Care Choices
Considerations for hiring a caregiver
BETTER DESIGN. LESS VIBRATION.

Does an active lifestyle have to result in pain and fatigue from rolling over cracks, bumps, and rough surfaces? Ethos’s revolutionary Isolation Technology (ISO Tech) can dramatically reduce the vibrations you experience. The result? A ride so smooth cracks and crevices disappear with every push.

It’s unlike anything you’ve ridden before.

Discover Ethos today at kimobility.com
Subscribe Today
Choose the delivery option that works for you!

Mobile App
$19.99/Year
- 12 issues / year
- Available anytime on any device
- Download and subscribe via free app

Print / E-Version
$26/Year
- 12 issues / year
- Print magazine delivered to your door each month
- Receive monthly email when online version is available

Visit pnonline.com or call 602-224-0500, ext. 109
ON THE COVER
Paralyzed Veterans of America National Senior Vice President Charles Brown, right, gets help from his sister and caregiver, Michelle Gadzinski. Photo by Mark Gadzinski

FEATURES

18 Finding Your Fit
Shelly Anderson
Staying in good shape and healthy amid COVID-19 has proven to be a challenge for many people, but it isn’t impossible.

22 Hiring The Right Caregiver
Brittany Martin
From finances to training to scheduling, there are many factors that go into hiring a suitable care attendant for those with SCI/D.

28 Honor Thy Spirit
John Groth
This year’s NVWG may be canceled, but these Spirit of the Games award winners prove that the impact of the honor and Games never stops.

DEPARTMENTS

6 Contributors
6 Editor’s Desk
7 PVA Chapter Roster
11 PVA Points
33 PVA Service Office Roster
36 Newsbeat
38 Sports & Rec
42 Classified Ads
42 Index of Advertisers
One of the hardest decisions for a veteran to make after sustaining a life-changing physical injury is when he or she needs help from another person.

Now in its 74th year and the official publication of Paralyzed Veterans of America, PN is a national, 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 PN should consult the Contributors Guidelines found on our website at pvamag.com. PN neither endorses nor guarantees any of the products or services advertised in the magazine. Readers should thoroughly investigate any product or service before making a purchase.

PN STAFF

TOM FJERSTAD
Editor
Ext. 100 / tom@pvamag.com

SHERRI SHEA
Operations Manager
Ext. 102 / sherr@pvamag.com

ANDY NEMANN
Assistant Editor
Ext. 112 / andy@pvamag.com

JOHN GROTH
Editorial Coordinator
Ext. 105 / john@pvamag.com

BRITTANY MARTIN
Editorial Coordinator
Ext. 110 / brittany@pvamag.com

CHRISTOPHER DI VIRGILIO
Web Content Manager
Ext. 106 / chris@pvamag.com

STEVE MAX
Advertising Representative
215-284-8787
steve@leonardmedia.com

ANN GARVEY
Art & Production Director
Ext. 103 / anngarvey@pvamag.com

KERRY RANDOLPH
Production and Graphics/Web Assistant
Ext. 104 / kerry@pvamag.com

SUZI HUBBARD
Circulation Coordinator
Ext. 109 / suzi@pvamag.com

EDITORIAL, BUSINESS, AND ADVERTISING OFFICE
2111 East Highland Avenue, Suite 180
Phoenix, AZ 85016-4702, USA
Tel: 602-224-0500
pnonline.com / info@pvamag.com

PN (ISSN 0031-1766) is published monthly by Paralyzed Veterans of America, Inc., 2111 East Highland Avenue, Suite 180, Phoenix, AZ 85016-4702. Periodicals postage paid at Phoenix, Ariz., and additional mailing offices. POSTMASTER: Send address changes to PN, 2111 East Highland Avenue, Suite 180, Phoenix, AZ 85016-4702. Subscription rates: $26 annually. Foreign orders: $38 (U.S. funds drawn on a U.S. bank).

© 2020 Paralyzed Veterans of America, Inc. All rights reserved. Reproduction of the whole or any part of the contents without permission is prohibited.
The hot topic in this issue is caregivers. From the difficult task of finding someone who’s a good fit for your personal situation and needs to navigating the financial aspects, calling the process challenging is many times an understatement.

I thought finding a good plumber was a challenge! I, personally, had no idea of the difficulties faced when it comes to this absolutely essential aspect of life for so many PN readers. You basically need to be your own human resources department and then some. Whether you’re new to the caregiver scene or an old pro, I hope you find something of value in Hiring The Right Caregiver on page 22. On The Hill on page 12 and Veteran Advisor on page 40 also dig into this incredibly important topic.

This summer’s National Veterans Wheelchair Games may have been canceled, but we thought you might enjoy hearing from some of the past Spirit of the Games award recipients. Honor Thy Spirit on page 28 sheds a little light on some of the winners’ other amazing accomplishments. We hope you enjoy all the great content in this issue. Stay safe and healthy.
ARIZONA
Arizona PVA
5015 N. 7th Ave., Ste. 2
Phoenix, AZ 85013
800-621-9217
602-244-9168
www.azpva.org

CALIFORNIA
Bay Area & Western PVA
3801 Miranda Ave.,
Bldg. 101, Rm. A1-219,
Mail Code 816
Palo Alto, CA 94304
800-273-6789
650-858-3936
California PVA
5901 E. Seventh St.
Long Beach, CA 90822
562-826-5713
pvacaliforniachapter.org
Cal-Diego PVA
VAMC, Rm. 1A-118
3350 La Jolla Village Dr.
San Diego, CA 92161
800-423-2778
858-450-1443
www.caldiegopva.org

COLORADO
Mountain States PVA
12200 E. Iliff Ave. #107
Aurora, CO 80014-5376
303-597-0038
303-597-0039 (fax)
www.mscpva.org

DELAWARE
Colonial PVA
700 Barksdale Rd. Unit 7
Newark, DE 19711
888-963-6595
302-861-6675 (fax)
www.colonialpva.org

FLORIDA
Central Florida PVA
2711 S. Design Ct.
Sanford, FL 32773-8120
407-328-7041
407-328-7139
Florida PVA
3799 N. Andrews Ave.
Fort Lauderdale, FL 33309
954-565-8885
954-565-8843 (fax)
Florida Gulf Coast PVA
15435 N. Florida Ave.
Tampa, FL 33613
800-397-6540
813-264-6285 (fax)
www.floridagulfcoastpva.org

GEORGIA
Southeastern PVA
4010 Deans Bridge Rd.
Hephzibah, GA 30815
706-796-6301
706-796-6338

ILLINOIS
Vaughan PVA
2235 Enterprise Dr., Ste. 3501
Westchester, IL 60154
800-727-2234
708-947-9790
708-947-9755 (fax)
www.vaughanpva.org

IOWA
Iowa PVA
7025 Hickman Rd. Ste. #1
Urbandale, IA 50322
515-277-4782
www.iowapva.org

KENTUCKY
Kentucky-Indiana PVA
2835 Holmans Lane
Jeffersonville, IN 47130
502-635-6539
www.kipva.org

MASSACHUSETTS
New England PVA
1208 VFW Parkway, Ste. 301
West Roxbury, MA 02132
800-660-1181
617-942-8678
857-203-9685 (fax)
www.nepva.org

MICHIGAN
Michigan PVA
46701 Commerce Center Dr.
Plymouth, MI 48170-2475
248-476-9000
248-476-9545 (fax)

MINNESOTA
Minnesota PVA
1 Veterans Dr.
Minneapolis, MN 55417
612-467-2263
612-726-9472 (fax)
mnpva.org

MISSISSIPPI
Bayou Gulf States PVA
15489 Dedueaux Rd.
Gulfport, MS 39503-2667
228-832-6864
228-539-5494 (fax)
bayougulfstates@cableone.net

MISSOURI
Gateway PVA
1311 Lindbergh Plaza Center
St. Louis, MO 63132
314-427-0393
314-427-4183 (fax)
www.gatewaypva.org

NEBRASKA
Great Plains PVA
7612 Maple St.
Omaha, NE 68134-6502
402-398-1422

NEVADA
Nevada PVA
704 S. Jones Blvd.
Las Vegas, NV 89107
702-646-0040
702-646-3712
www.nevadapva.org

OHIO
Buckeye PVA
26250 Euclid Ave., Ste. 115
Cleveland, OH 44132
216-731-1017

OKLAHOMA
Mid-America PVA
6108 NW 63rd St., Ste. A
Oklahoma City, OK 73112
405-721-7168

OREGON
Oregon PVA
3700 Silvertown Rd., NE
Salem, OR 97305
800-333-0782
503-362-7998
503-362-9837 (fax)
www.oregonpva.org

PENNSYLVANIA
Keystone PVA
11620 Busy St.
Richmond, VA 23236
800-336-9782
804-378-0017
804-378-0026 (fax)

WASHINGTON
Northwest PVA
616 SW 152nd St., Ste. B
Burien, WA 98166
800-336-9782
206-241-1843
206-433-0749 (fax)

WEST VIRGINIA
West Virginia PVA
336 Campbells Creek Dr.
Charleston, WV 25306
304-925-9352

WISCONSIN
Wisconsin PVA
750 N. Lincoln Memorial Dr., Ste. 306
Milwaukee, WI 53202-4018
800-875-9782
414-328-8930
414-328-8948 (fax)

SOUTH DAKOTA
North Central PVA
209 N. Garfield
Sioux Falls, SD 57104-5601
800-505-4782
605-336-0494
605-332-8656 (fax)

TENNESSEE
Mid-South PVA
VAMC, Rm. 2D100
1030 Jefferson Ave.
Memphis, TN 38104
901-527-3018

TEXAS
Lone Star PVA
3925 Forest Ln.
Garland, TX 75042
800-583-5252
972-276-5252
lspva@lspva.net
Texas PVA
6418 FM 2100 Rd.
Crosby, TX 77532
800-933-4261
713-520-8782
713-520-8217 (fax)

virginia
Mid-Atlantic PVA
11620 Busy St.
Richmond, VA 23236
800-852-7639
804-378-0017
804-378-0026 (fax)

WASHINGTON
Northwest PVA
616 SW 152nd St., Ste. B
Burien, WA 98166
800-336-9782
206-241-1843
206-433-0749 (fax)

WEST VIRGINIA
West Virginia PVA
336 Campbells Creek Dr.
Charleston, WV 25306
304-925-9352

WISCONSIN
Wisconsin PVA
750 N. Lincoln Memorial Dr., Ste. 306
Milwaukee, WI 53202-4018
800-875-9782
414-328-8910
414-328-8948 (fax)

PN
June 2020
A Father’s Story

I know you are probably becoming fatigued with stories about the novel coronavirus (COVID-19) pandemic, so I decided to write about a man who I look up to — my father, Thomas Zurfluh. Perhaps this will inspire you to write about your father this Father’s Day on the media platform of your choice.

