcoming and sustainable community where Veterans, including women, disabled, homeless and elderly in particular, will feel comfortable and proud accessing the resources they have already earned.

In addition to their health care responsibilities, the GLA VAMC Leadership is responsible for the implementation of the Master Plan which will provide housing and supportive services on their 388-acre campus for Veterans in Los Angeles County. Independent of the GLA Campus, the VCOEB leverages the expertise of its Members as well as other subject matter experts to provide advice and recommendation to the Secretary of the VA regarding the goals and best practices to ensure the Master Plan meets the needs of local Veterans.

Growth and development

VA remains fervent about the growth and development made to date at the GLA campus and is also devoted to creating a 21st Century campus by renovating and protecting the property's historic features and functions as a home, expanding its resource offerings to meet current demands, enhancing its open spaces and natural features, improving its internal navigability and circulation, and optimizing its connection to the greater community – all in the interest of supporting LA's Veteran community in the broadest sense.

Seeking candidates

VA cannot do this work alone, which is why we are seeking dedicated individuals to be a part of our Veterans and Community Oversight and Engagement Board. This Board reports directly to the Secretary of Veterans Affairs, advising him of the needs of Veterans, ways to improve services and outcomes for Veterans, members of the Armed Forces, the

families of such Veterans, and ways that we can better serve the need of this community.

The Board captures some of the most pressing issues affecting Veterans with recommendations focused on the delivery of services to Veterans, data collection, outreach, health care and delivery of benefits and other services.

VA is seeking nominees for the Board from diverse backgrounds and expertise who can provide unique viewpoints and state-of-the-art ideas on how to:

Identify the goals of the community and Veteran partnership;

Provide the community with opportunities to collaborate and communicate by conducting public forums;

Provide advice and recommendations on the implementation to the Secretary to improve services and outcomes for Veterans and members of the Armed Forces;

Focus on local issues regarding the Department that are identified by the community with respect to health care, implementation of the Master Plan and any subsequent plans, benefits and memorial services at the GLA campus.

At VA, we realize the needs of our nation's Veterans are crucial, as many Veterans face challenges through every aspect of their lives. This Board continuously identifies the goals of the community and Veteran partnerships to improve services and outcomes for Veterans, members of the Armed Forces and families of such Veterans and members. Nonetheless most importantly, the work this Board does will have a direct impact on the lives and well-being of more than 500,000 Veterans and their families, caregivers and survivors.

Nominations for membership on the Board must be received no later than Friday, July 22, 2022, at 5:00 p.m. EST.

For more details, please visit the <u>Notice of Solicitation</u> or <u>www.va.gov/advisory</u>. Any further questions, please contact the VA Advisory Committee Management Office at <u>vaadvisorycmte@va.gov</u>. In the subject line of the email, please add "Solicitation for VCOEB."

A Great Bowling Season

By Debra A. Freed, New England PVA Chapter Member



Before I begin, I want to give a shout-out to the West Gate Lanes in Brockton, MA. Even though they were sold to new owners several years ago, the current owners have always been decent to us. It is one of the few bowling lanes in the state that are accessible. There is a small lip to get onto the lanes but there are mini ramps that the Lanes provide for wheelchair users and bowling ramps for those who need them.

It really doesn't seem possible that the N.E.P.V.A. Rollers Bowling league (ten pin) was able to get in 35 weeks of bowling, where weather is usually a factor and especially after the last two years of C-19. However, we did!

The Paralyzed Veterans of America, New England Chapter or better known as N.E.P.V.A. Rollers league has been around for well over 40 years. Maureen (Moe) Morrison Bohnwagner, has been our League Captain and manager for well over 20 years. Moe's late husband and long-time chapter member, Bruce (Skip) Bohnwagner was also a long time Chapter league bowler.

This year, the Chapter's support consisted of paying the dues to the United States Bowling Congress (U.S.B.C.). There are three wheelchair bowlers: Wayne Ross who also uses a special stick, Debra Freed who uses a manual wheelchair, and John Melvin who uses a powerchair. These three are also members of the American Wheelchair Bowling Association (A.W.B.A). The N.E.P.V.A also sponsors the end of year luncheon. What is nice is each player pays their weekly bowling fees throughout the season, then, at the end of the season, instead of physical awards, players are given prize money based on their standing for the first 17 weeks and the second 18 weeks.

As stated, there are four Chapter members - Wayne Ross, Debra Freed, John Melvin, and Ed Godino. One honorary life member - Moe M. Bohnwagner; Chapter volunteer - Denise Pease; Judy Godino - Ed's wife, Judy, and John's wife Rebecca or better known as Becca Melvin. Carol Fosdick, a long-time friend of Ed & Judy's and who bowled but not lately, turned out to be a very good bowler.

John's first foray into ten-pin bowling was July 2020 during the At-Home National Veterans Wheelchair Games bowling event. He was hooked. Becca had been a long time Candle Pin bowler but took to ten pin quite well. Although John and Becca were finally able to spend the winter months in Florida, it did not stop them from bowling regularly at a nearby bowling alley in Florida.

Prior to their going to Florida, John, Becca, myself, and my partner Joy went to the A.W.B.A's 60th National Tournament held in Las Vegas, Nevada.

It was John's first ever 10-pin bowling tournament. We participated in the Up/Down event, Team, Doubles, and Singles. For a first timer, John did pretty well. Team is a 3-person event and we were surprised to learn we would come in third out of 12 teams. John and I also came in third in the Doubles event. John came in 8th out of 18 in the Singles A Division, and I came in 9th out of 18 in the Singles B Division.