Thomas Zurfluh was born in Steilacoom, Wash., in 1927 to Leonard Zurfluh and Inez Zurfluh (Mason) and was the middle child of five children (two older brothers and two younger sisters). He grew up during the Great Depression, the son of a farmer, and was a jack of all trades.

My dad told my siblings and me about rural life — how he went hungry for many days and the humility of walking miles to wait in line for food to bring home. Back then, he said, fishing and hunting were not sports but a necessity to put food on the table for the family. Even through the Depression and leading up to World War II, Dad found a way to be a kid, have fun, go to school and play sports.

When World War II started, he and other young men felt the need to serve their country. My dad’s father, my grandfather, served in the Navy during World War I. When he was just starting high school, my father’s older brothers joined the Army and Merchant Marines. Dad, like many boys then, lied about his age to go into the military. Dad tried to enlist when he was 17 but was delayed until he graduated from high school.

He went into the Army when World War II was ending and was fortunate to be selected to serve in Gen. Douglas MacArthur’s honor guard. Dad was part of a unit that guarded MacArthur and his family as the general maneuvered around the Pacific, visiting Hawaii, the Philippines and eventually settling in Tokyo during the occupation years.

Dad finished his tour guarding and protecting the U.S. embassy there from protest-
of town, converted to Catholicism and raised seven children. My dad spent the next 36 years teaching at the elementary and high school level. He became the first boys’ basketball coach at Curtis High School, a middle school principal/athletic director and, lastly, the first vice principal and athletic director at Steilacoom High School.

Dad also worked on the organizing committee to build and open Steilacoom High School. During summers, he did construction, painted and worked on a fishing boat that made runs to Alaska.

As I grew up, my father always pushed me to be responsible for my actions and always had chores for my siblings and me to do. He always told me three quotes growing up that I remember to this day:

1) Finish what you start.
2) If you put the work in, you have a good chance at anything; if you don’t put in the work, you have little to no chance at anything.
3) If BS were dynamite, you’d be a secret weapon.

The third quote was used often when my siblings and I were full of ourselves and trying to tell tall tales.

As I was preparing to graduate from high school, we discussed my future numerous times. When I told him I wanted to serve my country like my brother Tom, Dad asked me if I was sure. I said, “Yes,” and Dad supported my decision and gave me a handshake I will never forget as I left for Air Force basic training.

My dad tragically suffered the murder of a daughter in 1982 and my paralyzing accident in 1995. During my rehab, he was the man who pushed me mentally to not give up and to focus on finding something meaningful to do with my life.

When I chose to get involved with Paralyzed Veterans of America, he was my biggest supporter, along with my mom, siblings, extended family and friends.

On Oct. 31, 2006, and after 50-plus years of marriage, my dad died at age 79 from complications of old age, congestive heart failure and Type 2 diabetes. My dad’s passions were family, faith, sports, gardening and helping to shape young people’s lives to pursue their dreams and goals.

Perhaps my dad’s story may inspire you in some way to reach out to your own father (or father figure) with a personal call, text or visit. If the dad in your life has passed, I hope you have the opportunity to reflect on a favorite memory this Father’s Day, and join me in raising a glass of a favorite drink and saluting our fathers.
Gratitude

I was having trouble deciding on a subject to write about this month and honestly wanted to stay away from COVID-19. Then it dawned on me—we have all been dealing with the varied stay-at-home issues in one fashion or another.

I’m not discounting the difficulties associated with this, but if we think of the trials endured by the founders of Paralyzed Veterans of America (PVA), I’m hopeful we’ll find very little reason to feel sorry for ourselves.

In my May column (Housing Grant, p. 10), I wrote about the creation of the housing grant by PVA’s founding members during the late 1940s and early 1950s. The grant did much more than provide financial assistance for these veterans. It provided the path to escape the otherwise inevitable future of being institutionalized.

Calling the Bronx VA (Department of Veterans Affairs) Hospital, Cushing General or Birmingham Army Hospital home was far from ideal and something those veterans refused to accept as their new normal. They did have the comfort and camaraderie of their fellow veterans with whom they shared close living quarters on the hospital ward. However, when the time came to visit family, friends and loved ones outside of the hospital, the challenges were often great.

These veterans returning from World War II with spinal-cord injuries (SCI) didn’t face a temporary stay-at-home order; they no longer had a home to which they could go. They weren’t temporarily denied access to what was once their favorite restaurant until “things returned to normal,” the steps at the front door to that restaurant made the denial of access permanent.

Issues of PN magazine at that time included lists sent in by the readers of hotels, motels, restaurants and other venues that had a then-rare level of accessibility for use by our membership.

During the years of PVA’s formation, many of the conditions faced by veterans and other survivors of SCI rivaled the issues faced by society today because of the coronavirus, both in health risks and in their ability to engage in society.

During this pandemic, I’ve found myself aggravated because I couldn’t go to my favorite restaurant or bar. I know some of you are anxiously waiting for the day you can return to the stadium for a ballgame. These closures are a temporary inconvenience for us.

Let me be clear, I’m not discounting the health risks to our extremely vulnerable population or the devastating economic impact of this situation. I’m addressing what’s viewed by so many as the inconvenient impact “stay at home” has had on our “normal” way of life.

In light of this awakening, I’m now personally embarrassed to think of the number of times I’ve grumbled that a parking lot was not “up to code” as I exited my accessible van, rolled through the doors of a restaurant to be cheerfully greeted and seated at a table and used the completely accessible restroom and returned to my table.

I’ve also thought a lot about the time 25 years ago that I had the opportunity to meet PVA’s fourth National President Patterson Grissom. Pat was one of PVA’s founding members who rehabbed under the famed Ernest Bors, MD, at Birmingham Army Hospital in Van Nuys, Calif., during World War II. I was a young new injury when I was introduced to him and always remember the way he gave me a stern look that unquestionably said, “You’re clueless.”

Because of nearly 75 years of great work by PVA, we’ve been blessed with a level of accessibility and social acceptance that was absolutely unimaginable in 1946.

We should be thankful for the relentless efforts being made by PVA to ensure our path to quality health care remains as unobstructed as possible during these difficult times.

Has this been my way of saying, “Suck it up, buttercup?” Maybe, but what I really hope is for each of us to come through this safely and have a better appreciation for so many things we’ve taken for granted.

Thank God for PVA and its never-ending advocacy on our behalf.

Stay safe and healthy.
No Calendar

Despite some states ending or loosening their various stay at home orders, the novel coronavirus (COVID-19) pandemic continues to take a toll on events across the country.

Because of numerous canceled events and the unknown status of countless others, PN has decided to not include a calendar of events in this month’s issue.

The National Veterans Wheelchair Games, Paralyzed Veterans of America (PVA) Annual Convention, Invictus Games and PVA sports programs are among the many cancellations because of COVID-19.

Visit pnonline.com for a regularly updated list of events that have been postponed or called off because of the pandemic.

COVID Campaign

Academy Award winner
Ben Affleck is part of a national Paralyzed Veterans of America (PVA) campaign to support its members during the novel coronavirus (COVID-19) pandemic.

Launched in April, PVA’s Stories from the Inside campaign looks at the effect of COVID-19 on five paralyzed veterans. Each of the five stories shows the PVA members in their homes, highlighting their concerns about COVID-19 exposure, limited supplies, increased anxiety and feelings of depression.

Paralyzed Veterans of America member Stan Brown is part of the Stories from the Inside campaign.

All of the stories include a plea from Affleck for viewers to join him in supporting PVA.

The campaign is running across all of PVA’s communications platforms, including Facebook. TV and radio public service announcements are also a major part of the awareness effort. The campaign has been showing before the local news on CBS stations in markets such as Los Angeles, Chicago, Philadelphia and Dallas.

Spots have aired during national news programs on CNBC, CNN, Fox and Bloomberg TV. There will also be streaming spots featured on Roku, Apple TV, Chromecast, Amazon Fire, PlayStation and Xbox.

To see the videos, visit psadirect.com/client/pva.

Summit Canceled

The Paralyzed Veterans of America (PVA) 10th Annual Healthcare Summit + Expo is the latest event to be canceled because of the novel coronavirus (COVID-19) pandemic.

PVA Executive Director Carl Blake announced in April that PVA decided to cancel the Summit set for Aug. 13–15 in Orlando, Fla. Blake says the move was taken out of an effort promote the health and safety of PVA’s staff, Summit attendees and supporters.

The Summit is an intensive, three-day learning and sharing experience that provides vital information, state-of-the-art research and emerging science, which can be put to immediate use in caring for individuals with spinal-cord injury and disease, multiple sclerosis and amyotrophic lateral sclerosis.

Planning is already underway to hold the Summit next August in Dallas.

For more information, visit summitpva.org.

Helping Others

Besides supporting its members, the Paralyzed Veterans of America Arizona Chapter also supports its community. It donated four pallets of diapers and a $1,000 check to St. Mary’s Food Bank in Phoenix in April.
Expanding The VA Mission Act

The VA Mission Act of 2018 expands access to the Department of Veterans Affairs’ (VA) Program of Comprehensive Assistance for Family Caregivers to include seriously injured service-connected veterans of all eras.

Prior to expanding the program, the VA is required to certify that its information technology (IT) systems are capable of successfully handling the increased numbers of veterans who will be eligible for the program.

Unfortunately, the VA missed its deadline for certifying its IT systems and the program’s expansion.

Prior to the novel coronavirus (COVID-19) pandemic, the VA was predicting that it would begin the first expansion of the program this summer, beginning with veterans injured on or before May 7, 1975.

At this time, it’s not clear whether the response to the virus will further delay the expansion of the comprehensive caregiver program.

Changes Would Help

The VA published a proposed rule on March 6 amending the program’s regulations.

According to the VA, it’s seeking to revise its caregiver regulations in order to make improvements to the existing program, as well as prepare for its expansion. The VA believes the suggested revisions to the program will allow it to better address the needs of all eligible veterans and bring greater consistency as it seeks to put the focus of the program on the needs of those veterans who have more significant disabilities.

After evaluating the proposed rule, Paralyzed Veterans of America (PVA) believes the changes would greatly help some of its members.

One change that would have a significant impact on PVA members is the VA’s proposal to expand eligibility for the program by changing the definition of serious injury to include any service-connected disability — regardless of whether it resulted from an injury, illness or disease.

The serious injury would need to be rated at 70% or higher or combined with one or more other service-connected disabilities for a combined rating of 70%. Veterans would also have to be determined to have a need for personal care services for at least six months because of either not being able to perform an activity of daily living or needing supervision, protection or instruction.

In addition, the VA sought to clarify the determination of need for personal care services and ensure the eligibility criteria captures the personal care needs of veterans and service members with cognitive or neurological impairments or mental health conditions. This could impact some veterans currently in the program.

PVA submitted comments to the proposed rule in early May and continues to work with the VA and members of Congress on the expansion’s rollout and several potential improvements to the existing program.

The VDC

While waiting for the program’s expansion, PVA members should know the VA provides another program that gives caregiver support and is accessible to veterans of all eras.

The veteran-directed care (VDC) program offers veterans at risk of institutional placement and their caregivers improved choice and control over long-term services and supports that help veterans live at home and remain part of their community.

The VDC is a unique partnership between the Veterans Health Administration (VHA) and local aging and disability networks. VA medical center staff manage relationships with their local network of agencies that are trained by the VA central office to meet specific readiness criteria necessary to implement and facilitate the program.

VDC is targeted to veterans with high levels of personal care service
needs, frequent in-patient utilization, those who struggle with the traditional agency-based home care systems and those who desire more choice and control over their services and supports.

Qualifications
Eligibility for VDC is based on clinical and administrative factors.

From a clinical perspective, veterans needing assistance with three or more activities of daily living or those with significant cognitive impairment usually qualify for this program. Administratively, veterans enrolled in VHA who meet clinical eligibility for their respective Home and Community Based Services program may be able to participate, as well.

Veterans in this program are given a flexible budget for services that can be managed by the veteran or the family caregiver. With this flexible monthly budget, veterans can choose how they spend it, whether it is purchasing items to aid independence or hiring a caregiver to provide homemaker and personal care assistance. It also includes the ability to hire spouses, adult children or other family members to provide the needed care.

VDC doesn’t pay for rent or personal care in an assisted living facility. Services must be provided to the veteran in his or her home, a caregiver’s home or in an independent living residence. The VDC doesn’t make direct cash payments to the veteran. A financial management service, working in cooperation with the VA, issues checks to selected service providers and reimburses the veteran for preapproved supplies. The veteran simply acts as the employer who hires and schedules his or her own care providers and orders needed health care supplies.

If the VDC program sounds like it might be a good option for you, talk with your VA social worker and see if it is available in your location.

Although the program isn’t currently available in all locations, it’s being expanded to additional facilities. Additional information is available at va.gov.

Roscoe Butler is PVA’s associate legislative director in Washington, D.C.
Head To The Pool

A home swimming pool can provide outdoor enjoyment, physical and mental well-being and the cooling effect of water.

Whether you want to spend time simply relaxing in the shade, cool off or exercise, there are several key design elements to consider when creating accessible pools.

Accessible Route

It’s important to provide a route that’s not too severely sloped between your home and the swimming pool, its surrounding deck and all amenities. This pathway can be raised decking, tile, pavers or concrete, but in all cases, it should be smooth, firm and slip resistant.

Depending on how far the pool is from your house, it may be important to install a storage building that’s accessible from the pool deck to make it easier to transfer furniture and other equipment.

Deck Design

The pool deck is the horizontal area surrounding the swimming pool.

The deck’s primary purpose is to serve as a level area that provides access to the swimming pool, as well as an area for furniture and other activities.

Important accessible pool deck design guidelines include:

- Slope the deck gently away from the pool to prevent debris and storm water from flowing into it.
- Provide a minimum 6 feet of width in all areas to provide wheelchair maneuvering space.
- Consider including a raised curb between the deck and swimming pool to prevent wheelchairs from traversing over the side.
- The deck should be slip resistant.

Pool Lifts

Pool lifts are the most common means used to enter an accessible pool. They’re either powered by electricity or water pressure and can be fixed or movable.

Considerations for pool lift design, selection and location include:

- Provide unassisted lift operation from both the pool and deck levels, with particular attention to making sure you can effectively use all controls.
- Locate the lift in an area where water depth is less than 48 inches to allow another person to

© GETTY IMAGES/THANYAKAN THANAPANPRASERT

© GETTY IMAGES/IMAGINIMA
stand in the water and assist you if needed.

- Provide adequate and level maneuvering area on all sides of the lift.
- The lift seat should be 16–19 inches above the pool deck to ease transfers.
- Provide 18 inches minimum submerge depth to the top of the lift seat.
- Ensure the lift weight capacity meets your personal needs.
- Make sure it’s rated for outdoor and wet conditions.

Available seats include slings and hard-molded or padded seats. Accessories include removable seat belts and foot, head and arm rests.

You should test various seat configurations and select the one that makes transferring to and from your wheelchair safe.

**Ramp & Zero-Grade Entry**

Once you’ve got the pool lift figured out, it’s time to develop a pool entry. A ramped pool entry is similar to a ramp on grade. The maximum slope makes transferring to and from your wheelchair safe.

A ramped entry provides access to the water; however, an aquatic mobility device must be used.

A pool lift allows you to transfer from your wheelchair onto the lift seat and then lower yourself into and out of the water.
shouldn’t exceed 8.33%, handrails should be provided and the length should be limited to 30 feet between horizontal surfaces. Ramps can be either permanent or removable.

A zero-grade beach entry is a gently sloped entry that is typically as wide as the pool access area. The slope should not exceed 5%, one handrail should be provided and the length of slope isn’t limited. Some advantages of a zero-grade entry over a ramp entry are seamless integration with the pool design and a large area of shallow water available for in-water lounging or a safe location for children’s play or instruction.

Important sloped access design ideas to remember are:

- Use a mobile aquatic chair made of non-corrosive materials designed for pool access.
- Design all sloped entries to reach a minimum depth of 24–30 inches to ensure the user becomes buoyant.

**Transfer Wall**

Next comes the transfer wall. A transfer wall is created by using one of the swimming pool walls to provide the opportunity to transfer from your wheelchair to the top of the pool wall, rotate your body and ease yourself into the water.

A transfer wall requires an accessible pool deck grade change to provide access to the pool wall that is 16–19 inches above the adjacent pool deck and 60 inches long to provide adequate transfer space.

Transfer wall design and location ideas to consider are:

- Provide enough maneuvering area on the dry side of the wall to allow for full wheelchair turns.
- Locate the transfer wall in an area with water depth to match your individual swimming ability, but no deeper than 48 inches if you need another person to provide assistance in the water.
- Provide grab bars located to suit your transfer needs at the top and both sides of the transfer wall.
- Provide rounded edges on all wall surfaces to eliminate sharp corners and prevent damage to your skin as you slide across the wall.
Additional Design Ideas

There are several other features that can enhance your aquatic experience.

Underwater parallel bars can provide the opportunity for aquatic therapy. The bars should be removable to accommodate automatic pool cleaners and pool covers and to improve the amount of open water area for other uses.

Provide shade over parts of the furniture, deck and pool areas to help control your body temperature, protect your skin and increase usability on sunny days.

Hydrotherapy jets can be placed in the pool wall to provide muscle massage. Depending on the water depth, a built-in underwater bench should be included.

Waterfall, splash and spray features both in the water and on the adjacent deck can provide enjoyment outside of the pool area and create soothing water sounds to mask obtrusive noises.

Underwater lighting could provide visual interest and improve the pool environment after sunset.

Consult with an architect or swimming pool designer with accessible design experience and visit pool showrooms to test the accessibility of equipment and furniture to maximize your independent use.

For more information on this or any architecture issue concerning accessibility, call 202-416-7645 or email pvaarchitecture@pva.org.

Mark R. Thompson, AIA, is the senior associate director of architecture with the Paralyzed Veterans of America Architecture Program.

Paralyzed Veterans of America (PVA) has published Accessible Home Design: Architectural Solutions for the Wheelchair User as a detailed resource for homeowners, architects and builders.

The book is $19 for PVA members and $36 for non-members. It’s available at amazon.com or by calling PVA at 800-424-8200, ext. 613.

Raising the pool above the adjacent pool deck to match seating height can provide the opportunity for the pool wall to be used as a transfer wall.

Shade can be provided by umbrellas, shade structures, landscaping, building overhangs and cabanas.

Ambient sounds from a waterfall, fountain or spray feature can mitigate neighboring noises and improve the tranquility of your pool area.
When it comes to staying physically fit, the novel coronavirus (COVID-19) pandemic caused many of us to think differently about how we can keep ourselves in good shape. The pandemic didn’t cause a shift in understanding the benefits of proper fitness. Those advantages are well documented. Rather, people have been forced to figure out how to work out at home, since gyms across the country closed for several weeks. Adjusting to a home workout routine may have been easy for those who already had that habit. However, others have had to scramble to buy basic equipment or find proper guidance. Even if gyms have reopened, they could be under stricter health rules, such as social distancing and the need to wear masks. Still, people may choose to avoid gyms altogether and continue working out at home now, since it offers a more controlled environment. Regardless of what you prefer, these are a few things you can do to get the best workout at home and the safest workout at the gym.
Working Out At Home

When gyms started shutting down earlier this year, Pittsburgh personal trainer Dan McCoy was already ahead of the curve. A 2014 Sochi Winter Paralympic Games sled hockey gold medalist, McCoy specializes in training people with disabilities in their homes. He has worked with clients online and has developed various at-home workouts for them.