While in Florida, John and Becca would continue to keep up their bowling program. We decided we did pretty good in the Las Vegas Tournament, John and I would check out the upcoming Florida Gulf Coast Tournament that was held near the end of February. John and I did doubles and singles. If memory serves, John and I came in third in Doubles. John did well in Singles. I, unfortunately did not do as well. However, it was a lot of fun and we hope to do it again in 2023. John and Becca returned to New England before the end of the N.E.P.V.A Rollers season and were rewarded for their participation at the end of season luncheon.

The stats for the 2021/2022 N.E.P.V.A. Rollers is as follows:

The Melvins would take first place for the first half of the year, and 7th for the second half, which earned them a total of \$195 back.

Wayne Ross came in 2nd for the 1st half of the year and 2nd for the 2nd half of the year earning him \$220 back.

Ed Godino was third the first half and 5th the 2nd half earning him \$165.

Moe Morrison was 4th the 1st half and last the 2nd half (Moe didn't play due to injury) but still ended with \$150. Carol Fosdick

was 5th the 1st half and 6th the 2nd half (Carol missed part of the 2nd half due to family matters) She would win \$120.

Debra Freed was 6th in the 1st half of the season and 4th the 2nd half, earning her 165 back.

Judy, Ed's wife would start the year in 7th place, however end the year in 3rd place giving her a total of \$170.

And last but far from least, Chapter volunteer – Denise Pease would end the first half of the season in last place but would finish in 1st place in the 2nd half of the season. Way to go Ms. Denise. She would take home \$190.00.

A great deal of credit needs to go to Moe because she is responsible for setting the schedule, collecting all the money every week, paying the lanes dues, ensuring scores are correct each week, signing up folks for the United States Bowling Congress because without that, our scores would not be used to participate in tournaments, whether they be local, state, national or even the A.W.B.A tournaments. When Moe was not able to make it, Ms. Denise Pease stepped up to ensure everything went smoothly in Moe's absence.

For those of us who can participate in the National Veterans Wheelchair Games events, bowling is a truly large event. Myself, Wayne, and John are looking forward to going to Tempe and hoping to earn a medal there.

Finally, we are always recruiting members. You do not have to use a wheelchair to participate. You can be a couple like John and Becca or Ed and Judy. You can use a stick like Wayne. Just come out and have some fun.



MAY/JUNE CHAPTER MEMBER BIRTHDAYS!

George M Abinader David R Alejos Rocky M Austin Stephen J Avlward Patricia A Baines James M Barbaro William M Barlow Michael J Berschwinger Donald J Bessette Steven D Billiel Jeffrev H Blocker John C Boucher Stefa Bozydaj George J Breault Nelson F Brown Monte L Brubaker James Cabrera Donald P Candage Christopher C Cefalo Henry R Champagne Christina M Comeau Dulcie L Cooper Kevin J Corbin Paul E Cormier Brent J Cote Richard E Cross Reid A Crossman John P Dailev George L DeBarge Michael J Delle Fave

Anthony J DiNallo Robert A Dorsev Bonnie J Dunnells Gary P Dupuis Bryan H Dusty Stephen E Ellis Walter C Farrington Carl L Farris Alfred J Fenton Robert Follows Tim P Fournier Larry J France Christopher L Gagne Richard R Gallant Michael N Gilbert Brett T Graveline Kenneth J Grover Joseph Guav Earl Haines James J Halloran Kenneth L Handy Louis V Hebert Charles J Houle Gregg A Josephson Dennis P Kusnierz Gary L Labbe Richard J Lane Gerald J Laplante James Larouche Frederick C Leonard

William A Lowder David G Lund Scott J MacDonald Gregory P Major Roland R Marcoux Robert F Martin Kenneth J Maze Scott A McAuslin Patrick R McKenzie Wilford L McNeil Jason P Millett Dennis J Millette Donald V Morin Duncan A Morrison Amanda J Morse Thomas M Muradian Frank G Nagle Thomas T O'Connor Fan R Oliver Herman Ouellette Craig B Patterson David A Pelkey John B Penniman Richard J Perkins Theresa M Perry Matthew J Posniewski Tom B Ralston Kristofer T Reckner William P Richardson Richard C Rideout

Raymond R Rioux Elias Rojas Willena Rosemond-Lopes Stephen D Rufo Leonard P Sansoucy Bonnie R Sauve Allan H Schmidt Phillip H Segal Daniel G Shelp Brett A Smith George A St. Hilaire Raymond J Steele William Tauscher Patricia Thibodeau Michael F Tierney Terence R Travers Andrew C. Treventi Edward G Trost Timothy E Tynan Craig W Upton Francis T Uva Marsha L Vece Phyllis Vidito James K Wallack James A Wilcox Eugene Williams David C Wilson



VA Access, Supplies, Quality Standards?

By Pete Demarkis, PVA Sr. National Service Officer, Boston, MA

Government Relations Department needs your assistance with gauging how the VA is doing regarding the Access and Quality Standards VA established in 2019.

VA published the following access standards:

1. For primary care, mental health, and non-institutional extended care

3. Appointment wait-time standards of 20 days for primary care, mental health care, and non-institutional extended care services, and 28 days for specialty care from the date of request with certain exception

In addition to this, PVA would also like to know if any members have experienced difficulties in In receiving any medical supplies, such as gloves, catheters, or any medications from the pharmacy.

Knowing these access standards and supply concerns, please let your covering PVA Service Officer know if you've experienced any issues or delays with the VA providing access to these services or supplies. You can find a list of Service Officers coving New England and New Your on page 3.

services, 30-minute average drive time standard.

2. For specialty care, 60-minute average drive time standard.

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