Home workouts are something McCoy has increased during the pandemic, with videos on YouTube, and blogs and vlogs on his website, danmccoyfitness.com. He’s also been practicing those workouts during the stay-at-home orders.

McCoy favors using resistance bands, although he cautions that people with latex allergies should be aware that many brands contain that substance. He suggests Thera-Band as an affordable option with no latex. But workouts at home don’t have to involve purchasing specific equipment.

“There are plenty of things around your house that you can use as extra weight in terms of resistance,” McCoy says. “You could use a chair. You could lift that, you could do squats, you could do extensions off a chair, a couch or even a bed. You can do pushups, sit-ups, crunches, bodyweight exercises.”

Hold a water bottle while doing biceps curls. That way, he jokes, you can take a drink with every repetition to keep hydrated and make the weight lighter as you go.

“Different things like that you can add into your daily routine that don’t require huge lifestyle shifts and doesn’t require buying hundreds of dollars of equipment,” says McCoy, who has spina bifida and, at times while at home, simply ties a towel around his leg brace hinges and uses that for resistance exercises.

McCoy sometimes oversees training sessions with his longtime sled hockey team, the Mighty Penguins in Pittsburgh. That requires trips to a gym.

“Full disclosure, I would much rather work out at a gym,”
McCoy says, “I’m just one of those people. I can’t really 100 percent focus when I’m in my apartment working out. At this point [during the pandemic directives], you do what you’ve got to do. You’ve got to find a way to keep yourself healthy as much as possible for as long as possible.”

Healthy At The Gym

Even before the pandemic raised awareness, McCoy says he used safety and hygiene practices at gyms.

“Before [the sled hockey players] came in, we would wipe down all the equipment. After they leave, we would wipe down the equipment, and after each person used certain equipment, we would wipe it down, as well,” he says.

Stephen Yerkovich, MD, chief of medical services for Paralyzed Veterans of America, is a strong proponent of staying active, since it improves both physical and mental well-being. He also applauds McCoy’s approach to keeping equipment clean and sanitary.

“There are plenty of things around your house that you can use as extra weight in terms of resistance. You could use a chair. You could lift that, you could do squats, you could do extensions off a chair, a couch or even a bed. You can do pushups, sit-ups, crunches, bodyweight exercises.” — Dan McCoy

Lifting weights is one way wheelchair athletes can work out at home.
He recommends using something with an alcohol, bleach or ammonia base, with alcohol-based wipes containing at least 60% alcohol. Besides presoaked wipes, a spray solution used with a cloth can work. It should be noted that bleach and ammonia should never be mixed. In addition, some bleach-based cleaners can have a corrosive effect on some equipment.

For some time, wiping down equipment after use at gyms was considered a matter of courtesy. It became more of a safety issue several years ago after the spread of methicillin-resistant Staphylococcus aureus (MRSA), a bacterial infection that is highly resistant to antibiotics.

Those with disabilities who can’t clean equipment after use need to get assistance to perform that important task, Yerkovich says.

Constant Practice
Gus LaZear, vice president and general manager of Ability360 Sports & Fitness Center in Phoenix, points out that the organization’s 45,000-square-foot accessible fitness facility — which, like so many others, closed during the height of the pandemic — already was vigilant about safety and cleanliness.

“We have a lot of machines where people can just roll right up and exercise from their wheelchair, and [when] they want to transfer to [another machine], we provide wipes that are very similar to what they use in hospitals,” LaZear says. “We have something where you wipe down the machines and you let the liquid set, and that kills all the germs. We have our volunteers going around on a regular basis doing that. We have, in our group fitness room, a fitness mat that is similar to a Murphy bed that goes into the wall. That way, a chair user who wants to get out of their chair to do yoga, if they don’t want to go on the floor or a yoga mat, they can go on the therapy mat. It’s got a vinyl cover, so it’s easy for us to clean and make sure it’s hygienic. We take every precaution.”

Even after the world gets a handle on COVID-19, LaZear is confident that facilities that cater to the disabled community will remain staunch in their attention to safety and hygiene. After all, there are still things that have long been a concern, such as MRSA, staph infections, the flu, bad colds and even stomach bugs.

The vigilance born of the COVID-19 pandemic “should be a constant practice,” Yerkovich says.

“This is just putting a spotlight on it,” he says. “It’s very important to establish this practice and use it the rest of your life. That will take care of all these things.”
For people with spinal-cord injury and disease (SCI/D), caregivers play a critical role in maintaining health and independence.

Some people may choose to rely on help from friends or family, but for many reasons, veterans may find that arrangement either undesirable or impossible, making it necessary to hire assistants to help with daily activities and health care needs.

And although the Department of Veterans Affairs (VA), private insurance, Medicare and Medicaid offer a variety of benefits to help veterans pay for some of the care they need at home, hiring a care attendant comes with many financial, scheduling and training challenges.

Ron Gold, founder and CEO of LeanOnWe (leanonwe.com), a caregiver hiring service in the Metro New York, New Jersey and Connecticut area, has personally experienced the frustrations of finding care aides. A little more than eight years ago, Gold was riding
his bicycle with a group of friends in New Jersey when a driver who'd fallen asleep at the wheel of her SUV drove directly into him, paralyzing him at the T12 vertebra.

"I realized that home care is very expensive and that it goes on for a long time and that many people end up hiring an aide through a home care agency just because that’s the path of least resistance, not that it’s the best path,” Gold says. “Most people would really prefer to use something other than that. And there are numerous reasons people prefer to hire someone on their own, but the one strongest reason is that whatever you pay the home care agency, the actual aide generally earns less than 50 percent of that. So you have this whole disconnect … it’s troublesome and frustrating on numerous fronts.”

Gold says many people end up getting “random recommendations” from family or friends, and while that may be a less expensive option and offer more flexibility in terms of services, people with disabilities must carefully screen and conduct background checks on these caregivers.

“It’s very difficult to find out much about the people who do come in your home and whether they’re really a good fit for your needs and your personality and whatever else,” he says. “You need to find the people who physically can do it, because sometimes you need more strength, and people with the right mindset, because it can be challenging.”

**Using The VA**

A lack of financial resources is just one major hurdle for many veterans who need to hire extra help at home.

In particular, two VA programs — fee basis, which is for SCI/D patients who can’t
complete their own bowel and bladder care, and the Homemaker and Home Health Aide program (HHHA) — are frequently utilized to help veterans cover some caregiver costs.

However, eligibility for the programs varies, and the number of days and hours a veteran receives are not just based upon the veteran’s assessed clinical need but also based upon the individual VA medical center’s budgetary constraints.

For veterans with SCI/D using the VA, social workers are generally the gatekeepers for referral to the VA’s caregiving programs, except for bowel and bladder care, which must be assessed by a physician, according to Kristina Kilmer-Moat, MSW, LCSW, a clinical social worker at the Tibor Rubin VA Medical Center in Long Beach, Calif. She says vetting for caregivers depends on the program.

“You need to find the people who physically can do it, because sometimes you need more strength, and people with the right mindset, because it can be challenging.” — Ron Gold

With HHHA, a VA-contracted agency dispatches certified nursing assistants to assist veterans with activities, including bathing, dressing, errands, fixing meals, doing laundry or taking medication. The agency conducts live-scan fingerprinting and background checks, CPR training and any other federal and state standards required to be hired by the agency, and the VA requires all contracted agencies to maintain certain minimum standards.

The veteran or veteran’s family trains the caregiver on specifics of the veteran’s care, and it’s up to the veteran and the agency to come up with a schedule that works for both of them. Some agencies train their employees how to do transfers, but the majority aren’t trained for any medical care and may not have any experience working with a patient with SCI/D.
“Those workers, yes, they do turn over because it is a low-paying, stressful, physically stressful job. They do turn over, and that’s a challenge for some of the veterans,” Kilmer-Moat says.

She says veterans may choose their own caregiver if they qualify for fee basis.

“I think it would be best if they go to their social worker and ask if their social worker has any leads on caregivers in the area that are interested in providing care for other veterans,” Kilmer-Moat says. “Most of the time they’re already providing care to one veteran, or they have two or three veterans that they work for, at least here.”

At Long Beach, the caregiver and veteran go through training together on bowel and bladder care, transfers, special medical needs like insulin or breathing treatments and wound care.

Applicants must prove they’re legally allowed to work in the U.S., but the veteran covers the cost of fingerprinting and background checks, if desired. Kilmer-Moat says there really isn’t a formal vetting process.

“You have to interview them. You have to ask them what questions are most important to you, you know. Do they smoke? Do they have transportation? What hours are they available? What kind of experience?” she says. “But it really falls on the veteran to hire and fire those bowel and bladder caregivers.”

Pros & Cons

But it isn’t just about being able to afford care or finding someone who’s familiar with or willing to learn what it takes to care for someone with SCI/D.

Veterans who live in more rural areas may have a hard time finding home care agencies that serve their area. Some veterans also have trouble finding an aide who’s available or willing to work on their time schedule.

Agencies, whether using VA-contracted facilities or finding one independently, offer some level of security and less anxiety, says Rebecca Axline, LCSW-S, APHSW-C, a supervisory clinical social worker with the Houston Methodist Neurological Institute in Texas.

**What To Ask**

Here are some potential interview questions when hiring a care attendant:

1. Have you done this work before? If not, are you willing to learn?
2. How long have you done it?
3. What experiences do you have?
4. Are you working with other veterans right now or do you have another job?
5. If you’ve never done it before, why do you think you’d like to do this job now?
6. Do you know what a personal care attendant is and what’s involved?
7. Do you have your own transportation?
8. Are you looking for room and board?
9. What’s the salary range you’d expect?
10. What are your hours of availability and are those hours flexible?
11. May I contact three of your previous employers?
12. Describe specific cases you’ve worked with that dealt with someone with a similar condition.
13. What kind of difficult situations did you encounter?
14. How would you handle it if I did (fill in the blank)?
15. If you were hiring a caregiver for your own family, what would you want to know about him/her?
16. What don’t you like about being a caregiver?
17. When I do a criminal background check and review, what will I find?
18. What days off would you expect in the next several months?

— Compiled list courtesy of Charles Brown, Kristina Kilmer-Moat, Rebecca Axline and Ron Gold
“Oftentimes, if you get somebody who’s a family friend or somebody who’s referred by someone, they can be a really wonderful caregiver. Sometimes they can be less expensive,” she says. “The downside is they’re not background checked. If it doesn’t work out, it’s kind of awkward to fire the niece of your best friend, you know. And I let them know that when you don’t use an agency, then if the person who’s taking care of you is sick or has a sick child, you really don’t have anybody else who’s going to staff that, who’s going to come as a backup and staff it, whereas an agency is going to do what I call all that HR stuff, all the human resource stuff. They’re going to staff it if somebody’s sick or has a sick child. They’re going to re-staff it if it just isn’t a good fit for you.”

For veterans who’d rather not use an agency, Kilmer-Moat says Long Beach social workers sometimes encourage them to set up an account on care.com or carelinx.com. Veterans pay a monthly fee and can post a job listing with exact days, times and what they expect from a care attendant. However, veterans pay those caregivers out of pocket, and it’s important to have backup caregivers in place. Veterans living in more rural areas should also try resources like their church, support groups, local Paralyzed Veterans of America (PVA) chapter, nursing homes, nursing schools or other places in their community where jobs are posted, she says.

PVA National Senior Vice President Charles Brown has had his fair share of experience with finding caregivers, both using VA-contracted agencies and finding them on his own.

Brown sustained a level C5-6 SCI in a 1986 diving accident while serving in the Marine Corps in Cherry Point, N.C., and estimates he’s had at least 50 individual caregivers, with five consistent, long-term caregivers, over 34 years.

Brown says he’s had great success finding caregivers by networking with other veterans.
and PVA members, but the decision on whether to use an agency or find caregivers independently depends on what someone really needs.

“You meet people all the time, and they tell you, ‘Oh, I’ve got a friend of mine that can do this job,’ and you get to meet them and you realize right off the bat they have no idea what they really mean by they want to do the job,’” he says. “An agency will give you stability and a time schedule … that’s going to give you the company, that their reputation hangs in that balance. Searching for a good company is hard. You actually have to do your background search on them also when you start looking for them. Use your social worker or individuals that the hospital or rehab units have available for finding a good caregiver like that, a program.”

Brown says the best caregivers have some nursing skills, but also have some personal skills that make it easy to talk and work with them. He interviews people first over the phone and then meets them in person at a restaurant or for a cup of coffee.

“I often order food in front of them so they can see me function and see what I can and can’t do,” he says.

In addition to background checks, he says it’s important to always ask for résumés and previous employers. Brown also recommends paying attention to body language and how potential hires react to questions.

“When you start to interview them, the truthfulness, if they’re looking at you, if they’re looking away,” he says. “If they’re thoughtful, that’s one thing, but if they’re constantly looking away, like, ‘I’m not going to answer this question the right way,’ so you have to kind of be a reader.”

Ultimately, Axline says, hiring the right caregiver comes down to really being able to trust someone to be there when needed.

“Most of the time, the people who do the best are the ones who have good hearts. They want to learn,” she says. “I think one of my families tells me, if it’s not a good fit, it’s when the person comes in and just sits there on their phone or doesn’t initiate looking for things to do and just waits to be prompted. All those kinds of warm and fuzzies are really important, as well. Communication.”

For more information on the VA’s caregiver programs and benefits, visit va.gov/geriatrics, read the Veteran Advisor column on page 40 or contact your local PVA national service officer from the roster on page 33.
The National Veterans
Wheelchair Games (NVWG) are what propelled Russ Monroe into wheelchair sports. Since earning the NVWG’s first Spirit of the Games award in 1987, he’s won a gold medal in the 1988 Seoul Summer Paralympic Games men’s 1A-1C 800-meter relay in South Korea, competed in 37 wheelchair marathons and set a handful of national and world wheelchair racing records.

Now 61 years old, the Marine Corps veteran and former Paralyzed Veterans of America (PVA) Cal-Diego Chapter sports director has settled down with his athletic endeavors in Cadillac, Mich. But the Games springboarded his sports career and changed Monroe’s life for the better.

“What an incredible honor to be recognized amongst the hundreds of fellow veterans and participants at the Games that I so really

This year’s NVWG may be canceled, but these Spirit of the Games award winners prove that the impact of the honor and Games never stops.

by John Groth
admired and respect, you know, for years prior to that, that had grown, that had really so big a part in my adapting and transitioning to my future in a chair in sports,” says Monroe, a C6-C7 quadriplegic who was injured as a passenger in a 1980 motor vehicle accident in Germany. “Just wonderful, wonderful, beyond veterans that helped me learn to get in and out of car or on and off the floor or anything you could think, there was somebody that could help me learn to adapt to life in a chair. Absolutely priceless, the Vet Games and the people that are what it is.”

**Forty-Year Anniversary**

The NVWG, cosponsored by PVA and the Department of Veterans Affairs (VA), was scheduled to run July 3–8 in Portland, Ore., for the first time but was canceled because of the novel coronavirus (COVID-19) pandemic. Next year’s NVWG is scheduled for Aug. 8–13, 2021, in New York City.

This year would’ve been the NVWG’s 40th anniversary, and more than 500 athletes were expected to attend. It’s the first time the NVWG has been canceled since the event started in 1980.

The NVWG’s Spirit of the Games award, which started in 1987 and is voted on by other wheelchair athletes, is presented to a veteran who exemplifies the Games through his or her athletic achievements, leadership and support of other athletes.

Russ Monroe, in file photo, won a gold medal in the 1988 Summer Paralympic Games’ men’s 1A-1C 800-meter relay in Seoul, South Korea.

Russ Monroe, left, won the first National Veterans Wheelchair Games Spirit of the Games award in 1987.
Of the 35 recipients (there were co-winners in 1995), 28 have been males and seven have been females. Some have started to take it easy, while others are still going just as strong. But former winners Michael Trujillo, Larry Hughes and Monroe agree — the NVWG shaped and changed their lives.

**Athletic Endeavors**

Monroe isn’t the only Games athlete who competed in the Paralympics. So did Trujillo.

Two years before he won the NVWG’s Spirit of the Games award, Trujillo competed in the 1988 Summer Paralympic Games, as well, earning a bronze medal in the men’s Division 2 wheelchair marathon.

A 72-year-old Army veteran, Trujillo has had some highs — like winning the world marathon championships in Stoke Mandeville, England. He was chasing André Viger from Canada, when Viger’s racing chair got a flat tire. Trujillo took the lead, but Viger’s team fixed the flat and Viger pulled ahead until the rain came.

“We got caught in this torrential downpour, so I lost him. I didn’t know what happened to him. And when I came through into the stadium, I thought he’d already won. So, I took my spot, my final lap, and I said, ‘How far did André beat me by? And she goes, ‘André’s still out there. You’re the winner.’ And that blew me away,” says Trujillo, who was injured in a Jan. 7, 1967, automobile accident in Denver and sustained a T5-T7 spinal-cord injury (SCI). “I was just surprised. I thought I was at least second or third. But the rain, you couldn’t see anything, it was raining that fast. It was a heck of a day, but it was a rewarding day.”

And then there were lows, like the third-place Paralympic Games finish. Halfway through at mile 13, Trujillo’s racing chair broke. He was trying out a new racing wheelchair, and the front compensator worked its way loose. He kept going, despite the front end wobbling all over. Trujillo still finished third in 1 hour, 48 minutes and 18 seconds, behind Canada’s Marc Quessy (1:40:17) and Paul Clark (1:42:31), but he thought he could’ve won.

“The lesson I tell everybody is to keep up on your equipment,” Trujillo says.

Trujillo also placed fifth in the Division 2 men’s 800 meters (2:03.71), sixth in the men’s 5,000 (13:36.94), seventh in the Division 2 men’s 400 (1:04.61) and ninth in the Division 2 men’s 1,500 (3:57.09) at the 1988 Paralympics.

Now, though, Trujillo lives a quieter life. He’s divorced and has a girlfriend, Kathy, and also has two children — Melinda, 49, and Michael, 42. Trujillo lives by the beach in Huntington Beach, Calif., and pushes on a bike path while Kathy rides a bike. He also works on cars; he’s already built a hot rod and two Harley-Davidson trikes. But the Games really helped him learn about wheelchair sports opportunities.

“The Games are great because it exposed me to a lot of sports. It got me going in racing, that’s for sure. Just meeting different people or competing against different people and coming out with friends in most cases. It’s just been wonderful,” says Trujillo, who worked as a steel detailer and first attended the NVWG in Long Beach, Calif., in 1983. “... The Games are great for everybody, as far as being able to be
exposed to a lot of different sports to see what want you want to zero in on.”

**Still As Active As Ever**

While both Monroe and Trujillo have slowed down a bit with athletics, Hughes, the 2000 Spirit of the Games award winner, has not.

A 72-year-old Columbia, Md., resident and Marine Corps veteran, Hughes serves as a Wounded Warriors athlete coach, participates in bocce ball and golf, serves as the PVA Colonial Chapter’s sports and recreation director and even participates in an ax-throwing league.

“When I do sports, it keeps my mind focused and not thinking about all the stuff that I’m personally going through,” says Hughes, who has a T6 SCI from being hit with shrapnel in the Vietnam War in 1967.

Hughes says he’s the only physically disabled individual in his local Maryland ax-throwing league, but he’s not the last.

“People get mad when somebody in a wheelchair kinda tap that ax, but I’m enjoying it. And it’s a great community of people,” says Hughes, who last attended the NVWG in 2012. “And the thing about it is, I was accepted for who I was as an individual, not because I was an individual with a disability. I just happened to be an individual that has a disability. That’s a whole different meaning, man. People will look at you as an equal. That’s all I wanted — equal chance. And that’s what I’m getting.”

He’s done all this after battling a slew of health problems, which included Legionnaires’ disease, cancer and having surgery to have his thyroid removed.

For Hughes, sports help him feel good. Like Monroe and Trujillo, he’s also a Paralympian. He was a standby at the 1988 Paralympic Games and then made it to the 1996 Games in Atlanta, winning a gold medal in the men’s F56 discus (41.34 meters/135.62 feet) despite sustaining a fractured elbow before the Games, and competing again in 2000 (Sydney) and 2004 (Athens). He placed seventh in the discus (37.02 meters/121.45 feet) in the 2004 Athens Paralympic Games.

Additionally, Hughes has done wheelchair racing, competed in the

Larry Hughes won the National Veterans Wheelchair Games Spirit of the Games award in 2000.
Midnight Sun Marathon in Alaska and also serves on the Maryland Physical Fitness Commission, all while trying to pass his love for exercise on to others. One way he’s done that is by starting clinics at the NVWG to help novice athletes.

“The guys who would come, the novice, who had no idea what the hell was going on because somebody told them or pulled them out of the hospital and would say, ‘Hey, you go do this.’ So, they’re scared, fried and timid, and they don’t know what to do,” Hughes says. “So, by doing a clinic, it made it fun. It took off some of the roughness. They got to enjoy it, and the whole thing for me was to try to get the bug to bite them, to get involved in doing. Not after this, but always. I mean, you go back home, get involved, whether you do track and field or do something. You need to do something for better health.”

**Not Limiting Himself**

Monroe stayed healthy and had himself quite the wheelchair sports career, too. In addition to making the U.S. Paralympic track team, competing in the 1988 Seoul Paralympics and winning a gold medal as a member of the men’s 800-meter 1A-1C relay team, along with Bart Dodson, Jeff Worthington and Dylan Young, he also placed sixth in the men’s 1C 100 and eighth in the men’s 1C 400.

He finished the Midnight Sun Marathon — wheeling 367 miles in nine days, including five in the pouring rain, from Fairbanks to Anchorage. He’s also scuba dived in Hawaii and Paris, done adaptive kayaking in Peru, competed in wheelchair rugby and raced adaptive stock cars. Now, he manages a small farm in Michigan and also has a small hot rod shop, where he restores and builds race cars. Monroe jokes he had to have something to do in the Michigan winters.

“Well, after you spend a year in the hospital not being able to feed yourself, you know, once you regain the ability to get dressed and to be independent and self-sufficient, you know, I went on to do as much as I could, as often as I could — within limits,” Monroe says. “[What pushed me was] the pursuit of where my limitations lie — what can I do, what can I achieve and where do my limits lie? So, I just kept pushing the envelope.”

### SPIRIT OF THE GAMES AWARD WINNERS

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>Twila Adams</td>
</tr>
<tr>
<td>2018</td>
<td>Keith Thompson</td>
</tr>
<tr>
<td>2017</td>
<td>Ardrena Bailey</td>
</tr>
<tr>
<td>2016</td>
<td>Jeff DeLeon</td>
</tr>
<tr>
<td>2015</td>
<td>Eugene Tatom</td>
</tr>
<tr>
<td>2014</td>
<td>Gabriel Diaz de Leon</td>
</tr>
<tr>
<td>2013</td>
<td>Mike Savicki</td>
</tr>
<tr>
<td>2012</td>
<td>Phil Rosenberg</td>
</tr>
<tr>
<td>2011</td>
<td>Jerry Baylor</td>
</tr>
<tr>
<td>2010</td>
<td>Patricia LaBar</td>
</tr>
<tr>
<td>2009</td>
<td>George Norton</td>
</tr>
<tr>
<td>2008</td>
<td>Gus Sorenson</td>
</tr>
<tr>
<td>2007</td>
<td>Joe Velasquez</td>
</tr>
<tr>
<td>2006</td>
<td>Charles Allen</td>
</tr>
<tr>
<td>2005</td>
<td>Orlando Perez</td>
</tr>
<tr>
<td>2004</td>
<td>Gary Pearson</td>
</tr>
<tr>
<td>2003</td>
<td>Wayne Miller</td>
</tr>
<tr>
<td>2002</td>
<td>Ken Medeiros</td>
</tr>
<tr>
<td>2001</td>
<td>Laura Schwanger</td>
</tr>
<tr>
<td>2000</td>
<td>Larry Hughes</td>
</tr>
<tr>
<td>1999</td>
<td>Ken Huber</td>
</tr>
<tr>
<td>1998</td>
<td>Gil Garcia</td>
</tr>
<tr>
<td>1997</td>
<td>Robert Patrick Sapp</td>
</tr>
<tr>
<td>1996</td>
<td>Holly Koester</td>
</tr>
<tr>
<td>1995</td>
<td>Penny Gillett</td>
</tr>
<tr>
<td>(co)</td>
<td>James Torres</td>
</tr>
<tr>
<td>1994</td>
<td>Tim Davis</td>
</tr>
<tr>
<td>1993</td>
<td>Hope Cooper</td>
</tr>
<tr>
<td>1992</td>
<td>Kater Cornwell</td>
</tr>
<tr>
<td>1991</td>
<td>Max Rhodes</td>
</tr>
<tr>
<td>1990</td>
<td>Michael Trujillo</td>
</tr>
<tr>
<td>1989</td>
<td>Jim Martinson</td>
</tr>
<tr>
<td>1988</td>
<td>Ken Wright</td>
</tr>
<tr>
<td>1987</td>
<td>Russ Monroe</td>
</tr>
</tbody>
</table>

SOURCE: PARALYZED VETERANS OF AMERICA
Gel-Based Cell Therapy

An innovative delivery technology vastly improves the viability of tissue regenerating cells and enhances strength and coordination in animals with spinal-cord injury (SCI).

In a study published in Science Advances, Stanford University School of Medicine neurosurgical researcher Giles Plant, PhD, and materials engineer Sarah Heilshorn, PhD, and their colleagues report that a customized gel — developed in Heilshorn’s lab as a shock absorber for regenerative cells during and after their perilous journey through the tip of a syringe to the targeted tissue — kept those cells safe.

As a vehicle for delivering regenerative cells to rats with movement-impairing SCIs, this gel overwhelmingly outperformed saline (the current clinical standard). It boosted the numbers of successfully delivered cells by more than sevenfold compared with saline, as measured two days after the procedure. At four weeks, the gel's advantage over saline was more than tenfold.

Importantly, rats receiving gel-based cell therapy recovered a substantial portion of their lost strength and coordination. Rats getting cells in a saline solution didn’t.

Improved Cell Viability

Upwards of 350,000 people in the United States live with SCI, which can cause various degrees of lifelong paralysis. There’s no cure, although physical therapy can sometimes partially restore sensory and motor function.

Nerve cells in the peripheral nervous system can regenerate after being severely injured. Nerves in the central nervous system — the brain and spinal cord — can’t. No cell-based regenerative therapies have proved successful in reversing spinal-cord damage.

The cells used in the Stanford Medicine study were Schwann cells. Naturally found wrapped around peripheral nerve cells’ lengthy projections, Schwann cells speed signal transmission along those tracts — just as related cells called oligodendrocytes do in the central nervous system. Schwann cells also provide the nerve cells that they envelope with nutrients and growth factors.

These properties make Schwann cells excellent candidates for regenerative therapy after SCI, Plant says.

But there’s a hitch: Only about 5–10% of cells used in regenerative-therapy experiments typically survive the injection. Even fewer remain viable for any significant length of time afterward.

So, Plant teamed up with Heilshorn. When cells in saline are injected from a syringe, she says, they undergo a big jump in pressure and mechanical forces as they move from the syringe’s relatively wide body into — and through — the needle tip. That tears up their delicate membranes, resulting in a massive reduction in the number of cells arriving intact at the targeted site.

Once they do arrive, they encounter a foreign and — as a result of the injury — inflammatory environment. They tend to bunch together instead of dispersing throughout the wound site and dispensing nourishing assistance to injured nerve cells.

Heilshorn’s solution: Before injecting the regenerative cells, encase them in a hydrogel, a flexible proteinaceous matrix in which a relatively enormous amount of water is fixed in place (think of Jell-O).

Heilshorn’s gel liquifies under pressure — but only where it contacts the inner surface of the syringe’s needle tip. The bulk of the cell-cushioning material remains in a gelatinous state and travels relatively effortlessly within its liquified, lubricating outermost layer. On arrival in the tissue, the gel matrix reformulates itself.

Once the cell-containing gel is in place, its porosity permits easy passage of growth factors, signaling molecules and nutrients so that newly
In addition to arriving at the injury site in far greater numbers, the Schwann cells delivered via the gel vehicle, rather than via saline, tended to be more adventurous, migrating farther up and down the spinal cord from the injection site than was the case for similar cells delivered in saline.

**Greater Strength**

For this study, Heilshorn customized her gel by doping it with an adhesive molecule similar to one that, in nature, helps anchor Schwann cells to peripheral nerve tissue. The result was that each Schwann cell was suspended in a surrounding cushion of gelatinous material.

In addition to arriving at the injury site in far greater numbers, the Schwann cells delivered via the gel vehicle, rather than via saline, tended to be more adventurous, migrating farther up and down the spinal cord from the injection site than was the case for similar cells delivered in saline.

Rats with SCI that got gel-encased instead of saline-bathed Schwann cells had substantially greater forelimb-grip strength and superior ability to traverse a horizontal ladder with irregularly spaced rungs.

“In my 20-plus years of doing this, I’ve never seen results like this before,” Plant says, adding that the technology has the potential for broad use in regenerative therapy.

Bruce Goldman, MS, is a science writer for the Stanford University of Medicine, Communications & Public Affairs. To read the original article, visit scopeblog.stanford.edu/2020/04/08/gel-smoothes-cells-ride-through-syringes-in-regenerative-therapy.

---

**PARTICIPANTS WITH SCI NEEDED**

The Department of Physical Medicine & Rehabilitation at Michigan Medicine is conducting a study to develop a new measure of the relationships that people with SCI have with their caregivers. Participating will involve completing an interview that will take about one hour. Some participants will be asked to complete a follow-up, shorter interview shortly afterwards.

**In order to participate, you must:**

- Be at least 18 years old
- Have had a SCI which resulted in disability at least 6 months ago
- Receive caregiving services for at least 16 hours per week.
- Be willing to participate in an interview that will take approximately 1 hour
- Be able to speak and understand English

If you are eligible and participate, you will be compensated $35 for completing 1 interview and another $15 if you complete the follow-up interview.

**For more information, call our research office at:** (734) 763-0623 or send an email to:

MF-Neilsen@umich.edu
Bile Acid Metabolism

Researchers at Johns Hopkins University in Baltimore report that levels of bile acids (produced by the liver to help the absorption of fats in the gut and other processes) may be reduced in people with multiple sclerosis (MS), and especially in people with progressive MS.

People with MS may have abnormalities in the way they process energy and other maintenance activities (metabolism). One metabolic pathway identified by this team is bile acid metabolism. Bile acids can influence the composition of gut bacteria. Abnormalities in gut bacteria have been identified in people with MS and may be related to the observed abnormalities in bile acid metabolism. Bile acids can also interact with immune cells and brain cells and influence their function. In this study, the investigators examined tissue obtained from people with MS via autopsy and found docking sites for bile acids on brain and immune cells, indicating that bile acids may modulate inflammation in the nervous system.

The team administered a bile acid to cells isolated in lab dishes and found that it succeeded in blocking cells from promoting inflammation. The study, Bile acid metabolism is altered in multiple sclerosis and supplementation ameliorates neuroinflammation, is published in the March 2020 issue of The Journal of Clinical Investigation.

GI Bill Benefits Continue

The Department of Veterans Affairs (VA) will continue providing the same level of education benefits to students who have to take courses online because of the coronavirus (COVID-19) pandemic. A new law, S 3503, gives the VA temporary authority to continue GI Bill payments uninterrupted in the event of national emergencies, allowing for continued payment of benefits even if the program has changed from resident training to online training.

Thanks to the law, GI Bill students will continue receiving the same monthly housing allowance payments they received for resident training until Dec. 21 or until the school resumes in-person classes.

Students receiving GI Bill benefits are not required to take any action. Benefits will continue automatically. The VA will work with schools to ensure enrollments are accurately certified and processed timely. Students can contact the Education Call Center at 888-442-4551 between 8 a.m. and 7 p.m. ET, Monday through Friday.

Protecting Elections

U.S. state officials and voting rights advocates say the $400 million included in the stimulus package to safeguard elections is far less than the amount states will need to implement voting by mail across the nation.

The $2 trillion stimulus package that was signed into law on March 27 contains...
$400 million to address one of the most uncertain impacts of the novel coronavirus (COVID-19) outbreak — its potential to wreak havoc with voting, including the presidential election in November.

The figure falls far short of what state officials and voting rights experts have said is needed to ensure a safe and accurate count if the virus keeps millions of people away from polling places in primary elections and on Election Day. The $400 million in the stimulus package is one-fifth of the $2 billion that voting experts said was needed and that some Democrats had sought. The money could only be used to help states create and staff new polling places to reduce crowding, or to increase opportunities to register online and vote by mail.

A panel of experts convened by the Brennan Center for Justice in New York to look at the impact of the coronavirus on the elections concluded that it would cost $1.4 billion to ensure every voter received a mail-in ballot and hundreds of millions more to staff and process the ballot count and to educate voters.

**Triage Blueprint**

_In response to the novel coronavirus (COVID-19) pandemic, the Ruderman Family Foundation, a leading disability rights organization in Boston, published a white paper in late April that offers recommendations to help health policymakers make decisions to ensure the lives of people with disabilities are not secondary amid the collective public health goal to save the most lives._

The study also analyzes the landscape surrounding people with disabilities and disaster medicine; attending to patients with disabilities who have medical conditions other than COVID-19; and visitation in hospitals and residential facilities.

The white paper, titled Fair Resource Allocation During the COVID-19 Pandemic, calls for the implementation of triage guidelines in a way that is as objective as possible.

The white paper recommends appointing a critical care physician as a triage officer, as well as a nurse with critical care experience and a hospital administrator, who would document the process and serve as a bridge to the organization’s management team. This team is charged with making decisions about who is prioritized to receive critical care based on clinical data for each patient, aiming to use resources in a way that maximizes patient survival.

“A life is a life, and while medical personnel may need to make very difficult decisions during triage situations, our society should not put a higher value on able-bodied patients over others,” says Jay Ruderman, president of the Ruderman Family Foundation. “By doing so, we will devalue ourselves as a society based on equal rights for all, but by caring for all regardless of preconceived notions of the value of the lives of people with compromised situations, we will elevate ourselves as a society.”

The white paper comes at a time when a number of states have come under scrutiny for their triage guidelines regarding people with disabilities and how they would be deemed secondary for life-saving treatment.

As part of the triage team, the white paper recommends including a representative from a disability advocacy organization, increasing public trust in the decisions that are made.

“Avoiding mistrust must be a central concern of triage efforts so that patients are not hesitant to seek treatment,” the white paper states. “To that end, transparency in exactly what the triage criteria are is also essential. Finally, it may even be worth building in (and publicly acknowledging) some kind of appeal and oversight process that reviews triage decisions to make sure that the teams are accurately implementing whatever protocol is being deployed.”

PVA Events Canceled Through June

Paralyzed Veterans of America’s (PVA) Sports and Recreation team announced in mid-April that because of the novel coronavirus (COVID-19) pandemic, it’s canceled the rest of its events through June.

Those events included:

- March 21–22: PVA Wisconsin Chapter Air Rifle and Pistol Tournament (Milwaukee)
- March 27–29: PVA Racing Team Off-Road Spring Expo (Chesterfield, Va.)
- April 3–5: PVA Florida Gulf Coast Chapter Bass Tournament (Tavares, Fla.)
- April 3–5: PVA Mid-America Chapter Billiards Tournament (Oklahoma City)
- April 15–20: PVA Racing High Performance Camp (Tucson, Ariz.)
- April 16–18: PVA Buckeye Chapter Air Rifle and Pistol Tournament (Geneva, Ohio)
- April 16–18: PVA Buckeye Chapter Boccia Tournament (Geneva, Ohio)
- April 22–26: Redlands Cycling Classic (PVA Racing, Redlands, Calif.)
- April 24–28: PVA Kentucky-Indiana Chapter Bass Tournament (Kuttawa, Ky.)
- April 24–28: PVA Mid-Atlantic Chapter Shooting Sports Tournament (Charles City, Va.)
- April 25–26: Blue and Gray Half Marathon and Criterium (PVA Racing, Gettysburg, Pa.)
- April 30–May 3: PVA Vaughan Chapter Bowling Tournament (Romeoville, Ill.)
- May 8–9: PVA Mid-Atlantic Chapter Boccia Tournament (Hampton, Va.)
- May 22–23: PVA Lone Star Chapter Shooting Sports Tournament (Waxahachie, Texas)
- June 5–6: PVA Buckeye Chapter Billiards Tournament (Wickliffe, Ohio)
- June 5–7: PVA Mid-Atlantic Chapter Bass Tournament (Hopewell, Va.)
- June 5–7: PVA Vaughan Chapter Shooting Sports Tournament (Elburn, Ill.)
- June 12–14: PVA Capital Clash Bass Tournament (Marbury, Md.)
- June 20–21: PVA Mountain States Chapter Billiards Tournament (Fountain, Colo.)
- June 26–28: PVA Vaughan Chapter Boccia Tournament (Carol Stream, Ill.)
- June 26–28: PVA Wisconsin Chapter Shooting Sports Tournament (Green Bay, Wis.)
- July 3–8: National Veterans Wheelchair Games (Portland, Ore.), sponsored by PVA and the Department of Veterans Affairs

For the latest updates on PVA’s sports and recreation programs, visit facebook.com/pvasports, call 800-424-8200 or visit pnonline.com.
PVA Adaptive Sports Tips

Looking for some adaptive sports tips to improve your game while you’re staying at home? Paralyzed Veterans of America’s (PVA) sports and recreation department has posted videos on the department’s Facebook page, facebook.com/pvasports, that feature PVA members offering tips on a variety of sports.

Sports included are adaptive billiards (done by PVA member Charles Interrante), adaptive fishing and the equipment needed for it (done by PVA member and former PVA Bass Tour champ Tony Choe), adaptive bowling (done by PVA member and American Wheelchair Bowling Association Hall of Famer George Holscher), and air rifle/air pistol lessons (done by PVA Adaptive Sports Program Manager John Arbino, who’s also a former USA Shooting national development team member and former USA World Cup participant).

There’s also a link on the Facebook page to get chess lessons in partnership with Chess Vets.

Off The Court

In April, a new in-depth video series called Off The Court debuted on sportsnspokes.com. PVA Publications Web Content Coordinator Christopher Di Virgilio takes a look at wheelchair athletes and other amazing people who, despite being in isolation, still have an amazing story to share.

Di Virgilio’s first guest was Leslie Irby, a Georgia native and Atlanta resident with an L3 spinal-cord injury, who in 2019 became the first known African-American woman with a disability to receive a pilot’s license.

Visit sportsnspokes.com/the-flying-chair-chick to view the video interview and see sportsnspokes.com for more video interviews in the Off The Court series.
Caregiver Considerations

One of the hardest decisions for a veteran to make after sustaining a life-changing physical injury is when he or she needs help from another person.

Some people don’t have a choice because they need help from the very beginning, and others have to make that decision at a later time.

The decision is difficult whether you’re an aging, able-bodied veteran or a veteran with a spinal-cord injury (SCI). Everyone is different, has different injuries and needs, so choosing the right care attendant, and also the right amount of caregiving, is important.

Almost everyone wants to continue to live at home for as long as possible. For those with significant needs and who have disabilities, that may be possible only with outside help.

Most people who need help with their daily activities rely on unpaid care provided to them by family members and friends.

More and more, however, veterans and their families are recognizing the benefits of hiring caregivers to help them stay in their homes longer, in comfort and safety, and to give families peace of mind. It’s important to factor in that the family member is also aging and might have his or her own medical conditions and needs for caregiving.

VA Benefits

The Department of Veterans Affairs (VA) can provide some benefits which can help meet the goal of staying home, but these benefits only help fill some of the gap and aren’t meant to provide 24-hour in-home care.

It’s a good idea to speak with your VA SCI team at your local SCI center so you can maximize all the benefits for which you might qualify, such as Homemaker and Home Health Aid (HHHA), fee basis (bowel/bladder care), veteran-directed care and skilled home health care.

These benefits are not available at every VA center, and every VA center provides different amounts of care. Contact your VA SCI team to find out what is available in your area. Don’t forget to also ask what local, county and state services are available to fill in this gap.

Another benefit is Aid and Attendance. Aid and Attendance is additional funding that is available to qualified veterans to help pay out-of-pocket caregiving expenses. This benefit is available to those veterans who are receiving compensation or a pension.

The qualifications for this benefit not only vary between compensation and pension but also from veteran to veteran. Contact your Paralyzed Veterans of America (PVA) national service officer (NSO) from the roster on page 33 to see if you qualify for this benefit.

Once you maximize all of these benefits and figure out how much care you need and, ultimately, how much you can afford, you then can either contact a care agency or try to find an independent caregiver on your own.

Private care expenses vary from state to state and depend on how much care is needed.

Independent Vs. Agency

Here are breakdowns of pros and cons of both independent caregivers and home care agencies:

Independent Caregivers

Pros:
- Less expensive
- Can provide a broader range of support services
- Families can be more selective about the caregivers

Cons:
- Families must perform their own caregiver background checks
Caregivers usually don’t have professional liability insurance
No backup caregivers for sick days
Can be challenging to locate, hire and train
Families must manage payroll and withholdings

Home Care Agencies
Pros:
- Perform caregiver background checks
- Have professional liability insurance
- Offer backup caregivers when primary caregiver can’t work
- Relatively easy to locate and hire a home care agency
- Agency manages payroll

Cons:
- More expensive
- Typically provide limited range of support services
- Caregivers limited to those the home care agency has on staff

Ask your VA SCI team, local PVA chapter or NSO for help in locating a good independent caregiver or home care agency.
Fellow SCI veterans are also a good source for recommendations.
The needs of the SCI population are unique, and many of these caregivers have been taking care of SCI veterans for years and are actively looking for additional SCI veterans to help.
For more information on hiring caregivers, read Hiring The Right Caregiver on page 22.
Marine Corps veteran Enrique Chavez is a senior PVA NSO assigned to the Tibor Rubin Long Beach VA Spinal Cord Injury & Disorders Center in Long Beach, Calif.
ATTENTION VETERANS AND KIDS also Caregivers and Parents!

Discounts available when purchasing either our Deluxe Version or our Latex Free Base Edition of our Exciting Inclusive Wheelchair Workout Strength Training Gym!

Please go to: www.workoutandrecovery.com and mention Veteran or Kid when ordering to get your discount!

Only a few in stock so order today!

REAL ESTATE

FLORIDA

JACK KELLER, INC., REALTORS
2440 West Bay Drive, Largo, FL 33770
727-586-1497

www.WheelchairAccessibleHomes.com

(LEGEND = BEDROOMS/BATHROOMS/GARAGE SIZE)

NEW! VALRICO: 3/2/2, roll-in shwr., 1,894 sq. ft. w/POOL $275.9k.
NEW! ARCADIA: 3/3/2, 2 x roll-in shwr., 3,863 sq. ft. w/POOL $1.45mil.
OVIETO: 4/2/2, roll-in shwr. & sink, 2,101 sq. ft. $349.9k.
THE VILLAGES: 2/2/2, roll-in shwr., 1,999 sq. ft. w/Community POOL $299.9k.
PORT ST LUCIE: 3/3/2, roll-in shwr. & sink, 2,487 sq. ft. $349.9k.

+PHOTOS & MORE ON OUR WEBSITE!

INDEX OF ADVERTISERS

Abilities Expo . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 44
Concepts In Confidence . . . . . . . . . . . . . . . . . . . . . . . . . . . 41
DIESTCO Manufacturing Corp. . . . . . . . . . . . . . . . . . . . . . . . . . . 39
Ki Mobility . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
University of Michigan . . . . . . . . . . . . . . . . . . . . . . . . . . . 35
Nuprodx Inc. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 13
Orion Medical Group Inc. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 15
University of Miami . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 15

VEHICLES


YOUR AD COULD BE HERE: Classified ads are printed at the editor’s discretion. PN neither endorses nor guarantees any of the products or services advertised. Classified ads must be prepaid and are not commissionable ($1/word—personal, $1.50/word—business, bold lead-in no extra charge). Classified ads must be prepaid. Contact sherri@pvamag.com.
Strange Days Indeed

We’re living in a time of crisis for which we weren’t truly prepared.

When it comes to protecting our country against foreign and domestic enemies, we, as a nation of soldiers and sailors, seem to have that down. Iraqi Freedom, Enduring Freedom, Desert Storm/Shield, Vietnam ... I could go on.

However, we’ve also lived through times of assaults of a different, more sinister nature, since they’ve been attacks on humanity. The current incursion is the novel coronavirus (COVID-19) pandemic.

I wonder if anyone remembers that this is one of many attacks on our health and safety, or have they become issues we just accept? H1N1, the bird flu, Ebola, HIV/AIDS and tuberculosis are just a few in our lifetimes. But there’s also measles, smallpox, hemorrhagic fever, polio and plenty of others.

I don’t know the numbers. I’ve chosen not to further depress myself, but I would be willing to bet the number of deaths contributed to disease is on par with war, if not greater.

Now, think of how many deaths are attributed to cancer, alcohol abuse, drunk driving and murder. My question this month isn’t to point out which is worse, but which should be prepared for?

A Dramatic Effect

Almost everyone reading this is a veteran, and we all know how capable we are when fighting an enemy we know.

It seems to me we’re woefully inadequate at fighting an enemy we don’t know or can’t see. Our doctors can see them, our researchers know how to fight them, but as I’ve discovered, they’re ill-equipped to fight these viruses on a major scale.

Our hospitals have enough rooms for the standard amount of care needs, but when there’s a jump like the one we’ve been in, even the back-up system of tents in the parking lot seems unable to pick up the slack.

Yet, we would never send a soldier into a battle without his rifle. And imagine what would happen if we had to ask the population to donate bullets so we could go into war.

During World War II, we had so many men overseas fighting, we asked our nation’s women to go to work in manufacturing to sustain the economy and support the weaponry, clothing, transportation needs and nutrition needs of our armed forces.

I believe the current situation will have just as dramatic an effect on our lives in the near future. I’m not sure how, but one fact is for sure, Paralyzed Veterans of America members have turned from our nation’s defenders to the country’s more vulnerable population.

I carry hand sanitizer in my bag, and a sanitizing spray hangs on my keychain. Masks have also become a part of the daily wardrobe for many.

A Shift In Funding

What also needs to occur is a major shift in consciousness.

I don’t know how, or if, this will ever occur, but we need to ensure our medical industry is just as well equipped as our military, since I believe they will be fighting this war against our mutual unseen enemy for decades to come.

Our current weapon, antibiotics, has become akin to chemotherapy, in as much as the cure is just as damaging to the human host as the disease itself.

We’ll need to shift a major portion of funding from the military to our medical corps, and maybe medical corps is the proper reference from now on.

We already spend much of our nation’s budget on the elderly and ill, with programs such as Social Security and Medicare, and the military currently receives a similar allocation.

I’m not advocating taking away from that, nor higher taxes. However, I believe it’s well within the capability of the Lockheed Martins and Northrop Grumman’s of the world to shift a portion of the weapons’ production to medical protective equipment.

The Next Battle

Then again, maybe not. This might be one of many ideas that gets considered and then discarded for a better one. That’s OK, it’s called innovation.

The important thing is that we start treating our medical system as just as vital to our survival as our military. For most of us, that’s not really a new concept.

All combat veterans know of the importance of the Medical Corps’ presence on the battlefield, and many sailors have been to the sick call aboard their ships. Well, now our nation needs to expand our capabilities and treat all medical professionals as possible soldiers of medicine.

Because, mark my words, there’s another virus lurking out there, and if history is anything but consistent, the next one will be more dangerous than COVID-19, and this one is bad.

World War I was called “the war to end all wars,” and look what a crock that turned out to be. We need to anticipate the next battle and be better prepared. But it won’t be a country that takes us down, it’ll be a virus. And it’ll hit our membership the hardest.

Keep vigilant, my brothers and sisters.


The opinions of the author do not necessarily reflect the position of Paralyzed Veterans of America.
Yes, You CAN!

At Abilities Expo, you can...

- Build independence with the latest products
- Learn tips and life hacks at workshops
- Improve fitness with adaptive sports
- Open doors with service animals
- Change the game with new tech
- Get answers from the experts
- Embrace your abilities through dance
- Access facts on therapeutic cannabis
- And so much more!

Follow Us! AbilitiesExpo

Abilities.com
Register online today. It’s free!

Precautionary health procedures will be in place at the Expo. Stay safe, everybody!

- Chicago: July 10-12, 2020
- Houston: July 31-Aug. 2, 2020
- Phoenix: Sept. 11-13, 2020
- Toronto: Oct. 2-4, 2020
- Dallas: Dec. 11-13, 2020